

Appendix

A1. Form client

Name client/ client number:

The upper part of the form is not part of the data collected by the UMCG. Remove this part at the end of treatment, or at the end of the pilot

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Test session requested

Date: __ (dd) - __ (mm)

Time: __ (hh) - __ (mm)

Domain	Norm group	Expected result ¹			
Positive symptoms of psychosis	Clients generalistic MHC	Q1	Q2	Q3	Q4
Negative symptoms of psychosis	Clients generalistic MHC	Q1	Q2	Q3	Q4
Anxiety ²	General population	Q1	Q2	Q3	Q4
	Clients specialistic MHC	Q1	Q2	Q3	Q4
Depression ²	General population	Q1	Q2	Q3	Q4
	Clients specialistic MHC	Q1	Q2	Q3	Q4
Friendship	General population	Q1	Q2	Q3	Q4
Emotional support	General population	Q1	Q2	Q3	Q4
Distress	Clients generalistic MHC	Q1	Q2	Q3	Q4

	Treatment in ...		
Expected level of care advised ¹	General Practice	Generalistic MHC ³	Specialistic MHC ³
Final level of care advised	General Practice	Generalistic MHC ³	Specialistic MHC ³

In case expected and final level of care do not match, could you explain hereafter why not?

1 Mark the option that is appropriate according to your judgement.

2 The client's scores on the domains anxiety and depression are compared with two norm groups: General population and clients specialistic mental health care.

3

Mental Health Care.

