

# National Clinical Audit of Anxiety and Depression (NCAAD)

## CORE AUDIT OF PRACTICE TOOL

This Core Audit of Practice Tool reviews the assessment, care, treatment, and discharge for service users with a primary diagnosis of an anxiety and/or depressive disorder over a six-month period, beginning with their admission to an inpatient mental health service.

This tool has been developed to assess standards derived from national and professional guidance. A list of the NCAAD standards is available on the audit website ([www.rcpsych.ac.uk/ncaad](http://www.rcpsych.ac.uk/ncaad)) and the *Audit Implementation Guide*.

When completing this tool, please keep the *Core Audit of Practice Guidance* to hand for reference.

### Service User Inclusion Criteria:

- Admitted to an inpatient mental health service between **01 April 2017** and **30 September 2017**;
- Aged 16 years or over (no upper age limit);
- Primary diagnosis of an anxiety and/or depressive disorder as identified using the ICD-10 coding at discharge.

**Please note that service users with the following characteristics are EXCLUDED from the audit:**

- Psychosis based diagnoses (incl. F32.3 Severe depressive disorder with psychotic symptoms);
- Bipolar affective disorder (F31), cyclothymia (F34.0) or mania (F30);
- Admitted to a forensic service or long stay ward such as a rehabilitation service.

A full list of eligible and excluded ICD-10 codes can be found in the appendices of the *Core Audit of Practice Guidance*.

### Entering the Data

One Core Audit of Practice Tool should be completed for each service user.

Please note that all information entered should be based on the service user's clinical records/casenotes and NOT clinician knowledge.

Questions shaded in grey are not applicable to every service user. Please note the guidance at the beginning of the question to identify whether or not you need to complete the question.

If you have any issues or queries, please contact your local NCAAD Audit Lead or the NCAAD project team via email ([ncaad@rcpsych.ac.uk](mailto:ncaad@rcpsych.ac.uk)) or telephone (020 3701 2649).

## TRUST/ORGANISATION INFORMATION

Trust/Organisation Code

Data Collector Name

*We will use this information to contact you should there be any queries with this submission*

Service User ID

Responsible CCG's ODS Code

# SERVICE USER INFORMATION

1 Age on admission

2 Gender

Male

Non-binary/other

Female

Unknown/not documented

3 Ethnicity

White British

Bangladeshi

White Irish

Any other Asian background

Any other white background

Caribbean

White and Black Caribbean

African

White and Black African

Any other Black background

White and Asian

Chinese

Any other mixed background

Any other ethnic group

Indian

Service user declined to answer

Pakistani

Unknown/not documented

4 Employment status at time of admission

Employed - less than 16 hours per week

Retired

Employed - 16 or more hours per week

Student

Homemaker

Unemployed and seeking work

Long-term sick leave/disabled and receiving incapacity benefit, income support etc.

Unpaid voluntary work, who are not working or actively seeking work

Not receiving benefits and not working or actively seeking work

Service user declined to answer

Unknown/not documented

5 Accommodation status at time of admission

Mainstream housing

Homeless

Accommodation with criminal justice support

Sheltered housing

Accommodation with mental health care support

Other

Accommodation with other (not specialist mental health) care support

Service user declined to answer

Acute/long stay healthcare residential facility/hospital

Unknown/not documented

6 Is there an identified family member, friend or carer, who is the main source of support for the service user?

Yes

No

# DIAGNOSIS

## 7 Primary diagnosis/condition at discharge

Please select ONE only. The numbers in brackets relate to the associated ICD-10 diagnoses.

- Diagnosis unknown/not documented**
- Mild depressive episode (F32.0)
- Moderate depressive episode (F32.1)
- Severe depressive episode without psychotic symptoms (F32.2)
- Other depressive episode (F32.8, F32.9)
- Recurrent depressive disorder, current episode mild (F33.0)
- Recurrent depressive disorder, current episode moderate (F33.1)
- Recurrent depressive disorder, current episode severe without psychotic symptoms (F33.2)
- Other recurrent depressive disorders (F33.8, F33.9)
- Dysthymia (F34.1)
- Other persistent mood [affective] disorders (F34.8, F34.9)
- Other mood [affective] disorders (F38)
- Agoraphobia (F40.0)
- Social phobias (F40.1)
- Other phobic anxiety disorders (F40.2, F40.8, F40.9)
- Panic disorder (F41.0)
- Generalized anxiety disorder (F41.1)
- Mixed anxiety and depressive disorder (F41.2)
- Other mixed anxiety disorders (F41.3)
- Other anxiety disorders (F41.8, F41.9)
- Obsessive-compulsive disorder (F42)
- Acute stress reaction (F43.0)
- Post-traumatic stress disorder (F43.1)
- Adjustment disorders (F43.2)
- Other reactions to severe stress (F43.8, F43.9)

## 8 Additional diagnoses/conditions at discharge

Please select ALL that apply. The numbers in brackets relate to the associated ICD-10 diagnoses.

*\*Items in red include diagnoses which may be excluded from the audit - please check Appendix 2: EXCLUDED ICD-10 Codes in the guidance document to ensure the service user is eligible.*

- Diagnoses unknown/not documented**
- Organic, including symptomatic, mental disorders (F00 - F09)**
- Mental and behavioural disorders due to psychoactive substance use (F10 - F19)
- Schizophrenia, schizotypal and delusional disorders (F20 - F29)**
- Mood [affective] disorders (F30 - F39)**
- Neurotic, stress-related and somatoform disorders (F40 - F48)
- Behavioural syndromes associated with physiological disturbances and physical factors (F50 - F59)
- Disorders of adult personality and behaviour (F60 - F69)
- Mental retardation [learning disabilities] (F70 - F79)
- Disorders of psychological development (F80 - F89)
- Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90 - F98)
- Unspecified mental disorder (F99)
- Long term physical health disorder (e.g. motor neuron disease, multiple sclerosis, COPD)

# ADMISSION

9 Date and time hospital was notified of need for a bed

Unknown/not documented

Date (DD/MM/YYYY)

Time (HH:MM, 24hr)

10 Date of admission (DD/MM/YYYY)

11 Time of admission

Unknown/not documented

(HH:MM, 24hr)

12 Type of admission

Planned

Emergency via Crisis Resolution/Home Treatment Team (CRHT)

Emergency via Emergency Department

Emergency via Community CAMHS or Community Mental Health Team (CMHT)

Transfer from another inpatient mental health service

Transfer from acute hospital service

Admitted via Section 136/135 from a Health Based Place of Safety (HBPoS)

Police custody

Unknown/not documented

Other

*If 'Other', please state:*

13 Was the admission voluntary?

Yes

No - Service user was admitted under the Mental Health Act

14 **[ONLY ANSWER IF THE SERVICE USER WAS ADMITTED UNDER THE MENTAL HEALTH ACT]** Mental Health Act classification

Section 2: Admission to hospital for assessment

Section 3: Admission to hospital for treatment

Section 4: Admission for assessment in an emergency

Section 35: Accused person remanded to hospital for a report

Section 36: Accused person remanded to hospital for treatment

Other

## ASSESSMENT

Please answer the following questions based on all the information in the service user's casenotes until the point of discharge from the inpatient service

15 Did the assessment include details about the service user's past response to treatment?

Yes

No

N/A

16 Did the assessment include information about the service user's difficulties in relation to their:

Yes

No

N/A

Employment and/or education

Financial situation

Social situation

17 Did the assessment include information about the service user's dependents (e.g. children, elderly relatives etc.)?

Yes

No

N/A - This was considered and not applicable to the service user

18 Did the assessment consider whether the service user had a history of trauma?

Yes

No

N/A - This was considered and not applicable to the service user

19 **[ONLY ANSWER IF THE SERVICE USER HAS AN IDENTIFIED FAMILY MEMBER, FRIEND OR CARER]** Was the identified family member, friend or carer provided with information about available support services and/or a support plan?

Yes

No

20 **[ONLY ANSWER IF THE SERVICE USER HAS AN IDENTIFIED FAMILY MEMBER, FRIEND OR CARER]** Was the identified family member, friend or carer offered a carer's assessment?

Yes

No

## CARE PLANNING

Please answer the following questions based on all the information in the service user's casenotes until the point of discharge from the inpatient service

21 Did the service user have a care plan?

Yes

No

22 **[ONLY ANSWER IF THE SERVICE USER HAS A CARE PLAN]** Is there evidence that the care plan was jointly developed between the service user and clinician?

Yes

No

23 **[ONLY ANSWER IF THE SERVICE USER HAS A CARE PLAN]** Was the service user given a copy of their care plan?

Yes

No

24 **[ONLY ANSWER IF THE SERVICE USER HAS A CARE PLAN]** Did the care plan include an agreed date for a review?

Yes

No

# MEDICATION

Please answer the following questions based on all the information in the service user's casenotes until the point of discharge from the inpatient service

25 Was the service user being prescribed psychotropic medication at the point of discharge?

Yes

No

**[ONLY ANSWER IF THE SERVICE USER WAS BEING PRESCRIBED PSYCHOTROPIC MEDICATION]** Please specify the DAILY/PRN dosage for ALL psychotropic medication being prescribed at the point of discharge:  
*Please complete only the relevant fields. You can leave the rest blank.*

## Antidepressants

Regular DAILY Dosage

Agomelatine (mg)

Amitriptyline hydrochloride (mg)

Buspirone hydrochloride (mg)

Bupropion hydrochloride (mg)

Citalopram (mg)

Clomipramine hydrochloride (mg)

Dosulepin hydrochloride (mg)

Doxepin (mg)

Duloxetine (mg)

Escitalopram (mg)

Fluoxetine (mg)

Fluvoxamine maleate (mg)

Imipramine hydrochloride (mg)

Isocarboxazid (mg)

Mianserin hydrochloride (mg)

Mirtazapine (mg)

Moclobemide (mg)

Nortriptyline (mg)

Paroxetine (mg)

Phenelzine (mg)

Reboxetine (mg)

Sertraline (mg)

Tranylcypromine (mg)

Trazodone hydrochloride (mg)	<input type="text"/>
Trimipramine (mg)	<input type="text"/>
Venlafaxine (mg)	<input type="text"/>
Vortioxetine (mg)	<input type="text"/>

## Hypnotics and Anxiolytics

	Regular DAILY Dosage	DFB '8cgU[ Y
Alprazolam (mg)	<input type="text"/>	<input type="text"/>
Chlordiazepoxide hydrochloride (mg)	<input type="text"/>	<input type="text"/>
Clomethiazole (Chlormethiazole) (mg)	<input type="text"/>	<input type="text"/>
Clonazepam (mg)	<input type="text"/>	<input type="text"/>
Diazepam (mg)	<input type="text"/>	<input type="text"/>
Flurazepam (mg)	<input type="text"/>	<input type="text"/>
Loprazolam (mg)	<input type="text"/>	<input type="text"/>
Lorazepam (mg)	<input type="text"/>	<input type="text"/>
Lormetazepam (mg)	<input type="text"/>	<input type="text"/>
Melatonin (mg)	<input type="text"/>	<input type="text"/>
Meprobamate (mg)	<input type="text"/>	<input type="text"/>
Nitrazepam (mg)	<input type="text"/>	<input type="text"/>
Oxazepam (mg)	<input type="text"/>	<input type="text"/>
Promethazine (mg)	<input type="text"/>	<input type="text"/>
Temazepam (mg)	<input type="text"/>	<input type="text"/>
Zolpidem tartrate (mg)	<input type="text"/>	<input type="text"/>
Zopiclone (mg)	<input type="text"/>	<input type="text"/>



# Antipsychotics

Regular DAILY Dosage .....DFB '8cgU[Y

Amisulpride (mg)

Aripiprazole (mg)

Asenapine (mg)

Benperidol (mg)

Chlorpromazine hydrochloride (mg)

Clozapine (mg)

Flupenthixol (mg)

Haloperidol (mg)

Levomepromazine (Methotrimeprazine) (mg)

Lurasidone hydrochloride (mg)

Olanzapine (mg)

Paliperidone (mg)

Pericyazine (mg)

Perphenazine (mg)

Prochlorperazine (mg)

Promazine hydrochloride (mg)

Quetiapine (mg)

Risperidone (mg)

Sulpiride (mg)

Trifluoperazine (mg)

Zuclopenthixol (mg)

## Other

Regular DAILY Dosage .....DFB '8cgU[ Y

Pregabalin (mg)

Lithium (mg)

Gabapentin (mg)

Lamotrigine (mg)

Medication Name

Regular DAILY Dosage (mg)

PRN (mg)

26 **[ONLY ANSWER IF THE SERVICE USER WAS BEING PRESCRIBED PSYCHOTROPIC MEDICATION]** Was the service user given verbal and/or written information about their medication prior to discharge?

Yes

No

27 **[ONLY ANSWER IF THE SERVICE USER WAS BEING PRESCRIBED PSYCHOTROPIC MEDICATION]** Did a review of the service user's medication(s) take place prior to discharge?

Yes

No

N/A - service user has NOT been discharged

*If 'Yes': Did the review include the following:*

*Please select ALL that apply*

Response to medication

Side effects of medication

Unknown/not documented

# PSYCHOLOGICAL THERAPIES

28 Was the service user referred to psychological therapy?

- Yes  No  
 Unknown/not documented

*If 'Yes' and this information is available, please state:*

Date of referral (DD/MM/YYYY)

Date of assessment (DD/MM/YYYY)

29 **[ONLY ANSWER IF THE SERVICE USER WAS REFERRED TO PSYCHOLOGICAL THERAPY]** Which type(s) of psychological therapy was the service user referred to?

*Please select ALL that apply*

- Individual therapy  Group/family/couples therapy

30 **[ONLY ANSWER IF THE SERVICE USER WAS REFERRED TO INDIVIDUAL THERAPY]** Who was the referral for **individual** psychological therapy made to?

- Private  Third sector  
 NHS secondary care  IAPT  
 Other

31 **[ONLY ANSWER IF THE SERVICE USER WAS REFERRED TO INDIVIDUAL THERAPY]** Has the service user started **individual** psychological therapy?

- Yes  No  
 Unknown/not documented

*If 'Yes', please state:* Date of first session (DD/MM/YYYY)

32 **[ONLY ANSWER IF THE SERVICE USER HAS NOT STARTED INDIVIDUAL THERAPY]** Please select the reason why **individual** psychological therapy has not yet started

- Service user is on waiting list  Unknown/not documented  
 Service user chose not to participate  Other  
 Service user is not currently able to participate

*If 'Other', please state:*

33

**[ONLY ANSWER IF THE SERVICE USER HAS STARTED INDIVIDUAL THERAPY]** Which **individual** psychological therapy has the service user received?

Please select ALL that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Acceptance and Commitment Therapy (ACT)              | <input type="checkbox"/> Humanistic/Person Centred Therapy          |
| <input type="checkbox"/> Applied Relaxation                                   | <input type="checkbox"/> Integrative Psychotherapy                  |
| <input type="checkbox"/> Arts Psychotherapies (e.g. Art, music, movement)     | <input type="checkbox"/> Interpersonal Psychotherapy (IPT)          |
| <input type="checkbox"/> Behavioural Activation                               | <input type="checkbox"/> Mentalisation Based Therapy (MBT)          |
| <input type="checkbox"/> Cognitive Analytic Therapy (CAT)                     | <input type="checkbox"/> Mindfulness                                |
| <input type="checkbox"/> Cognitive Behavioural Therapy (CBT)                  | <input type="checkbox"/> Mindfulness Based Cognitive Therapy (MBCT) |
| <input type="checkbox"/> Compassion Focussed Therapy                          | <input type="checkbox"/> Narrative Exposure Therapy (NET)           |
| <input type="checkbox"/> Counselling  | <input type="checkbox"/> Problem Solving Therapy                    |
| <input type="checkbox"/> Dialectical Behavioural Therapy (DBT)                | Short-term  |
| <input type="checkbox"/> Dynamic Interpersonal Therapy (DIT)                  | <input type="checkbox"/> Psychodynamic/Psychoanalytic Psychotherapy |
| <input type="checkbox"/> Eye Movement Desensitisation and Reprocessing (EMDR) | <input type="checkbox"/> Solution-Focussed Therapy                  |
| <input type="checkbox"/> Guided/Supported Self-help                           | <input type="checkbox"/> Systemic Therapy                           |
|   | <input type="checkbox"/> Other                                      |

If 'Other', please state:

34

**[ONLY ANSWER IF THE SERVICE USER WAS REFERRED TO GROUP/FAMILY/COUPLES THERAPY]** Has the service user started **group/family/couples** therapy?

- |  |                          |
|--|--------------------------|
| <input type="radio"/> Yes                    | <input type="radio"/> No |
| <input type="radio"/> Unknown/not documented |                          |

If 'Yes', please state: Date of first session (DD/MM/YYYY)

35

**[ONLY ANSWER IF THE SERVICE USER HAS NOT STARTED GROUP/FAMILY/COUPLES THERAPY]** Please select the reason why **group/family/couples** therapy has not yet started

- |   |  |
|---|--|
| <input type="radio"/> Service user on waiting list                      | <input type="radio"/> Unknown/not documented |
| <input type="radio"/> Service user chose not to participate             | <input type="radio"/> Other                  |
| <input type="radio"/> Service user is not currently able to participate |  |

If 'Other', please state:

**[ONLY ANSWER IF THE SERVICE USER HAS STARTED GROUP/FAMILY/COUPLES THERAPY]** Which **group/family/couples** therapy has the service user received?

*Please select ALL that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Applied Relaxation                               | <input type="checkbox"/> Interpersonal Psychotherapy (IPT)          |
| <input type="checkbox"/> Arts Psychotherapies (e.g. Art, music, movement) | <input type="checkbox"/> Mentalisation Based Therapy (MBT)          |
| <input type="checkbox"/> Behavioural Couples Therapy                      | <input type="checkbox"/> Mindfulness                                |
| <input type="checkbox"/> Cognitive Analytic Therapy (CAT)                 | <input type="checkbox"/> Mindfulness Based Cognitive Therapy (MBCT) |
| <input type="checkbox"/> Cognitive Behavioural Therapy (CBT)              | <input type="checkbox"/> Problem Solving Therapy                    |
| <input type="checkbox"/> Compassion Focussed Therapy                      | <input type="checkbox"/> Psycho-Education                           |
| <input type="checkbox"/> Counselling                                      | Short-term  |
| <input type="checkbox"/> Dialectical Behavioural Therapy (DBT)            | <input type="checkbox"/> Psychodynamic/Psychoanalytic Psychotherapy |
| <input type="checkbox"/> Dynamic Interpersonal Therapy (DIT)              | <input type="checkbox"/> Solution-Focussed Therapy                  |
| <input type="checkbox"/> Humanistic/Person-Centred Therapy                | <input type="checkbox"/> Systemic Therapy                           |
| <input type="checkbox"/> Integrative Psychotherapy                        | <input type="checkbox"/> Other                                      |

*If 'Other', please state:*

# PHYSICAL HEALTH

37 Current/most recent BMI

Documented evidence of refusal to be weighed/measured

Unknown/not documented

BMI (Kg/m<sup>2</sup> [N.N.M]):

38 **[ONLY ANSWER IF THE SERVICE USER IS BEING PRESCRIBED ANTIPSYCHOTICS]** Current/most recent blood pressure

Recorded

Documented evidence of refusal of blood test

Unknown/not documented

*If 'Recorded', please state:*

Systolic blood pressure (mmHg [N.N.M])

Diastolic blood pressure (mmHg [N.N.M])

39 **[ONLY ANSWER IF THE SERVICE USER IS BEING PRESCRIBED ANTIPSYCHOTICS]** Current/most recent glucose level

Recorded

Documented evidence of refusal of blood test

Unknown/not documented

*If 'Recorded', please state:*

Fasting Plasma Glucose (mmol/l [N.M])

Glycated Haemoglobin (HbA1c; mmol/l [N.M])

Random Plasma Glucose (mmol/l [N.M])

40 **[ONLY ANSWER IF THE SERVICE USER IS BEING PRESCRIBED ANTIPSYCHOTICS]** Current/most recent cholesterol level

Recorded

Documented evidence of refusal of blood test

Unknown/not documented

*If 'Recorded', please state:*

Total cholesterol (mmol/l [N.N.M])

Non-HDL cholesterol (mmol/l [N.N.M])

QRISK®2 (% [N.N.M])

41 Smoking status at the point of admission

Current smoker

Ex-smoker

Never smoked

Service user declined to answer

Unknown/not documented

*If 'Current smoker', please state:* Number of cigarettes smoked per day

42 Alcohol intake at the point of admission

Recorded

Service user declined to answer

Service user does NOT drink

Unknown/not documented

*If 'Recorded', please state:* Number of units consumed per week

43 Was the service user identified as misusing alcohol/drugs at the point of admission?

Yes

No

Unknown/not documented

44 Which of the following interventions were offered prior to discharge:

*Please select ALL that apply*

Advice about diet and exercise

Treatment for cardiovascular disease

Help with smoking cessation

Treatment for diabetes

Help reducing alcohol consumption

None of the above

Help with substance misuse

N/A - service user has NOT been discharged

## DISCHARGE

45 Was the service user discharged from inpatient services during the audit period?

Yes

No

*If 'Yes', please state:*

Date of discharge (DD/MM/YYYY)

Time of discharge (HH:MM, 24hr)

46 **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED]** Was the service user given at least 24 hours notice of discharge?

Yes

No

47 **[ONLY ANSWER IF THE SERVICE USER HAS AN IDENTIFIED FAMILY MEMBER, FRIEND OR CARER AND HAS BEEN DISCHARGED]** Was the identified family, friend or carer given at least 24 hours notice of discharge?

Yes

No

48 **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED]** At discharge, was the service user given to take home (TTOs) medication?

Yes

No

Unknown/not documented

*If 'Yes', please state:* Number of days the TTOs were prescribed for

49 **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED AND WAS BEING PRESCRIBED PSYCHOTROPIC MEDICATION]** Did a review of the service user's medication(s) take place between discharge and the end of the audit period?

Yes

Unknown/not documented

*If 'Yes': Did the review include the following:*

*Please select ALL that apply*

Response to medication

Side effects of medication

Unknown/not documented

50 **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED]** Was a discharge letter sent to the service user's GP?

Yes

Service user does NOT have a GP

Unknown/not documented

*If 'Yes', please state:* Date discharge letter sent to GP (DD/MM/YYYY)



51 [ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED] Did the discharge letter include the following:

*Please select ALL that apply*

- Contact details for the service/team responsible for the service user's care
- Medications including dosage and frequency
- Risk to and from self, others, neglect etc.
- Unknown/not documented

52 [ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED] Was a care plan sent to a nominated person in an accepting service?

- Yes  No
- Unknown/not documented

*If 'Yes', please state:* Date care plan sent to nominated person (DD/MM/YYYY)

## RE-ADMISSION TO SERVICE

53 [ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED] Was the service user re-admitted to hospital between discharge and the end of the audit period?

Yes

No

*If 'Yes', please state:* Number of re-admissions

## FOLLOW-UP PROCESS

54 **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED]** Did the service user receive follow-up after discharge?

Yes

No

Unknown/not documented

*If 'Yes' and this information is available, please state:*

Date of follow-up (DD/MM/YYYY)

Time of follow-up (HH:MM, 24hr)

55 **[ONLY ANSWER IF THE SERVICE USER HAS RECEIVED FOLLOW-UP AFTER DISCHARGE]** What was the mode of contact for the follow-up?

Face-to-face

Telephone

## CRISIS PLANNING

56 [ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED] Did the service user have a crisis plan at the point of discharge?

Yes

No

## OUTCOME MEASURES

57 **[ONLY ANSWER IF THE SERVICE USER IS AGED UNDER 18]** Was a Children's Global Assessment Scale (CGAS) completed?

Yes

No

If 'Yes', please state: CGAS score

58 **[ONLY ANSWER IF THE SERVICE USER IS AGED 18 AND OVER]** Was a Health of the Nation Outcomes Scale (HoNOS) completed?

Yes

No

59 Were there any other outcome measures completed?

Yes

No

**[ONLY ANSWER IF ANOTHER OUTCOME MEASURE WAS COMPLETED AND THE SERVICE USER IS AGED 18 AND OVER]** Which of the following outcome measures were completed:

*Please select ALL that apply*

Beck Depression Inventory (BDI)

BDD Dimensional Scale (BDD-D)

Centre for Epidemiological Studies-Depression Scale (CES-D)

Clinician-administered PTSD Scale for DSM-5 (CAPS-5)

Clinical Outcomes in Routine Evaluation (CORE-10)

Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM)

DIALOG

Generalised Anxiety Disorder Assessment (GAD-7)

General Health Questionnaire (GHQ)

Geriatric Depression Scale (GDS)

Hamilton Anxiety Rating Scale

Hamilton Depression Rating Scale

Hospital Anxiety and Depression Scale (HADS)

Impact of Events Scale-revised (IES-R)

Inventory of Interpersonal Problems (IIP)

Liebowitz Social Anxiety Scale (LSAS)

Major Depression Inventory (MDI)

Montgomery-Asberg Depression Rating Scale (MADRS)

Obsessive-Compulsive Inventory (OCI)

Panic and Agoraphobia Scale (PAS)

Panic Disorder Severity Scale (PDSS)

Patient Health Questionnaire-9 (PHQ-9)

Questionnaire about Process of Recovery (QPR)

Social Phobia Inventory (SPIN)

The Appearance Anxiety Inventory (AAI)

The Brown Assessment of Beliefs Scale (BABS)

The Body Image Quality of Life Inventory (BIQLI)

The Body Image Disturbance Questionnaire (BIDQ)

The Cosmetic Procedure Screening Scale (COPS)

The Dysmorphic Concern Questionnaire (DCQ)

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

Work and Social Adjustment Scale (WSAS)

Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

Yale Brown Obsessive Compulsive Scale Modified for BDD (BDD-YBOCS)

Zung's Self-rating Depression Scale

Other

[ONLY ANSWER IF ANOTHER OUTCOME MEASURE WAS COMPLETED AND THE SERVICE USER IS AGED UNDER 18] Which of the following outcome measures

were completed:

*Please select ALL that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Beck Youth Inventory - Anxiety (BYI-2)                                 | <input type="checkbox"/> Post-Traumatic Cognitions Inventory – Child Version (cPTCI)     |
| <input type="checkbox"/> Beck Youth Inventory - Depression (BYI-2)                              | <input type="checkbox"/> Revised Children’s Anxiety and Depression Scale (RADS) - Child  |
| <input type="checkbox"/> Children’s Obsessive Compulsive Inventory – Revised (ChOCI-R) – Child  | <input type="checkbox"/> Revised Children’s Anxiety and Depression Scale (RADS) - Parent |
| <input type="checkbox"/> Children’s Obsessive Compulsive Inventory – Revised (ChOCI-R) – Parent | <input type="checkbox"/> Screen for Child Anxiety Related Disorders (SCARED) - Child     |
| <input type="checkbox"/> Child PTSD Symptom Scale (CPSS)  | <input type="checkbox"/> Screen for Child Anxiety Related Disorders (SCARED) - Parent    |
| <input type="checkbox"/> Children’s Revised Impact of Events Scale (CRIES)                      | <input type="checkbox"/> Strengths and Difficulties Questionnaire (SDQ) – Child          |
| <input type="checkbox"/> Children’s Yale-Brown Obsessive Compulsive Scale (CY-BOCS)             | <input type="checkbox"/> Strengths and Difficulties Questionnaire (SDQ) – Parent         |
| <input type="checkbox"/> Mood and Feelings Questionnaire (CAMHS)                                | <input type="checkbox"/> Strengths and Difficulties Questionnaire (SDQ) – Teacher        |
| <input type="checkbox"/> Penn State Worry Questionnaire - Children (PSWQ-C)                     | <input type="checkbox"/> Other   |

**This service user is NOT eligible for inclusion in this audit**

Please go back and select the next service user on your list

## Thank you for participating in the NCAAD Pilot Audit

Please use the button below to submit your data

*You will NOT be able to make any changes after submitting, so please ensure you have double checked your data*