

# NCAP EIP Audit 2025: Casenote Questionnaire

## How to complete this audit form:

- Complete one audit form for each patient.
- All data for eligible patients should be submitted by 25/07/2025 4pm.
- Please refer to the 'NCAP EIP Audit 2025 Question Guidance' document for information on how to complete this questionnaire.
- Please ensure that after all data entry for a single casenote is complete, you click the submit button at the bottom of the form to submit the data to the NCAP team.  
**Data that is saved but not submitted will not be received by the NCAP team.**
- All questions in this tool are mandatory and some questions will only appear if previous answers indicate necessity.

## Further assistance and information

If you require any further assistance, please contact the NCAP project team on **NCAP@rcpsych.ac.uk**

## Demographic Information

Q1. Organisation name and ID number (ORG00)

Q2. EIP Team name and ID number (EIP0000)

Q3. Pseudonymised patient ID (e.g. NCAP123)

Q4. What type of service is the patient under?

☐

EIP

☐

CAMHS

Q5. Age *\*Only service users aged 65 years and under are eligible to take part in the NCAP EIP Audit 2025 audit (at start of sampling, 13th June 2025).*

#### Q6. Gender

- ☐ Male (Including trans man)
- ☐ Female (Including trans woman)
- ☐ Non-binary
- ☐ Not known (not recorded)
- ☐ Other
- ☐ Not stated (person asked but declined to provide a response)

#### Q7. Ethnicity

- ☐ White British
- ☐ White Irish
- ☐ White any other white background
- ☐ Black or Black British - African
- ☐ Black or Black British - Caribbean
- ☐ Black or Black British - Any other black background
- ☐ Asian or Asian British - Bangladeshi
- ☐ Asian or Asian British - Indian
- ☐ Asian or Asian British - Pakistani
- ☐ Asian or Asian British Any other Asian background
- ☐ Mixed White and Asian
- ☐ Mixed White and Black African
- ☐ Mixed White and Black - Caribbean
- ☐ Mixed any other mixed background
- ☐ Other Ethnic Groups - Chinese
- ☐ Other Ethnic Groups - Any other ethnic group
- ☐ Not stated
- ☐ Not known

#### Q8. Employment status

- ☐ Employed
- ☐ Unemployed and actively seeking work
- ☐ Undertaking full (at least 16 hours per week) or part time (less than 16 hour per week) education or training as a student and not working or actively seeking work
- ☐ Long-term sick or disabled those receiving government sickness and disability benefits
- ☐ Looking after the family or home as a homemaker and not working or actively seeking work
- ☐ Not receiving government sickness and disability benefits and not working or actively seeking work
- ☐ Unpaid voluntary work and not working or actively seeking work
- ☐ Retired
- ☐ Not stated (person asked but declined to provide a response)

[illegible]

☐ Yes  
☐ No

[illegible]

☐ Yes  
☐ No

[illegible]

## Effective Treatment

Q14. Has this person commenced a course\* of Cognitive Behavioural Therapy for Psychosis (CBTp) delivered by a person with relevant skills, experience and competencies?

*\*Received at least one session of a course.*

*Please note that in order to count as 'took up' for CBTp, the session received should be a CBTp therapy session, and not just part of the initial assessment - initial CBTp assessment appointments do not count.*

☐ Took up\*

☐ Declined

☐ Not offered

☐ Waiting

☐ Referral to another service

Q15. Total number CBTp sessions

Q16. Has this person commenced a course\* of Family Intervention delivered by a person with relevant skills, experience and competencies?

*\*Received at least one session of a course.*

☐ Took up\*

☐ Declined

☐ Not offered

☐ Waiting

☐ Referral to another service

Q17. Total number of family intervention sessions

Q18. Has this person commenced a course\* of Supported employment programme (such as Individual Placement and Support (IPS) or education programmes) delivered by a person with relevant skills, experience and competencies?

*\*Received at least one session of a course*

☐ Took up\*

☐ Declined

☐ Not offered

☐ Waiting

☐ Referral to another service

Q19. Total number of education and/or employment support sessions

Q20. Does this person have an identified family member, friend or carer who supports them?

☐ Yes

☐ Yes, but the patient does not wish for this person to be contacted

☐ No

Q21. Has this person's carer(s) commenced a course of a carer-focused education and support programme?

☐ Took up

☐ Declined

☐ Not offered

☐ Waiting

☐ Referral to another service

Q22. Total number of carer focused education and support sessions?

Q23. Has this person had two adequate but unsuccessful trials of antipsychotic medications?

☐ Yes

☐ No

Q24. Has this person been offered clozapine?

☐ Took up

☐ Waiting

☐ Declined clozapine

☐ Not offered

# Physical Health

Q25. Has a **smoking assessment** been completed?

- ☐ Yes, smoking assessment complete
- ☐ Declined to provide information
- ☐ Not documented

Q26. Smoking status

- ☐ Current smoker
- ☐ Ex-smoker or non-smoker

Q27. Interventions for **smoking cessation** (*select all that apply*)

- ☐ Smoking cessation education
- ☐ Smoking cessation therapy
- ☐ Referral to smoking cessation service
- ☐ Brief intervention
- ☐ Smoking cessation behaviour support
- ☐ Nicotine replacement therapy
- ☐ Varenicline therapy
- ☐ Declined intervention
- ☐ Not documented

Q28. Has an **alcohol use** assessment been completed?

- ☐ Yes, alcohol use assessment completed

- ☐ Declined to provide information

- ☐ Not documented



Q29. Alcohol use

- ☐ Yes, harmful
- ☐ Not harmful
- ☐ Does not drink alcohol

Q30. Interventions for **harmful** alcohol use (*select all that apply*)

- ☐ Education about alcohol consumption
- ☐ Referral to alcohol misuse service
- ☐ Motivational interviewing
- ☐ Referral to alcohol brief intervention service
- ☐ Referral to psycho-education group
- ☐ Pharmacological intervention for harmful use of alcohol commenced or reviewed (acamprosate, disulfiram or naltrexone)
- ☐ Drug addiction maintenance therapy - naltrexone
- ☐ Declined intervention

Q31. Has a **substance misuse** assessment been completed?

- ☐ Yes, substance misuse assessment completed
- ☐ Declined to provide information
- ☐ Not documented

Q32. Does the assessment indicate substance misuse?

☐ Yes

☐ No

Q33. Interventions for **substance misuse** (*select all that apply*)

☐ Substance use education

☐ Referral to substance misuse service

☐ Brief intervention for substance misuse

☐ Drug rehabilitation and detoxification care management

☐ Referral to Psycho-educational group

☐ Motivational interviewing

☐ Declined intervention

☐ Not documented

Q34. Has a **Body Mass Index** (BMI) screening been completed?

☐ Yes completed

☐ Declined to provide information

☐ Not documented

Q35. BMI value (*ensure you are entering BMI values and not weight or height*)

Q36. Has the patient displayed rapid weight gain, particularly after new anti-psychotic initiation?

☐ Yes

☐ No

☐ Not documented

Q37. Interventions for people with an **elevated BMI / weight gain** (select all that apply)

- ☐ Combined healthy eating and physical education programme
- ☐ Referral for combined healthy eating and physical education programme
- ☐ Mental health medication review with respect to weight (e.g., antipsychotic)
- ☐ Lifestyle education regarding risk of diabetes
- ☐ Referral for lifestyle education regarding risk of diabetes
- ☐ Weight Management Programme
- ☐ Referral for weight management programme
- ☐ Referral for lifestyle education
- ☐ Mental health medication review
- ☐ Advice or referral about diet
- ☐ Antipsychotic Medication review
- ☐ Advice about diet
- ☐ Referral to dietitian
- ☐ Advice about exercise
- ☐ Referral for exercise therapy
- ☐ Surgical Interventions (bariatric surgery)
- ☐ Assessment for bariatric surgery
- ☐ Declined intervention
- ☐ Not documented

Q38. Has a **blood pressure** screening been completed?

- ☐ Yes completed
- ☐ Declined to provide information
- ☐ Not documented

Q39. Blood pressure values

Blood pressure values Systolic  
(mmHg)

Blood pressure values Diastolic  
(mmHg)

Q40. Interventions for **hypertension** (*select all that apply*)

- ☐ Mental health medication review with respect to high blood pressure (e.g. antipsychotic)
- ☐ Referral to general practice service
- ☐ Referral for antihypertensive therapy
- ☐ Antihypertensive therapy
- ☐ Mental health medication review
- ☐ Antipsychotic medication review
- ☐ Advice about diet
- ☐ Referral to dietitian
- ☐ Advice about exercise
- ☐ Referral for exercise therapy
- ☐ Referral to special/ secondary care physician
- ☐ Declined intervention
- ☐ Not documented

Q41. Has a **glucose** screening assessment been completed?

- ☐ Yes
- ☐ Declined to provide information
- ☐ Not documented

Q42. Glucose values

Haemoglobin A1c measurement  
(mmol/mol)

Fasting plasma glucose measurement  
(mmol/l)

Random plasma glucose (mmol/l)

Q43. Interventions for **glucose regulation** (*select all that apply*)

- ☐ Referral to Diabetic Care
- ☐ Diabetic care
- ☐ Referral to general practice service
- ☐ Diet modification
- ☐ Metformin therapy
- ☐ Mental health medication review
- ☐ Antipsychotic medication review
- ☐ Referral to specialist/ secondary care physician
- ☐ Advice about exercise
- ☐ Referral to exercise on referral programme
- ☐ Referral lifestyle education
- ☐ Lifestyle education
- ☐ Assessment for bariatric surgery
- ☐ Bariatric operative procedure
- ☐ Declined intervention
- ☐ Not documented

Q44. Has a **cholesterol** (blood lipids) screening been completed?

- ☐ Yes
- ☐ Declined to provide information
- ☐ Not documented

Q45. Cholesterol Measures

Total cholesterol (mmol/l)	<input type="text"/>
QRISK score (%)	<input type="text"/>
Total cholesterol: HDL ratio measurement	<input type="text"/>
High density lipoprotein measurement	<input type="text"/>
Triglycerides	<input type="text"/>

Q46. Interventions for **dyslipidaemia** (*select all that apply*)

- ☐ Lipid lowering therapy
- ☐ Referral for lipid lowering therapy
- ☐ Mental health medication review to lower blood lipids (e.g. antipsychotic)
- ☐ Antipsychotic medication review
- ☐ Advice about diet
- ☐ Referral to dietitian
- ☐ Advice about exercise
- ☐ Referral for exercise therapy
- ☐ Referral to exercise on referral programme
- ☐ Referral to general practice service
- ☐ Referral to primary care service
- ☐ Referral to specialist / secondary care physician
- ☐ Declined intervention
- ☐ Not documented

Q47. Recording outcome measures

	Never	Once	More than once
HonNOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HoNOSCa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIALOG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GBO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ReQoL_10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'Other' please indicate what tool was used:

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Thank you.