



**CLIENT SERVICE RECEIPT INVENTORY**  
**(CSRI) Part One: Participant Schedule**

For the researcher:

**The purpose of this questionnaire is to gain insight into (*participant's*) life and your life as his/her carer. Part of this questionnaire will also be evaluating what services and support you both access.**

*NB. If the carer doesn't know the answer to a question then please place a "DK" (888) next to the question.*

**To begin with, can you tell me what your relationship to (*participant*) is?**

- ☐ 1 Spouse/ long term partner
- ☐ 2 Son/Daughter
- ☐ 3 Sibling
- ☐ 4 Other Family Member
- ☐ 5 Friend
- ☐ 6 Paid/formal carer
- ☐ 7 Other: please specify\_\_\_\_\_



### A. Background information of the person with dementia

1. **What year was (*participant*) born?** Year of birth:
2. **Gender of (*participant*):** Male  Female
3. **Ethnic origin of (*participant*):** Group selected:    
if 4, 8, 13, 16 or 18: please describe \_\_\_\_\_

#### SHOWCARD 1

Choose one option that best describes the ethnic group or background of the person with dementia.

##### White

1. English / Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe

##### Mixed / Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed / Multiple ethnic background, please describe

##### Asian / Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe

##### Black / African / Caribbean / Black British

14. African
15. Caribbean
16. Any other Black / African / Caribbean background, please describe

##### Other ethnic group

17. Arab
18. Any other ethnic group, please describe

#### 4. Marital status of (*participant*):

- 1 Married/civil partner/ cohabiting
- 2 Widowed
- 3 Divorced/Separated
- 4 Single
- 5 Other (specify): \_\_\_\_\_



5. What is the sexual orientation of (*participant*)? Please record number:

SHOWCARD 2

1. heterosexual
2. homosexual
3. bisexual
4. other
5. prefer not to say

6. Children (*including non-biological children*)

- a) How many daughters does (*participant*) have?
- b) How many of these daughters live close-by (less than 30 mins away)?  N/A
- c) How many sons does (*participant*) have?
- d) How many of these sons live close-by (less than 30 minutes away)?  N/A
- e) How many daughters-in-law does (*participant*) have?
- f) How many of these daughters-in-law live close-by (less than 30 mins away)?  N/A
- g) How many sons- in-law does (*participant*) have?
- h) How many of these sons-in-law live close-by (less than 30 minutes away)?  N/A

7. What is (*participant's*) highest level of education:

<i>No qualification</i> <input type="text"/> 1 no qualification	
<i>School qualification</i> <input type="text"/> 2 O-level/GCSE/Entry level/ School certificate or equivalent <input type="text"/> 3 AS-level, A-level or equivalent	
<i>Vocational degree</i> <input type="text"/> 4 NVQ level 1, Foundation GNVQ, basic skills <input type="text"/> 5 NVQ level 2, Intermediate GNVQ, City and Guilds craft, BTEC First/General diploma, RSA diploma <input type="text"/> 6 NVQ level 3/ Advanced GNVQ, City and Guilds advanced Craft, ONC, OND BTEC national, RSA advanced diploma or equivalent <input type="text"/> 7 NVQ level 4,HNC, HND, RSA higher diploma, BTEC Higher level or equivalent	<i>University degree</i> <input type="text"/> 8 Degree or graduate education (BSc, BA) <input type="text"/> 9 Post-Graduate (PhD, MSc, MA)
<i>Foreign qualification</i> <input type="text"/> 10 Foreign/other, please specify: _____	



**8. (a) Is (*participant*) currently employed?**

☐ 1 Yes – If so, what is their current profession? (b) \_\_\_\_\_

☐ 2 No – If so, what was their last profession before retirement? (b) \_\_\_\_\_

**9. (a) What type of dementia has (*participant*) been diagnosed with?**

☐ 1 Alzheimer's Disease

☐ 2 Vascular Dementia

☐ 3 Lewy Body Dementia

☐ 4 Frontotemporal Dementia

☐ 5 Other. Please state: \_\_\_\_\_

(b) For the Researcher: **How do you know what diagnosis the participant has?** *NB. Confirmation includes discussion with clinician, seeing records, medical correspondence or prescription.*

☐ 1 Clinician-referred: Independently Confirmed

☐ 2 Clinician-referred: Unconfirmed

☐ 3 Self-referred: Independently Confirmed

☐ 4 Self-referred: Unconfirmed

**B. Person with dementia's accommodation**

**10. Where does (*participant*) live?** ☐ 1 urban area ☐ 2 rural area

**11. What type of accommodation does (*participant*) normally live in?**

*Tick one box*

- A Owner-occupied
- B Council rented
- C Housing Association rented
- D Private rented
- E Care home (residential/care only)

F Start  
Date.....  
Nursing home

F Start  
Date.....

G Other, *please describe*  
.....

1
2
3
4
5
6
7



**Go to  
question B1**

**Go to  
question B2**



### B.1 Community Residence

12. How many people live with *(participant)*? Number:
13. Is the accommodation “sheltered”? (*i.e. has a warden or scheme manager on-site/mobile warden*) Yes  No
14. (a) Has *(participant)* had a short stay at a care home or nursing home over the last 3 months? Yes  No
- (b) If yes, for how many nights? Number of nights:    N/A

### B.2 Residence in formal care setting

15. Please indicate the type of organisation that manages the facility.

- Local Authority
- NHS
- Private Sector
- Voluntary Organisation
- Other

### C. Disability Benefits and Direct Payments

16. Does *(participant)* receive Attendance allowance or Disability Living Allowance?
- Yes, Attendance Allowance
- Yes, Disability Living Allowance
- No, neither of these
17. (a) Excluding attendance allowance and benefits such as Disability Living Allowance, does *(participant)* receive any cash payments- known as direct payments- from your local authority due to his/her care needs?
- Yes  No
- (b) If yes, how much is the weekly amount £     N/A



#### D. SERVICES USED

##### 18. Has (*participant*) used any hospital services over the last 3 months?

Service	Used?	Name of ward, clinic, hospital, centre	Reason for using service	Number of contacts in the last 3 months
Psychiatric inpatient	Yes/No			_____ inpatient days
General hospital inpatient	Yes/No			_____ inpatient days
Day hospital	Yes/No			_____ attendances
Memory clinic	Yes/No			_____ appointments
Outpatient services	Yes/No			_____ appointments
Care in A&E (less than 24 hours)	Yes/No			_____ times

##### 19. Has (*participant*) used any of the following community-based services over the last 3 months?

Primary Care, Community Health or Emergency (A&E) Services	Used?	Total number of contacts in the last 3 months	Typical duration of contact (mins)
Paramedic (ambulance service)	Yes/No		
Psychiatrist	Yes/No	_____ at home _____ at clinic or office _____ telephone	_____ at home _____ at clinic or office _____ telephone
General practitioner	Yes/No	_____ at home _____ at clinic or office _____ telephone	_____ at home _____ at clinic or office _____ telephone
Dentist	Yes/No		
NHS 111	Yes/No		
CPN	Yes/ No		
District Nurse	Yes/ No		
Practice Nurse	Yes/ No		



**20. Has (*participant*) used any of the following formal day activity services over the 3 last months?**

Day activities	Used?	Number of sessions per week	Time per session (mins)
Day care:	Yes/No		
Social clubs:	Yes/No		
Other (e.g. exercise club or Alzheimer's café). Please specify: _____	Yes/No		

**F. Carer Schedule**

**Information on the carer**

**21. Which year were you born in?** Year:

**22. Gender:** Male  **1** Female  **2**

**23. Ethnic origin:**  
Your Ethnic origin: \_\_\_\_\_ Group selected:

if 4, 8, 13, 16 or 18: please describe \_\_\_\_\_

**SHOWCARD 1**

Choose one option that best describes your ethnic group or background.

**White**

1. English / Welsh / Scottish / Northern Irish / British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe

**Mixed / Multiple ethnic groups**

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed / Multiple ethnic background, please describe

**Asian / Asian British**

9. Indian
10. Pakistani
11. Bangladeshi



12. Chinese  
13. Any other Asian background, please describe

**Black / African / Caribbean / Black British**

14. African  
15. Caribbean  
16. Any other Black / African / Caribbean background, please describe

**Other ethnic group**

17. Arab  
18. Any other ethnic group, please describe

**24. What is your highest level of education:**

<i>No qualification</i> <input type="checkbox"/> 1 no qualification	
<i>School qualification</i> <input type="checkbox"/> 2 O-level/GCSE/Entry level/ School certificate or equivalent <input type="checkbox"/> 3 AS-level, A-level or equivalent	
<i>Vocational degree</i> <input type="checkbox"/> 4 NVQ level 1, Foundation GNVQ, basic skills <input type="checkbox"/> 5 NVQ level 2, Intermediate GNVQ, City and Guilds craft, BTEC First/General diploma, RSA diploma <input type="checkbox"/> 6 NVQ level 3/ Advanced GNVQ, City and Guilds advanced Craft, ONC, OND BTEC national, RSA advanced diploma or equivalent <input type="checkbox"/> 7 NVQ level 4, HNCHND, RSA higher diploma, BTEC Higher level or equivalent	<i>University degree</i> <input type="checkbox"/> 8 Degree or graduate education (BSc, BA) <input type="checkbox"/> 9 Post-Graduate (PhD, MSc, MA)
<i>Foreign qualification</i> <input type="checkbox"/> 10 Foreign/other, please specify: _____	

**25. What is your sexual orientation? Please record number:** ☐

**SHOWCARD 2**

1. heterosexual
2. homosexual
3. bisexual
4. other
5. prefer not to say



## G. ABOUT THE SUPPORT PROVIDED TO THE PERSON WITH DEMENTIA

**26. Do you live with (*participant*)? (i.e. as a co-resident)**

- Yes  → If Yes, please go to G.2  
 No  → If No, please go to G.1

### G.1 For caregivers residing away from the person with dementia

**27. Do you live with anyone else?** Yes  No

**28. How long does it take you to get to (*participant*)?**

- Less than 30 mins away   
 30 mins to 60 mins away   
 Over 60 mins away

**29. What type of accommodation do you live in?**

*Tick one box*

- A Owner-occupied  
 B Council rented  
 C Housing Association rented  
 D Private rented  
 E Other, please specify:  
 \_\_\_\_\_

1
2
3
4
5

*Now go to question 31.*

### G.2 For co-resident carers

**30. On a typical day, excluding hours of sleep, how much of the time do you feel you could leave (*participant*) home alone? Please tick one box:**

- Never   
 1% to less than 25% of the time (up to 4 hours)   
 25% to less than 50% of the time (4 to 8 hours)   
 50% to less than 75% of the time (8 to 12 hours)   
 75% to 100% of the time (12 to 16 hours)



### G.3 All carers

31. (a) Do you ever experience sleep disruption due to having to wake up in the middle of the night to care? Yes  No

(b) If Yes, how many hours in a typical week?   hours N/A

32. On a typical day, how many hours do you spend caring for the person with dementia? (including activities such as: phone calls, paperwork, laundry and shopping)

hours

33. (a) Other than yourself, do any other people regularly provide help for (participant)? (e.g. at least once a month)

Yes  No

If yes, are any: (b) formal carer?

Yes  No  N/A

(c) friends or relatives?

Yes  No  N/A

34. (a) Thinking of all carers (participant) has, do you contribute the most number of hours of care per week? Yes  No  N/A

(b) Thinking about an average or typical day, and about all such other carers, for how many hours of care per week do they provide?    hours N/A



## Medication

**Please ask to see the medication taken by the person with dementia (not any taken by the carer), and record this below.**

Medications taken	Dosage



END HERE IF INTERVIEWING FORMAL CARERS.

PROCEED WITH UNPAID CARERS ONLY.

#### G.4 About you (unpaid carer)

35. Other than (*participant*), how many people do you care for? (including childcare)

(a) Number:

If yes, (b) Childcare: Number of children you care for:   N/A

(c) Adult long-term care: Number of adults you care for:   N/A

36. What is your regular employment status?

A. Paid employment  Yes  No

If A please describe current job:

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B. Volunteer  Yes  No

If B please describe current volunteering activity:

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C. Unemployed  Yes  No

D. Retired  Yes  No

E. Full Time Carer  Yes  No

F. Housewife/husband  Yes  No

If C D, E or F, please describe your former job or voluntary activity:

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#### Those in employment/ volunteering

37. How many hours do you typically work each week in all employment or volunteering activities?

Hours

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**38. Have you taken days off work or volunteering in order to provide care for (participant)?**(a) Yes  No (b) If Yes, how many days over the past 3 months?    N/A **39. Have you had to cut down on the number of hours you work or volunteer or have you reduced your responsibilities at work to provide care for (participant)?**(a) Hours cut down: Yes  No (b) Reduced responsibility a work: Yes  No 

(c) If hours cut down, how many?

Hours cut down per week:    N/A **40. If yes to the previous question, by what percentage has this had an impact on your income?**   % N/A *Now go to question 42.***Those not in employment OR currently volunteering****41. Did you leave paid employment to provide care for (participant)?**Yes  No **All****42. Do you receive carers allowance, which is a social security benefit?** Yes  No **43. (a) Have you received any cash payments from Local Authorities that support you as a carer (called carer direct payments)?** Yes  No (b) If yes, what was the amount you received? If more than one of these payments was received, please let us know of the most recent payment. Amount: £     N/A **G.5 Health of Carer****44. How do you describe your general state of health?**Very good  Good  Poor  Very poor **45. Do you suffer from chronic illness?** Yes  No



**46. Have you taken any medication in the last three months?**

- ☐ 1 Yes, prescribed, regular consumption
- ☐ 2 Yes, over the counter medication when need occurs (e.g. painkillers)
- ☐ 3 No
- ☐ 4 Both, prescribed and over the counter medication

**47. Have you made use of counselling support in the last 3 months?** Yes ☐ 1 No ☐ 2

**48. During the last 30 days, how many times were you admitted in a hospital (for more than 24 hours)?** \_\_\_\_\_ number of times

**49. During the last 30 days, how many times did you receive care in A&E (for less than 24 hours)**  
\_\_\_\_\_ number of times

**50. Have you used any services for yourself over the last 3 months?**

SHOWCARD 3		
GP visit	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Specialist	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Psychological/psychiatric support	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Self-help groups	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Support groups	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Education groups	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Expert relative groups	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Alternative therapies	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Advice lines	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Online support	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Alzheimer's Café	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Admiral Nurse	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
Other: _____		

**51. Thinking about when you have accessed these services, what percentage of visits do you think is as a result of caring?**    % N/A ☐ 777

**52. Do you feel your care situation has improved since you began using these services?**

Yes ☐ 1 No ☐ 2 N/A ☐ 777



53. Have the Local Authority (council) ever carried out a carers' assessment in relation to you caring for *(participant)*? A carer assessment means that a professional discusses with you how you are coping with the care you provide, how it affects your health and daily life and what support could help you best in your role as a carer. It is not a carer's assessment if your GP or any other medical or care service providers asks you how you are doing when they look after your relative.

Yes  No

54. Do you feel your health, such as your stress levels, tiredness, temper or physical strain has been affected as a result of caring for *(participant)*?

Yes  No

55. In the last three months, has your own health been affected, in any of the ways listed (on *show card 4*), by the help or support that you give to *(participant)*?

Tired	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Depressed	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Loss of appetite	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Disturbed sleep	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
General stress	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Physical strain	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Short tempered	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Developed a health condition	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Made an existing condition worse	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>

If there are any other health effects you've experienced due to the care you provide, please do let us know. (If the carer provides more detailed information on the items above, please also briefly note these as comments).

Other health effects:

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### G.6 Carer perception of care situation

56. Do you feel you currently receive adequate support in order to look after yourself?

Yes  No

57. Do you receive any of these types of support in caring for (participant)?

Please think only about help or support given directly to you. (If the carer asks about a time frame we suggest over the past three months)

GP	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Respite care	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Professional care staff	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Carers' organisation or charity	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Other family members	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
LA/Social Services	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>
Friends/Neighbours	Yes <input type="text" value="1"/>	No <input type="text" value="2"/>

58. What kind of support and or services would you like to receive/have access to for yourself?

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59. Do you feel that you receive adequate support in caring for (participant)?

Yes  No

60. What kind of support and or services would you like to receive/have access to for (participant)?

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