

FERNZ-BASELINE 1.1

Name of Service _____

Name of case manager _____

Clients First Name _____ Code No. _____

Form checked by nominated FERNZ liaison coordinat _____

National Early Intervention in Psychosis
STEERING GROUP
AOTEAROA | NEW ZEALAND



1* ETHNICITY

Which Ethnic Group do you belong to? *Tick the space or spaces that apply*

- | | |
|---|---|
| <input type="checkbox"/> New Zealand European | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Other; please state _____ |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Arrived in New Zealand as refugee? |

2*Gender Male Female

3*Date of birth ____/____/____

4*Date at entry to EIP Service ____/____/____ 5*NHI number: _____

6*Last known address in full _____

7* Living situation at entry to EIP Service (circle)

- 1 Living with Parents/ whānau
- 2 Flatting with others
- 3 Boarding
- 4 Living with partner and/or children
- 5 Supported Accommodation
- 6 Living alone in flat or own home
- 7 No fixed abode
- 8 Other; specify: _____

8* Marital Status (circle)

- 1 Married/civil union
- 2 Single
- 3 Defacto (incl. same sex)
- 4 Divorced/separated

8a No. of Dependent Children

*[if joint custody etc.
code as fraction e.g. 0.5]* _____

9* Level of Education at entry to EIP Service

[Circle highest]

- 0 No Qualification
- 1 5th/6th/7th Form/ (year 11, 12, 13)/ (NCEA)
- 2 Vocational qualification (Polytech/diploma etc.)
started__ completed__
- 3 University degree
started__ completed__

10* Sources of income

Circle main and tick any others that apply

- 0 No income
- 1 Full time work
- 2 Part-time work
- 3 WINZ Benefit
- 4 Student allowance/loan
- 5 Other: eg: ACC, income protection, specify: _____

9a* Tick if currently studying anywhere: _____

11* SOURCE OF REFERRAL (circle)

- 1 Self referral
- 2 Family referral
- 3 General Practitioner
- 4 Counselor/ School counselor etc.
- 5 Community MH Service/ Psychiatric Emergency Service/ Forensic/
- 6 Psychiatric Inpatient Ward
- 7 Other New Zealand EIP Service
- 8 Other: specify **type** of service, not name: _____

12a* MHA STATUS

Was the client under the Mental Health Act anytime in the six months before or during referral to EIP Service? (circle)

Yes No

12b* INITIAL HOSPITALISATION

Length of initial hospitalisation prior to and including referral to EIP Service- How many days was this admission in total:

(If client still hospitalised, enter '999' days) _____

13* DURATION OF UNTREATED PSYCHOSIS _____(days)

Onset of psychosis to initiation of appropriate treatment/involvement with mental health service/provider. If no antipsychotic medication prescribed, why? (circle)

- 1 patient refused
- 2 psychotherapy preferred
- 3 not indicated
- 4 other; specify _____

14* DIAGNOSIS Coding System: DSM-IV (circle)

- Schizophrenia 1
- Schizophreniform Disorder 2
- Schizoaffective Disorder- 3
- Brief Psychotic Disorder 4
- Delusional Disorder (include shared psychotic disorder) 5
- Psychotic Disorder due to a general medical condition (GMC) 6
- Substance-induced Psychotic Disorder 7
- Psychotic Disorder NOS 8
- Bipolar Disorder 9
- Depressive Disorder with psychotic features 10
- Prodromal 11
- Other please specify _____ 12

15*ALCOHOL AND OTHER DRUGS 6 months before referral Current (at referral)

(circle)	Not used	Use	Abuse (inc. dependence)	Use	Abuse (inc. dependence)
Alcohol	0	1	2	1	2
Cannabis	0	1	2	1	2
Stimulants- speed, P etc.	0	1	2	1	2
Herbal Highs [Benzylpiperazines]	0	1	2	1	2
Nicotine	0	1	2	1	2
Other: _____	0	1	2	1	2

16* PHYSIOLOGICAL MEASURES

Height at referral (cms) _____
 Weight at referral (kgs) _____
 Waist Circumference (cms) _____

17*Fasting* Lipids / Glucose

HDL _____
 LDL _____ Glucose _____
 Total _____ Triglycerides _____
 Date recorded _____

18* MEDICATION used at entry to EIS

- Antipsychotic (circle) Date initiated _____
- 0 No antipsychotic prescribed
 - 1 Risperidone;
 - 2 Olanzapine;
 - 3 Quetiapine;
 - 4 Clozapine;
 - 5 Depot;
 - 6 Risperidone Consta;
 - 7 Ziprasadone;
 - 8 Typical; specify: _____

Other Medication (Tick if prescribed)

- ___ Antidepressant
- ___ Mood Stabiliser
- ___ Benzodiazepines
- ___ Other; specify: _____

19* MEDICAL HISTORY Tick if present

- ___ Head injury [involving loss of consciousness]
- ___ Epilepsy
- ___ Thyroid Disease
- ___ Diabetes
- ___ Other; specify: _____
- ___ Possible Autistic Spectrum Disorder

20* SUICIDAL IDEATION (Ask all questions)

Tick if 'Yes'

- 1. In the last year have you seriously thought about committing suicide? _____
 - 2. In the last year have you made a plan for committing suicide? _____
 - 3. In the last year have you attempted suicide? _____
- If yes to a suicide attempt, ask
- Did it result in an injury or poisoning? _____
 - Did it require medical attention? _____
 - Did it require overnight hospitalisation? _____

21* FAMILY HISTORY OF PSYCHOSIS

(circle) Diagnosis	In 1st degree relative (mother/father, Sister/brother)		In 2nd degree relative (Grandparent, cousin, Aunty/Uncle)	
	Yes	No	Yes	No
?psychotic disorder	1	0	1	0
?mood disorder	1	0	1	0
Other	1	0	1	0
Unknown	1		1	

PANSS

Symptom Assessment: PANSS

Instructions: Refer to rating criteria for item definitions and descriptions of anchoring points. Enter your rating from 1 to 7 for each item of the subscales listed below. PANSS needs to be completed by week 2 after Early Intervention for Psychosis Service **takes clinical responsibility** for client.

Severity Rating Key

- 1= absent
- 2= minimal
- 3= mild
- 4= moderate
- 5= moderately severe
- 6= severe
- 7= extreme

POSITIVE SUBSCALE

- P1 Delusions _____
- P2 Conceptual Disorganisation _____
- P3 Hallucinatory Behaviour _____
- P4 Excitement _____
- P5 Grandiosity _____
- P6 Suspiciousness/persecution _____
- P7 Hostility _____

NEGATIVE SUBSCALE

- N1 Blunted affect _____
- N2 Emotional withdrawal _____
- N3 Poor rapport _____
- N4 Passive/apathetic social withdrawal _____
- N5 Difficulty in abstract thinking _____
- N6 Lack of spontaneity and flow of conversation _____
- N7 Stereotyped thinking _____

GENERAL PSYCHOPATHOLOGY SUBSCALE

- G1 Somatic concern _____
- G2 Anxiety _____
- G3 Guilt feeling _____
- G4 Tension _____
- G5 Mannerism and posturing _____
- G6 Depression _____
- G7 Motor retardation _____
- G8 Uncooperativeness _____
- G9 Unusual thought content _____
- G10 Disorientation _____
- G11 Poor attention _____
- G12 Lack of judgement and insight _____
- G13 Disturbance of volition _____
- G14 Poor impulse control _____
- G15 Preoccupation _____
- G16 Active social aviodance _____

HoNOS Chart

Enter the severity rating for each item in the corresponding item box to the right of the item. Rate a 9 if Not Known or Not Applicable.

1. Overactive, aggressive, disruptive	0	1	2	3	4	<input type="checkbox"/>
2. Non-accidental self-injury	0	1	2	3	4	<input type="checkbox"/>
3. Problem Drinking or drug taking	0	1	2	3	4	<input type="checkbox"/>
4. Cognitive problems	0	1	2	3	4	<input type="checkbox"/>
5. Physical illness or disability problems	0	1	2	3	4	<input type="checkbox"/>
6. Problems with hallucinations and delusions	0	1	2	3	4	<input type="checkbox"/>
7. Problems with depressed mood.	0	1	2	3	4	<input type="checkbox"/>
8. Other mental and behavioural problems	0	1	2	3	4	<input type="checkbox"/>
Specify _____						
9. Problems with relationships	0	1	2	3	4	<input type="checkbox"/>
10. Problems with activities of daily living	0	1	2	3	4	<input type="checkbox"/>
11. Problems with living conditions	0	1	2	3	4	<input type="checkbox"/>
12. Problems with occupation and activities	0	1	2	3	4	<input type="checkbox"/>
Total						<input type="checkbox"/>

Global Assessment of Functioning Scale.

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)

100	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
91	
90	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
81	
80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
71	
70	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
61	
60	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
51	
50	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
41	
40	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
31	
30	Behavior is considerably influenced by delusions or hallucinations OR serious impairment, in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends)
21	
20	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
11	
10	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
1	
0	Inadequate information.

THE ROLE FUNCTIONING SCALE

Rate the client for their role functioning over the PAST MONTH. **Rate rapidly on general impressions.**

	Working Productivity	Independent Living, Self Care	Immediate Social Network Relationships	Extended Social Network Relationships
Score	<i>(Rate the client primarily in the most expected role (ie., homemaker, student, wage earner))</i>	<i>(Management of household, eating, sleeping hygiene care)</i>	<i>(Close friend, Spouse, family)</i>	<i>(Neighbourhood, community church, clubs, agencies, recreational activities)</i>
1	Productivity severely limited; often unable to work or adapt to school or homemaking; virtually no skills or attempts to be productive	Lacking self-care skills approaching life endangering threat; often involves multiple and lengthy hospital services; not physically able to participate in running a household	Severely deviant behaviours within immediate social networks (i.e., often with imminent physical aggression or abuse to others or severely withdrawn from close friends, spouse, family; often rejected by immediate social network	Severely deviant behaviours within extended social network (i.e., overtly disruptive, often leading to rejection by extended social networks)
2	Occasional attempts at productivity unsuccessfully; productive only with constant supervision in sheltered work, home or special classes	Marked limitations in self-care/independent living; often involving constant supervision in or out of protective environment (e.g. frequent utilisation of crisis services)	Marked limitations in immediate interpersonal relationships (e.g., excessive dependency or destructive communication or behaviour)	Often totally isolated from extended social networks, refusing community involvement or belligerent to helpers, neighbours etc.)
3	Limited productivity; often with restricted skills/abilities for homemaking, school, independent employment (e.g. requires highly structured routine)	Limited self-care/independent living skills; often relying on mental/physical health care; limited participation in running household	Limited interpersonally; often no significant participation/communication with immediate social network	Limited range of successful and appropriate interactions in extended social networks (i.e., often restricts community involvement to minimal survival level interactions)
4	Marginal productivity; (e.g. productive in sheltered work or minimally productive in independent work; fluctuates at home, in school; frequent job changes)	Marginally self-sufficient; often uses REGULAR assistance to maintain self-care/independent functioning; minimally participates in running household	Marginal functioning with immediate social network (i.e., relationships are often minimal and fluctuate in quality)	Marginally effective interactions; often in a structured environment; may receive multiple public system supports in accordance with multiple needs
5	Moderately functional in independent employment, at home or in school. (Consider very spotty work history or fluctuations in home, in school with extended periods of success)	Moderately self-sufficient; i.e., living independently with ROUTINE assistance (e.g., home visits by nurses, other helping persons, in private or self-help residences)	Moderately effective continuing and close relationship with at least one other person	Moderately effective and independent in community interactions; may receive some public support in accord with need
6	Adequate functioning in independent employment, home or school; often not applying all available skills/abilities	Adequate independent living and self-care with MINIMAL support (e.g., some transportation, shopping assistance from neighbours, friends, other helping person)	Adequate personal relationship with one or more immediate members of social network (e.g., friend or family)	Adequately interacts in neighbourhood or with at least one community or other organisation or recreational activity
7	Optimally performs homemaking, school tasks, or employment related functions with ease and efficiency	Optimal care of health/hygiene; independently manages to meet personal needs and household tasks	Positive relationships with spouse or family and friends; assertively contributes to these relationships	Positively interacts in community; church or clubs, recreational activities, hobbies or personal interests, often with other participants
Score				