6. Were psychotropic medications prescribed for the young person for these subsequent episodes?

Yes ☐ No ☐

If YES, please specify the medication(s)

.....................................................................................................................................

7. Have the prescribed medications changed since completing the first questionnaire?

Yes ☐ No ☐

 young person no longer prescribed medication ☐

 young person never prescribed medication ☐

If YES, please specify change of medication..................................

.....................................................................................................................................

8. Since completing the initial questionnaire, has the young person subsequently presented with features of the following mental health/developmental disorders? (Please tick all that apply)

☐ Anxiety Disorder

☐ ADHD

☐ ASD

☐ Conduct or oppositional defiant disorder

☐ Tic Disorder

☐ Substance use disorder (if yes please specify)

.....................................................................................................................................

Any other mental health/developmental disorder (please state):

.....................................................................................................................................

9. Has the young person been discharged to Primary Care?

Yes ☐ No ☐

10. Please indicate if any of the following psychological therapies were offered and whether they were accepted by the patient and/or parents/caregivers. (Please tick all that apply)

<table>
<thead>
<tr>
<th>Psychological Therapy</th>
<th>Patient</th>
<th>Parents/caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychoeducation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Supportive counselling</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Anxiety management e.g. relaxation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Family Therapy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cognitive Behaviour Therapy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Behaviour Therapy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Psychodynamic Therapy</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Interpersonal Therapy (including social rhythm therapy IPSRT)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Any other psychological therapy not mentioned (please state):

.....................................................................................................................................

11. Please indicate which of the following health professionals, services, or agencies provided care for this young person since receiving a diagnosis of Bipolar Disorder? (Please tick all that apply)

☐ Child Psychiatrist

☐ Clinical Psychologist

☐ General Practitioner

☐ Paediatrician

☐ Adult Psychiatrist

☐ Early Intervention in Psychosis (EIP) Service

☐ Educational Psychologist

☐ Social worker

☐ Nurse

☐ Occupational Therapist

☐ Family Therapist

☐ Special Education Provision

☐ School counsellor

☐ Non-statutory agencies

☐ Charity self-help and/or websites

☐ Police/Youth Offending Team

Any other professional or agency not yet mentioned:

.....................................................................................................................................
### General Information

- Hospital or CAMH Service: 
- Consultant responsible for diagnosis of reported case: 
- Person completing Questionnaire: (if different) 
- Contact Telephone Number: 
- Contact Email: 

### Patient details:

1. Patient NHS Number (if applicable): 
2. Date of Birth (dd/mm/yy): 
3. Gender (please circle): Male / Female 
4. Post-code (first part only, if applicable): 

### Date and Diagnosis:

- Date young person presented with suspected Bipolar Disorder: 
- Date of diagnosis of Bipolar Disorder: 
- Date form completed: 

### Ethnicity:

- Patient ethnicity (please tick): 
  - WHITE: British 
  - BLACK: African 
  - Irish 
  - Caribbean 
  - Other (describe below) 
  - MIXED: White and Black Caribbean 
  - ASIAN: Bangladeshi 
  - White and Black African 
  - White and Asian 
  - Other (describe below) 
  - CHINESE: Chinese 
  - OTHER: Other (describe below) 

If “Other” chosen, please describe: .................................................................

### General Information

- Effective Mental Health support through LIFE SKILLS and OPPORTUNITIES

### Index Episode

1. **How long in total did the young person require treatment for the first episode of Bipolar Disorder?**
   - Inpatient/daypatient: Number of weeks ☐ NA ☐
   - Outpatient: Number of weeks ☐

2. **Has the young person experienced any of the following life stresses/events in the year prior to the onset of Bipolar Disorder?**

   *(Please tick any that apply)*
   - Parental separation ☐
   - Death of a relative or friend ☐
   - Bullying requiring school action ☐
   - Abuse requiring Social Services referral ☐
   - Hospital admission of a parent or sibling ☐
   - School examination e.g. SATS, GCSE ☐
   - Break-up with a best friend ☐
   - Long haul flight/foreign travel ☐
   - None of the above ☐

   Any other stress considered significant (please state):

### Follow up

3. **Since completing the initial questionnaire, has the young person had another episode of mood disorder?**
   - Yes ☐ No ☐
   - if YES please specify below

4. **Were there any psychotic features present?**
   - Yes ☐ No ☐
   - If Yes were they mood-congruent or incongruent? congruent ☐ incongruent ☐

5. **Did the young person require admission to hospital (inpatient/daypatient) for the management of these subsequent episodes?**
   - Yes, voluntary admission ☐
   - Yes, detained under relevant mental health law ☐
   - No ☐

   If YES, for how many episodes was this needed and what was the total duration of inpatient/daypatient admission?
   - Number of episodes ☐
   - Total admission duration in weeks ☐

   If NO what was the total duration of outpatient treatment and number of episodes?
   - Number of episodes ☐
   - Total outpatient duration in weeks ☐