

Padhar Community Mental Health (CMH) Project outcome evaluation sheets*Please complete 'For all patients' and then for each disease as relevant***WITHOUT
developmental delay****For all patients****1) Modality of intervention**

a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Medications in the field	Referral to base hospital for evaluation/intervention	Other

5) Attended psychiatry OPD at base hospital at least once if referred to hospital

a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
No	Yes	Not referred

2) Compliance

a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>	e <input type="checkbox"/>
Good compliance (takes medications daily)	Fair compliance (misses some tablets occasionally)	Poor compliance (was very irregular, did not take most tablets)	Non-compliant (did not take any medications at all)	Not prescribed medications in the field

3) Occupational Function

a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
Non-functional / no change in status	Partial improvement (doing some work in home/fields/other, but not at pre-morbid levels of functioning)	Fully functional (working at home/fields/ elsewhere at pre-morbid level of functioning)

4) Community re-integration

a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
No change from baseline	Some change from baseline, but not at pre-morbid level	Completely re-integrated i.e. at pre-morbid level

Epilepsy**1) Seizure remission**

a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>	d <input type="checkbox"/>
No improvement	Some improvement (fewer seizures/month than baseline, but more than half)	Good improvement (half the number of seizures/month or less)	Complete control (no seizures since last outreach visit)

Severe mental illness (psychosis/bipolar disorder/psychotic depression)**4) Remission of positive psychotic/mood symptoms**

a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
No improvement	Some improvement	Complete control improvement

Common mental illnesses (depressive illness/anxiety/neurotic/substance/others)**4) Symptom reduction**

a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
No improvement	Some improvement	Complete control

Headache syndromes & other non-epileptic neurological disorders**4) Symptom reduction**

a <input type="checkbox"/>	b <input type="checkbox"/>	c <input type="checkbox"/>
No improvement	Some improvement	Complete control

Padhar Community Mental Health (CMH) Project outcome evaluation sheets

**WITH
developmental delay**

Please complete 'For all patients' and then for each disease as relevant

Developmental disorders

1) Seizure remission

a <input type="checkbox"/> No improvement	b <input type="checkbox"/> Some improvement (fewer seizures/month than baseline, but more than half)	c <input type="checkbox"/> Good improvement (half the number of sei- zures/month or less)	d <input type="checkbox"/> 100% control (no seizures since last outreach visit)	e <input type="checkbox"/> Not relevant
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2) Remission of positive psychotic/mood symptoms

a <input type="checkbox"/> No improvement	b <input type="checkbox"/> Some improvement	c <input type="checkbox"/> 100% improvement	d <input type="checkbox"/> Not relevant
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3) Remission of stereotypies/movement disorders/self-injury

a <input type="checkbox"/> No improvement	b <input type="checkbox"/> Some improvement	c <input type="checkbox"/> Complete remission	d <input type="checkbox"/> Not relevant
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4) Remission of overactivity

a <input type="checkbox"/> No improvement	b <input type="checkbox"/> Some improvement	c <input type="checkbox"/> Complete remission	d <input type="checkbox"/> Not relevant
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5) Remission of aggression

a <input type="checkbox"/> No improvement	b <input type="checkbox"/> Some improvement, but still not manageable	c <input type="checkbox"/> Manageable at home	d <input type="checkbox"/> Not relevant
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6) Compliance

a <input type="checkbox"/> Good compliance (takes medications daily)	b <input type="checkbox"/> Fair compliance (misses some tablets oc- casionally)	c <input type="checkbox"/> Poor compliance (was very irregular, did not take most tablets)	d <input type="checkbox"/> Non-compliant (did not take any medica- tions at all)	e <input type="checkbox"/> Not relevant
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7) Functional improvement

a <input type="checkbox"/> No change	b <input type="checkbox"/> Some change: some degree of change in self care or milestones or supervised work	c <input type="checkbox"/> Significant change in self care/milestones or supervised work
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8) Community re-integration

a <input type="checkbox"/> No change from baseline	b <input type="checkbox"/> Some change from baseline, but not at pre- morbidity level	c <input type="checkbox"/> Completely re-integrated (at pre-morbidity level)
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