

CR241/A1

Measures and scales

Annexe to:
*College Report CRXXX – Framework
for routine outcome measurement
in liaison psychiatry (FROM-LP II)*

June 2024

ANNEXE

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IRAC: Identify and Rate the Aim of the Contact

(Trigwell P, 2014a, personal communication)

Specify the main aim of the contact (tick one box):		Was this achieved?
Assessment and diagnosis/formulation		Fully achieved 2
Providing guidance/advice		
Signposting/referring on		
Assessment and management of risk		Partially achieved 1
Assessment of mental capacity		
Assessment re: Mental Health Act		
Medication management		Not achieved 0
Management of disturbed behaviour		
Brief psychological interventions		
Treatment (other)		

CGI-I: Clinical Global Impression - Improvement scale

(Guy, 1976)

Compared to the patient's condition at the start of assessment, his/her condition is:						
Very much improved	Much improved	Minimally improved	No change	Minimally worse	Much worse	Very much worse
1	2	3	4	5	6	7

Patient satisfaction scale

(Persaud et al, 2008)

How would you rate the service you have received from (name of service)?				
Excellent	Good	Average	Poor	Very poor
4	3	2	1	0
What has been good about the service you have received?				
What could be improved?				

Friends and Family Test

(Department of Health, 2012)

How likely are you to recommend this service to friends and family if they need care or treatment?					
Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
1	2	3	4	5	6

Referrer satisfaction scale

(Trigwell P, 2014b, personal communication)

For an individual case

In relation to this patient's care, how would you rate the service received from....?				
Excellent	Good	Average	Poor	Very poor
4	3	2	1	0

For a staff/referrer survey

In general, how would you rate the service received from (name of service)?				
Excellent	Good	Average	Poor	Very poor
4	3	2	1	0

Also, for either

What has been good about the service you have received?
What could be improved?

Clinical Routine Outcome Measure for Liaison Psychiatry: CROM-LP

Reproduced courtesy of Professor Else Guthrie and Dr Mathew Harrison, June 2023

Items to be rated over the previous 7 days according to the most severe during that period

No	Liaison Outcome Variables	NA/nil	mild	mod	severe	v.sev
		0	1	2	3	4
1	Mood					
2	Suicidal ideation or self-harm					
3	Problems with adjustment to physical illness					
4	Perceptual disturbances					
5	Abnormal thoughts (delusions/overvalued ideas)					
6	Abnormal Mood (excluding depression), e.g. elation					
7	Orientation					
8	Concentration					
9	Memory					
10	Alcohol problems					
11	Illicit drug problems					
12	Proprietary medication problems					
13	Alcohol or drug withdrawal					
14	Unexplained pain/fatigue/other physical symptoms					
15	Worry about minor ailments or unexplained symptoms					
16	Disability related to unexplained pain/fatigue/other symptoms					
17	Agitation or aggressive behaviour					
18	Non-compliance with treatment					
19	Consciousness and hypoactivity					
20	Side effects of psychotropic medication					
21	Capacity					
	Contextual Factors	NA/nil	mild	mod	severe	v.sev
		0	1	2	3	4
A	Physical health problems					
B	Intellectual difficulties					
C	Ongoing psychosocial stressors					
D	Enduring mental health problems					
E	Activities of daily living					

Clinical Routine Outcome Measure for Liaison Psychiatry

Glossary

Notes

Use all available information in making your rating including contact with the person, her medical notes, observations from carers, healthcare staff and any other relevant information sources (mental health records).

Rate the most severe problem that occurred over the last 7 days.

Each item is rated on a five point scale of severity.

- 0 . Not Present or not assessed
- 1 . Mild Problem
- 2 . Moderate Problem
- 3 . Severe Problem
- 4 . Very Severe Problem

If an item has not been assessed it should be marked '0'. It may not be clinically relevant to complete or assess all items. The plural pronoun 'their' will be used throughout to avoid being gender specific.

Scale Items

1.	<p>Low Mood</p> <p><i>Ratings refer to the depth of the person's depressive mood. It can be helpful (but it is not necessary) to ask the person to rate their mood on a sliding scale with 0 as normal mood and 10 as the worst ever felt. This is intended as a guide to aid the rating but there is no requirement to do it. If there is a discrepancy between the person's rating of their mood and the clinician's, the clinician should use their own clinical judgment and over-ride the person's rating (e.g. if a person rates herself as 0 –'their normal mood'- but appears very depressed, the clinician should rate as 3- 'severe' or 4- 'very severe'). Do not include suicidal ideation or thoughts of self harm or self harm behaviour. These are rated in item 2.</i></p> <ul style="list-style-type: none">● 0 - No problems of this kind during the rating period or not rated.● 1 - Mild: The person describes occasionally feeling down. May rate themselves between 1 and 2 on a continuous scale.● 2 - Moderate: Frequently feels low but not all the time, or mood is consistently low but not very severe. May rate self between 3 and 5 on a continuous scale.
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Clinical Routine Outcome Measure for Liaison Psychiatry

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Scale Items

1.	<p>Low Mood</p> <p><i>Ratings refer to the depth of the person's depressive mood. It can be helpful (but it is not necessary) to ask the person to rate their mood on a sliding scale with 0 as normal mood and 10 as the worst ever felt. This is intended as a guide to aid the rating but there is no requirement to do it. If there is a discrepancy between the person's rating of their mood and the clinician's, the clinician should use their own clinical judgment and over-ride the person's rating (e.g. if a person rates herself as 0 – 'their normal mood' - but appears very depressed, the clinician should rate as 3- 'severe' or 4- 'very severe'). Do not include suicidal ideation or thoughts of self harm or self harm behaviour. These are rated in item 2.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period or not rated. ● 1 - Mild: The person describes occasionally feeling down. May rate themselves between 1 and 2 on a continuous scale. ● 2 - Moderate: Frequently feels low but not all the time, or mood is consistently low but not very severe. May rate self between 3 and 5 on a continuous scale.
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	<ul style="list-style-type: none"> • 3 - Severe: Very low mood, but some variation and evidence of some brighter episodes, often in relation to family visits/contacts or other social cues. May rate self between 6 and 8 on a continuous scale. • 4 - Very severe: Low mood with near continuous presence. Does not brighten or lift in relation to social cues. Person may have psychomotor retardation or marked social withdrawal. Person may describe feeling a burden or appear severely emotionally distressed. May rate self as 9 or 10.
2.	<p>Suicidal Ideation or Self Harm</p> <ul style="list-style-type: none"> • 0 - No problems of this kind during the rating period or not rated. • 1 - Mild: Fleeting thoughts of self harm or suicide but no intent to act on these thoughts. • 2 - Moderate: Frequent thoughts of self harm or suicide with or without minor non-hazardous self harm episodes. For example superficial lacerations to wrist. • 3 - Severe: Frequent thoughts of self harm or suicide that the person struggles to, but can, resist, or an episode of self harm which was not near-fatal but required medical/surgical intervention (e.g. an overdose of paracetamol without suicidal intent but requiring pabrinex or laceration of arm with damage to tendons but no suicidal intent). • 4 - Very severe: Intense suicidal ideation or thoughts of self harm that the person finds hard to resist or an episode of near fatal harm. Near-fatal self harm refers to self-harm episodes that are potentially fatal. For example hanging, jumping from a high building, cutting throat, gunshot, serious overdose. Also include any self harm attempts which had clear suicidal intent but involve minor medical complications (i.e. the person thought the action would result in death).
3.	<p>Problems with psychological adjustment to physical disease or physical injury <i>This item refers to problems with understanding and insight in relation to a disease, and/or worry and anxiety or problems with coping with a physical disease, injury or treatment. To rate this item, there <u>must</u> be clear evidence of a serious organic physical disease or physical injury (e.g. cancer, myocardial infarction, HIV, serious trauma etc). It can include any psychological manifestation of inappropriate adjustment (e.g. PTSD symptoms in relation to a road traffic accident, which resulted in serious physical injury, would be rated here, or extreme denial of a serious disease would also be rated here). Do <u>not rate</u> unexplained physical symptoms or health anxiety about minor ailments or medically unexplained symptoms. These are rated in items 14 and 15. Do not include low mood, this is rated in item 1.</i></p> <ul style="list-style-type: none"> • 0 - No problems of this kind during the rating period or not rated. • 1 - Mild: Some difficulties in adjusting to illness or coping, but no impact on function. • 2 - Moderate: Some difficulties adjusting to illness, which have affected some aspect of the person's function. Overt worry/anxiety about the physical disease/injury. • 3 - Severe: Great difficulties in coping with the physical disease/injury, which have had a major impact on the person's function. For example taking time off work. Frequent worry or anxiety about the physical disease/injury. • 4 - Very severe: No evidence of any adjustment to physical illness over time, and severe maladaptive coping strategies. The person may totally deny the disease/injury, or feel totally overwhelmed by the condition, with constant and

	<p>interactions and function and severely interferes with person's care, or severe absence of mood response as in blunting of affect. Mood state may also result in person being at high risk of harm or self-neglect.</p>
7.	<p>Orientation <i>It is helpful to use some form of formal testing but this is not essential. If it is obvious the person is fully orientated by the way they behave during the assessment, rate as 0.</i></p> <ul style="list-style-type: none"> ● 0 - No errors on formal assessment of orientation or not assessed. ● 1 - Mild: Person scores 8-9 on 10 item assessment of orientation. ● 2 - Moderate: Scores 5-7 on 10 item assessment. ● 3 - Severe: Person fails most items of testing of orientation but may be oriented to place (e.g. hospital or home) and may recognise members of staff or family. Scores 3-4 on a 10 item assessment of orientation. ● 4 - Very severe: Person is disoriented for nearly all aspects of time, place and person. Scores 0-2 on 10 item assessment of orientation. Person may not be able to recognise familiar people such as family members.
8.	<p>Concentration <i>It is helpful to use some form of formal testing but it is not essential. If you have no concerns about a person's concentration and they appear to concentrate normally during a clinical assessment, you can rate 0.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period or not assessed. ● 1 - Mild: On testing the person makes 1 or 2 mistakes on simple tests of concentration but generally performs well. ● 2 - Moderate: On testing the person makes several mistakes on simple tests of concentration, for example serial numbers or months of the year backwards. Or the person loses the thread of the conversation from time to time. ● 3 - Severe: On testing, the person makes many mistakes and may completely lose track of the test they are being asked to complete. Or person frequently loses track of the conversation or what they were talking about. ● 4 - Very severe: Person's concentration is severely impaired and is unable to comply with testing at all, or hold a meaningful conversation.
9.	<p>Problems with memory <i>Please consider both long and short term memory. It may be helpful to use some form of test but it is not essential. If the person appears to have normal recall during the clinical assessment for past and recent events, you can rate 0.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period or not assessed. ● 1 - Mild: Some lapses in memory. Slightly forgetful but does not interfere with function. Person performs well on simple tests of memory. ● 2 - Moderate: Overt problems with memory but person can adapt and cope with these difficulties, so that function is not significantly impaired. Person may fail 1 item on simple tests of memory. ● 3 - Severe: Marked problems with any form of memory. Person has difficulty in functioning, and may need assistance, but is not considered to be at major risk to self. Person fails several items on simple tests of memory. ● 4 - Very severe: Severe problems with any form of memory, such that the person is severely impaired and is at major risk to themselves. Person fails all or nearly all items on simple tests of memory.

10.	<p>Alcohol problems</p> <p><i>Do not include problems related to alcohol withdrawal which is rated in item 13. This item relates both to the amount a person drinks and the harm caused by such drinking. If the person has been in hospital for over a week or in a nursing home, and has not had access to alcohol in the last 7 days, they can still receive a rating on this item (from 2 to 4), if the consequences of excessive drinking are on-going.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period or not assessed. ● 1 - Mild: Excessive alcohol consumption but no obvious adverse effects. ● 2 - Moderate: Excessive drinking associated with physical or psychological problems (e.g. person may have fatty liver, or gastritis) ● 3 - Severe: Hazardous drinking or physical dependence associated with physical or psychological problems with moderate to severe impairment of function. (e.g. person may have early signs of cirrhosis, mild memory problems, mild cerebral atrophy, mild neurological signs). ● 4 - Very severe: Hazardous drinking or dependence upon alcohol associated with marked physical or cognitive complications. For example person may have liver cirrhosis; Wernicke's or Korsakoff's Syndrome, marked ataxia or other marked neurological signs).
11.	<p>Illicit drug problems</p> <p><i>Do not include problems related to drug withdrawal which is rated in item 16. This item relates both to the amount of illicit drugs a person takes and the harm caused by such use. If the person has been in hospital for over a week or in a nursing home, and has not had access to drugs in the last 7 days, she can still receive a rating on this item (from 2 to 4), if the consequences of drug use are on-going.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period or not assessed. ● 1 - Mild: Illicit drug use but no obvious adverse effects. ● 2 - Moderate: Illicit drug use associated with physical or psychological problems with some effects on function. ● 3 - Severe: Illicit drug use/dependence associated with physical or psychological problems with moderate to severe impairment of function. ● 4 - Very severe: Illicit drug use/dependence on one or more illicit substances or Illicit drug use associated with marked physical or cognitive complications. For example amputation of leg following embolism, or drug induced psychosis.
12.	<p>Proprietary medication problems</p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period or not assessed. ● 1 - Mild: Dependence upon prescribed medication suspected but no obvious adverse effects. ● 2 - Moderate: Dependence upon prescribed medication strongly suspected associated with physical or psychological problems with some effects on function. ● 3 - Severe: Dependence upon prescribed medication resulting in demands for increased amounts of prescribed medication and/or impairment of function for example excessive tiredness. ● 4 - Very severe: Dependence upon prescribed medication resulting in frequent demands for more medication, very high doses of prescribed medication, and/or supplementation of prescribed medication with street purchased medication. Problem may be associated with marked physical or cognitive complications. For example severe constipation or excessive

	drowsiness.
13.	<p>Acute alcohol or drug withdrawal</p> <ul style="list-style-type: none"> • 0 - No problems of this kind during the rating period or not assessed. • 1 - Mild: Mild symptoms of withdrawal from substances, which do not pose any significant risk to health or well being and do not require treatment. For example person may have slight tremulousness with alcohol withdrawal or mild craving. • 2 - Moderate: Person has definite symptoms of withdrawal or are being treated for withdrawal. Symptoms may cause mild psychological distress, however do not pose any significant risk to person's physical health. • 3 - Severe: Person has symptoms of withdrawal, which are causing significant psychological distress or impact on physical health. Symptoms may be difficult to manage or be impacting on delivery of care. • 4 - Very severe: Person is experiencing symptoms of withdrawal, which pose significant risk to health and wellbeing. Symptoms may be life threatening or so distressing that they place the person or others at risk of significant harm.
14.	<p>Unexplained pain/fatigue/physical symptoms*</p> <p><i>This refers to painful bodily symptoms or other physical symptoms, including fatigue, which <u>do not</u> have a demonstrable organic explanation, and includes unexplained headache, back pain, unexplained GI symptoms and can also include syndromes such as irritable bowel syndrome, fibromyalgia etc. Please rate the person's experience of their symptoms, not a clinician's viewpoint (this is different to item 1 where the clinician's judgement can override the person's rating). You may wish to ask the person to rate the severity of their symptoms on a 10 point scale with 10 being the most severe pain/symptoms they have experienced in the last 7 days, and 0 being no pain/physical symptoms. If the person has multiple symptoms, they should rate the one which has been the most severe in the last 7 days. Any associated disability is rated in item 16. <u>Do not rate</u> pain/symptoms, which are clearly related to a physical disease/injury. If someone has an organic illness such as Crohn's Disease but they are also thought to have unexplained bowel symptoms, rate the unexplained aspect of the symptoms here (e.g. if they have symptoms but the IBD is quiescent).</i></p> <ul style="list-style-type: none"> • 0 - No problems of this kind during the rating period or not assessed. • 1 - Mild: Intermittent pain or other physical symptoms, which cause mild discomfort. (rates symptoms as 1-2) • 2 - Moderate: Intermittent pain or other physical symptoms, which cause moderate discomfort. (rates symptoms as 3-5) • 3 - Severe: Frequent and severe complaints of pain or other physical symptoms, but the individual has some respite between episodes, spells or attacks. Alternately, the person may experience moderate pain or physical symptoms, which are constantly present. (rates symptoms as 6-8) • 4 - Very severe: Frequent and severe complaints of pain or other physical symptoms which are continuous and unremitting. (rates symptoms as 9-10).
15.	<p>Worry about minor ailments or unexplained pain/fatigue/physical symptoms</p> <p><i>This item refers to worries about physical symptoms which do not appear to be related to serious physical disease/injury and where the person has been appropriately investigated and has been given an explanation and reassurance as to the benign nature of their symptoms (e.g. person has headaches and worries they</i></p>

	<p><i>may be a sign of a brain tumour). Do not include worries about serious organic disease, which has been diagnosed (e.g. cancer or actual brain tumour-this is rated in item 3). Worry about minor physical ailments which seems disproportionate can also be rated here.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period or not assessed ● 1 - Mild. Some worries regarding physical symptoms but person is easily reassured. ● 2 - Moderate: Prominent worries about physical symptoms. Person can be reassured but worries eventually return. ● 3 - Severe: Frequent and intense rumination and worry about illness, but person can be reassured for a brief period of time, although concerns return. ● 4 - Very severe: Frequent and intense rumination and worry about illness. Person cannot be re-assured and continually seeks out reassurance from staff, more investigations or treatment.
16.	<p>Disability related to unexplained pain/fatigue/physical symptoms <i>This item refers to disability resulting from unexplained physical symptoms and /or conditions such as irritable bowel syndrome or fibromyalgia. In circumstances where both physical disease and unexplained symptoms are present (e.g. epilepsy and non-epileptiform seizures), the clinician will need to make a judgement as to whether the disability is predominantly related to the organic disease or unexplained symptoms.</i></p> <p>This item refers to the disability secondary to medically unexplained symptoms.</p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period or not assessed. ● 1 - Mild: Minor impact on the person's functioning or on care provision. ● 2 - Moderate: There is some impact on function or care provision but no major restriction in relation to work or day to day activities. ● 3 - Severe: There is a marked impact on function. The person describes difficulty in accomplishing day to day activities, and there may be some impact on care provision. ● 4 - Very severe: The person's disability impacts on all aspects of her day to day activities and has major impact on care provision. For example the person may be wheelchair bound and require significant help with self care.
17.	<p>Agitation or Aggressive behaviour</p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period or not assessed. ● 1 - Mild: Occasional irritable behaviour, including raised voice or use of expletives but does not interfere with the person's care or worry carers. ● 2 - Moderate: Frequent irritable behaviour which attracts the attention of carers but is easily contained. It may result in some interference to the person's care or the care of others in close proximity. ● 3 - Severe: Disruptive behaviour which causes frequent or major disruption to the person's environment and/or carries some degree of risk to either the person or others (e.g. verbally abusive behaviour). ● 4 - Very severe: Aggressive behaviour which causes major disruption to the person's environment and carries a high degree of risk to either the person or others (e.g. assaults member of staff).
18.	<p>Non-compliance with treatment. <i>Please consider all aspects of treatment including medication, nursing and social care. For people in a care setting or general hospital this may manifest as intentionally leaving the care environment or ward. For people with an eating</i></p>

	<p><i>disorder, this would include refusing to eat or comply with fluid restriction etc.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period or not assessed. ● 1 - Mild: Slight ambivalence about treatment but no effect on compliance with treatment or care regimen. ● 2 - Moderate: Intermittent doubts about treatment and occasionally refusing medication etc. No major impact on person's care. ● 3 - Severe: Major doubts about treatment resulting in reluctance to accept treatment, although can be persuaded by carers. ● 4 - Very severe: Refusal of treatment which is potentially life threatening.
19.	<p>Consciousness and Hypoactivity</p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period, person is fully alert with no evidence of amotivation or not assessed. ● 1 - Mild: Person occasionally complains of amotivation or is reluctant to eat or drink, however this does not have significant impact on overall health or wellbeing. ● 2 - Moderate: Definite reduction in activity levels relative to baseline or amotivation, which is easily overcome with prompting or support from staff or carers. Or minor fluctuations in level of consciousness or drowsiness, which may require additional care provision but do not place the person's health or well being at risk. ● 3 - Severe: Inactivity or level of consciousness, which may be fluctuating, and is placing the health or wellbeing of the person at risk but is not yet life threatening. For example can be prompted to take fluids but would not maintain adequate intake without prompting. ● 4 - Very severe: Stupor or coma, which may or may not have fluctuations, and is potentially life threatening. A person in this category is unlikely to be eating or drinking even with significant prompting and support and there may be immediate risk to their physical health.
20.	<p>Side effects or drug interactions of psychotropic medication</p> <p><i>Please include side effects or problems resulting from interactions with other medications and medical comorbidities. Consider side effects reported by the person or identified by medical or liaison staff (this item may include self reported symptoms such as dizziness or nausea, or identified recognised side effects of certain medications such as weight gain, diabetes, cardiomyopathy or low white cell count). Only rate here if you are reasonably certain the effect is caused by the psychotropic medication.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period. ● 1 - Mild: Minor problem with side effects which do not significantly impact upon the person. ● 2 - Moderate: Definite side effects however no change required to person's psychotropic treatment regimen or drug interactions managed by adjuncts (e.g. change in thyroid function or diabetes which can be managed with appropriate treatment). ● 3 - Severe: Side effects or potential drug interactions such that dosage of medication may require alteration but drug does not have to be stopped. ● 4 - Very severe: Side effects or potential drug interaction requiring medication to be stopped, and alternative treatment strategies considered, or a treatment window with re-starting of medication at a later time point. For example discontinuing clozapine in the context of concerns about cardiac function.

21. Problems with capacity to give informed consent to treatment

- 0 - No problems of this kind during the rating period.
- 1 - Mild: Some problems with decision-making are present but do not significantly impact on the person's capacity to give informed consent.
- 2 - Moderate: Person is able to understand and retain information relevant to giving informed consent to treatment, however is unable to weigh up the information in order to give informed consent.
- 3 - Severe: Person is able to understand information communicated to them but is unable to retain the information sufficiently to give informed consent to treatment.
- 4 - Very severe: Person is not able to understand information communicated to her relevant to giving informed consent to treatment.

*We recognise the difficulty with nomenclature and the likelihood that many symptoms which are termed 'medically unexplained' will have underlying physiological mechanisms. However, for the practical purposes of this measure, the term still captures conditions which can be extremely disabling and distressing for sufferers and are commonly seen in liaison settings.

Contextual Factors

Contextual factors should be present within the 7 day rating period of the main scale, however they may also form an on-going part of the person's life. They are not included within the main scale as they may not be amenable to interventions provided by a liaison psychiatry service. Nevertheless; they are likely to have some impact on the outputs and outcomes of such a service. All should be rated over the previous 7 days as with the main scale. Scales B and D in particular reflect long term problems but should still be present in the 7 day rating period. People with chronic schizophrenia will most likely receive a rating of 3 or 4, which reflects on-going enduring mental health problems (e.g. blunting of affect, poor motivation), without necessarily having an acute relapse of their condition in the last week.

These items are not included in change scores and are only rated at first contact.

A	<p>Physical health or disability <i>Problems rated in this area should be due to an organic physical disease or injury. In the acute medical setting, this may be a new disorder; such as a myocardial infarction or severe fracture. In the outpatient setting this may be a chronic health condition such as chronic pulmonary disease, or an ongoing physical disability such as a previous amputation. <u>Do not rate</u> disability due to medically unexplained symptoms in this item (see item 16). Where an individual has multiple disorders the most severe should be rated.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind. ● 1 - Mild: Person has minor problems which do not have significant impact on overall care provision or function. ● 2 - Moderate: Person has problems which impact on some aspects of their function, or which have required some environmental adaptations or increase in care provision. ● 3 - Severe: Person has problems which impact on almost all aspects of their function and /or requires major care provision. ● 4 - Very severe: Person has an immediately life threatening physical health problem or a severe chronic physical health problem such that they are unable to fulfil any independent function, and/or requires medical/nursing intense care (e.g. anyone who has been on the ITU in the last 7 days should be rated 4).
B	<p>Intellectual difficulties</p> <ul style="list-style-type: none"> ● 0 - No problems of this kind. ● 1 - Mild: Person has some difficulties with learning, however this has no significant impact on their overall level of function. IQ, if known, is likely to be above 50. ● 2 - Moderate: Person has intellectual difficulties which have resulted in difficulties in some areas of function, however generally they are able to maintain self care and some degree of independent living. IQ, if known, is likely to be 35-49. ● 3 - Severe: Intellectual difficulties, which impact on almost all areas of function. The person is unlikely to be able to live independently and may

	<p>require constant supervision or support. Person may be able to maintain some level of self care. IQ, if known, may be 20-34.</p> <ul style="list-style-type: none"> ● 4 - Very severe: Intellectual difficulties such that the person is unable to maintain any independent function including self care. Communication may be severely affected or near absent. IQ, if known, may be below 20. People with much higher IQ levels can also be rated as 'very severe' if their level of function is very impaired.
C	<p>On-going psychosocial stressors (e.g. marital difficulties, housing problems, asylum status difficulties, homelessness, abuse etc)</p> <ul style="list-style-type: none"> ● 0 - No problems of this kind. ● 1 - Mild: Some stressors present, however no overall impact on person's function or well being. ● 2 - Moderate: Definite stressors, which the person finds distressing however these are easily overcome by psychosocial means and do not have any significant impact on overall function. ● 3 - Severe: Stressors which are distressing despite psychosocial adaptations and are impacting on some area of the person's function. ● 4 - Very severe: Stressors which are very distressing and preoccupying such that the person is unable to engage with any other meaningful activity or pose a threat to the person's life.
D	<p>Enduring mental health problems <i>Please rate the nature of the person's on-going mental health problem(s) rather than its current severity. For example people with paranoid schizophrenia are likely to be rated as 'Severe' or 'Very Severe' even if currently in remission. Where more than one problem is present, rate the most severe.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind ● 1 - Mild: Mild on-going problem, which does not have significant impact on the person's overall functioning. For example people in this category might have mild anxiety, dysthymia, simple phobia or mild cognitive impairment. ● 2 - Moderate: Mental health problems which have definite impact on one or more aspects of the person's functioning but are not considered to pose significant risk to person or others. For example people in this category might have generalised anxiety disorder or mild to moderate dementia. ● 3 - Severe: Mental health problems which have definite impact on multiple aspects of the person's functioning and are considered to pose a risk to the person or others. For example a person in this category might have paranoid schizophrenia, bipolar affective disorder, recurrent depressive disorder or moderate to severe dementia. Very severe anxiety or PTSD could also be rated here. ● 4 - Very severe: Mental health problems which have an impact on almost all aspects of the person's functioning and are considered to carry significant risk owing to features such as treatment resistance, wandering from home, self neglect). People in this category may also have an illness type which is associated with negative outcomes, for example rapid cycling bipolar affective disorder. People with dementia in this category are likely to have features such as severe behavioural and psychological symptoms in addition to their memory impairment.
E	Social function

	<p><i>Social function includes the patient's ability to fulfil roles in areas such as employment, relationships and social activities. Only rate this item if you have sufficient knowledge of the patient's social function.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period. ● 1 - Mild: Some difficulty in fulfilling some societal roles but with no significant impact on the patient's well being. For example the patient may require some adaptations work, but is fully able to maintain their role. ● 2 - Moderate: Definite difficulty in maintaining one or more societal roles which are only partly alleviated by environmental adaptations. The patient may find these difficulties distressing however they do not pose significant risk to their mental or physical health. For example the patient may have difficulty accessing social events due to poor mobility. ● 3 - Severe: Definite difficulties in several societal roles which cause the patient distress and are not alleviated by environmental adaptations. ● 4 - Very Severe: Patient has difficulties in almost all fields of societal functioning. These difficulties may persist despite environmental adaptations and may cause the patient or carers significant distress.
F	<p>Activities of daily living</p> <p><i>Only rate this item if you have sufficient knowledge of the person's ability to undertake activities of daily living.</i></p> <ul style="list-style-type: none"> ● 0 - No problems of this kind during the rating period. ● 1 - Mild: Some difficulties in one or more complex activities of daily living (ADL), such as managing finances or preparing meals, however these do not have a significant impact on the person's well being and are easily overcome by the person. For example person may occasionally pay bills late or frequently access pre-prepared meals. ● 2 - Moderate: Difficulties in several complex ADLs which require definite support from others, for example the person may have guardianship or power of attorney in place to manage their finances. Or difficulties in a small number of simple ADLs, such as washing or dressing. For example the person may require help preparing meals but is able to maintain the remainder of their ADLs to a satisfactory level. People in this category may have supported living arrangements. ● 3 - Severe: Definite difficulties in almost all complex ADLs for which the person may require a package of support. Or difficulties in several simple ADLs which requires additional care provision, for example help needed in washing and dressing. People in this category are unlikely be able to live independently and may require residential or nursing care. ● 4 - Very Severe: Person has difficulties in maintaining almost all ADLs. The person is likely to require constant care or supervision. The person may require assistance with simple activities such as feeding. People in this category are likely to require specialist 24 hour nursing care, such as a Elderly Mentally Infirm (EMI) nursing.

For comments or queries regarding the scale please contact:

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ReQoL

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For each of the following statements, please tick one box that best describes your thoughts, feelings and activities **over the last week**.

Over the last week	None of the time	Only occasionally	Sometimes	Often	Most or all of the time
1. I found it difficult to get started with everyday tasks	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. I felt able to trust others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I felt unable to cope	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. I could do the things I wanted to do	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. I felt happy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. I thought my life was not worth living	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. I enjoyed what I did	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. I felt hopeful about my future	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. I felt lonely	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10. I felt confident in myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	No problems	Slight problems	Moderate problems	Severe problems	Very severe problems
Please describe your physical health (problems with pain, mobility, difficulties caring for yourself or feeling physically unwell) over the last week	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

For official use

ReQoL-10 Score =

PHQ-15

**PHYSICAL SYMPTOMS
(PHQ-15)**

During the past 4 weeks, how much have you been bothered by any of the following problems?

	Not bothered at all (0)	Bothered a little (1)	Bothered a lot (2)
a. Stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain in your arms, legs, or joints (knees, hips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Menstrual cramps or other problems with your periods WOMEN ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Feeling your heart pound or race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Pain or problems during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Constipation, loose bowels, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Nausea, gas, or indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Feeling tired or having low energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(For office coding: Total Score T_____ = _____ + _____)

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The Brief Illness Perception Questionnaire

This questionnaire can be used free of charge for NHS, non-commercial, and clinical use, or academic research, without the use of a license – the author recommends users to email if there are any questions. There is a license fee for commercial use (such as drug company funded research or private care) in which case, users must email the author to request this.

For the following questions, please circle the number that best corresponds to your views:

How much does your illness affect your life?										
0	1	2	3	4	5	6	7	8	9	10
no effect at all										severely affects my life
How long do you think your illness will continue?										
0	1	2	3	4	5	6	7	8	9	10
a very short time										forever
How much control do you feel you have over your illness?										
0	1	2	3	4	5	6	7	8	9	10
absolutely no control										extreme amount of control
How much do you think your treatment can help your illness?										
0	1	2	3	4	5	6	7	8	9	10
not at all										extremely helpful
How much do you experience symptoms from your illness?										
0	1	2	3	4	5	6	7	8	9	10
no symptoms at all										many severe symptoms
How concerned are you about your illness?										
0	1	2	3	4	5	6	7	8	9	10
not at all concerned										extremely concerned
How well do you feel you understand your illness?										
0	1	2	3	4	5	6	7	8	9	10
don't understand at all										understand very clearly
How much does your illness affect you emotionally? (e.g. does it make you angry, scared, upset or depressed?)										
0	1	2	3	4	5	6	7	8	9	10
not at all affected emotionally										extremely affected emotionally
Please list in rank-order the three most important factors that you believe caused <u>your illness</u>. The most important causes for me:-										
1. _____										
2. _____										
3. _____										

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The Brief Illness Perception Questionnaire Scoring Instructions

Each item of the Brief IPQ assesses one dimension of illness perceptions:

The **consequences** score is simply the response to item 1.

The **timeline** score is the response to item 2

The **personal control** scores is the response to item 3

The **treatment control** score is the response to item 4

The **identity** score is the response to item 5

The **coherence** score is the response to item 7

The **emotional representation** is the response to item 8.

Illness **concern** is measured by item 6. This reflects a combination of emotional and cognitive representations.

Item 9 is the **causal** item. Responses can be grouped into categories such as stress, lifestyle, hereditary, etc. determined by the particular illness studied. Categorical analysis can then be performed, either on just the top listed cause or all three listed causes.

In some circumstances it may be possible to compute an overall score which represents the degree to which the illness is perceived as threatening or benign. The internal consistency of this score will depend on the illness studied and it is recommended this is checked. To compute the score, reverse score items 3, 4, and 7 and add these to items 1, 2, 5, 6, and 8. A higher score reflects a more threatening view of the illness.

E. Broadbent

EQ-5D-5L

The sample below is only for demonstrative purposes. Go to the Euroqol Research Foundation website <https://euroqol.org/> to register for use, for different versions and formats, and information about scoring and application. There is no fee to use this outcome measure.



Health Questionnaire

English version for the UK

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

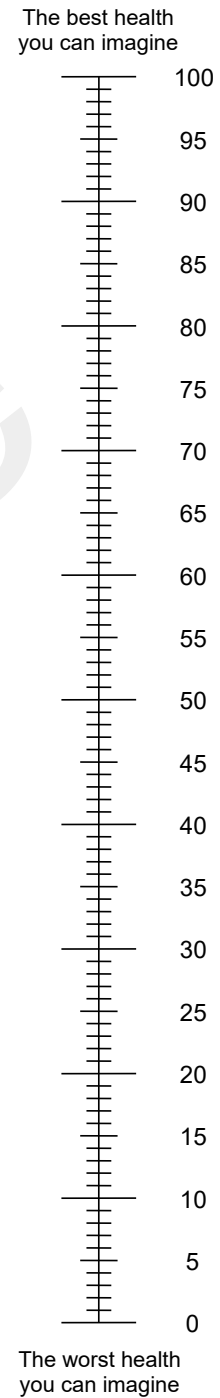
- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Please mark an X on the scale to indicate how your health is TODAY.
- Now, write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =



Paediatric Liaison Team Entry and Follow-up/Exit Questionnaires

GOMS

BW revised 11. 2014

PAEDIATRIC LIAISON TEAM (PLT)

ENTRY - QUESTIONNAIRE

Child / Adolescent

Parent

Clinician

Name _____ dob _____

Today's Date _____ Form completed by _____

1. What is the main problem/difficulty for seeing the Paediatric Liaison Team?

How bad is it?

(Severity of this problem now; how much does it impact on your/ family life?)

(Please circle) (no problem) 0 1 2 3 4 5 6 7 8 9 10 (extreme)



2. What kind of help are you hoping to get from the Paediatric Liaison Team?

3. Any additional comments?

THANK YOU VERY MUCH FOR YOUR HELP

PAEDIATRIC LIAISON TEAM (PLT)

Follow up / or EXIT - QUESTIONNAIRE

Child / Adolescent

Parent

Clinician

Name _____ dob _____

Today's Date _____ Form completed by _____

1. What is/was the main problem/difficulty for seeing the Paediatric Liaison Team?

How bad is it now?

(Severity of this problem now; how much does it impact on your/ family life?)

(Please circle) (no problem) 0 1 2 3 4 5 6 7 8 9 10 *(extreme)*



2. Has _____ helped you? YES NO

If yes, what has actually helped?

If no, what would have helped?

3. Would you recommend us to your friends and / or family? YES NO

THANK YOU VERY MUCH FOR YOUR HELP

Paediatric Liaison Team Single (once-off) Activity

GOMS

Single (Once off) Activity

BW revised 11.2014

Paediatric Liaison Team

Single (once- off) Activity

Clinician Name: _____ Date: _____

Name of Young Person: _____ D.O.B: _____

Problem: _____

WORK DONE: Support and containment of client / family
 Psycho-education
 Assessment
 Report long Report brief
 Liaison with local professionals
 Other _____

Total time spent: _____

Beneficial to:

YP
 Family
 Referrer
 Other: _____

Form completed by

Patient Parent Consultant Paediatrician
 Ward Manager Other _____

The input from PLT by (Name of clinician) _____

Was *(not helpful)* 0 1 2 3 4 5 6 7 8 9 10 *(extremely helpful)*



Comments

THANK YOU

References

Department of Health (2012) *The NHS Friends and Family Test Implementation Guidance*. Available at: <https://www.gov.uk/government/publications/nhs-friends-and-family-test-implementation-guidance>. [Accessed 30 March 2023].

Guy W, National Institute of Mental Health (US) (1976) *Early Clinical Drug Evaluation Program ECDEU assessment manual for psychopharmacology*. US Department of Health, Education and Welfare, Public Health Service, Alcohol, Drug Abuse, and Mental Health Administration. Rockville, Md.

Persaud A, Pearson, S, Oates M, Strathdee G, et al (2008) *Outcomes Compendium*. National Institute for Mental Health in England. London.