

## Clinical Decision Making in Routine Care – Service User (CDRC-P) – Part 2

5. *Have there been any significant changes in your life in the past two months? (Please tick where appropriate – you might also want to indicate more than one area if this applies to you. If there were significant changes, please describe them briefly using a few simple words).*

- No [CDRCP22]
- Yes (*please tick*), and to do with (*please describe briefly*) [CDRCP23]
- Family/Friends \_\_\_\_\_ [CDRCP24]  
[CDRCP24A]
- Work/ Training \_\_\_\_\_ [CDRCP25]  
[CDRCP25A]
- Finances \_\_\_\_\_ [CDRCP26]  
[CDRCP26A]
- Living conditions \_\_\_\_\_ [CDRCP27]  
[CDRCP27A]
- Health \_\_\_\_\_ [CDRCP28]  
[CDRCP28A]
- Free time \_\_\_\_\_ [CDRCP29]  
[CDRCP29A]

**Now go straight to question 1 on page 8.**

6. *Please think about your last meeting with your clinician and tick the boxes that are relevant (more than one answer is possible).*

- |   |                          |           |
|---|--------------------------|-----------|
| My key worker suggested various possibilities but no decision was made. I had to think about it.  | <input type="checkbox"/> | [CDRCP16] |
| We only discussed how I was doing.  | <input type="checkbox"/> | [CDRCP17] |
| Due to lack of time we couldn't come to any decision.   | <input type="checkbox"/> | [CDRCP18] |
| I can't remember exactly what happened during the session.  | <input type="checkbox"/> | [CDRCP19] |
| There were a lot of interruptions during the session (e.g. phone calls, admin staff) and as a result it wasn't possible to make a decision. | <input type="checkbox"/> | [CDRCP20] |
| Anything else? _____ [CDRCP21A]   | <input type="checkbox"/> | [CDRCP21] |