

Study: PPIp2

Site ID:

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PPIp2 STUDY

Participant Front Sheet

Name:

Contact Address:

Phone Number:

Email Address:

Responsible Clinician Name:

Contact Address:

Phone Number:

GP Name and Address:

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INCLUSION/EXCLUSION CHECKLIST

INCLUSION CRITERIA	YES	NO
Is the participant aged between 18 and 70 years?		
At least one symptom of psychosis: first episode psychosis or relapse after remission (remission defined as PANSS \leq 3 on PANSS items P1, P2, P3, G5, G9, N1, N4, N6 over at least 6 months before current psychosis symptom episode. This should be confirmed by a clinician.)		
Does the severity of a psychosis symptom(s) correspond to a definition of a PANSS rating of 4 or more on <u>at least one</u> of these PANSS items: Positive Scale item 1, 2, 3, or Negative Scale item 1, 4, 6, or General Scale item 5, 9,? This should be confirmed by a clinician.		
Has the participant had current psychosis symptoms (identified above) for at least 2 weeks but not longer than 2 years in the <u>current</u> episode?		
If any Inclusion criteria are ticked 'no' the participant is not eligible for the study.		
EXCLUSION CRITERIA	YES	NO
Primary drug induced psychosis.		
Other current neurological disorder (Multiple Sclerosis, epilepsy, cerebrovascular disease, hydrocephalus, traumatic brain injury, meningo-encephalitis, systemic lupus erythematosus, CNS vasculitis).		
If any exclusion criteria are ticked yes then the patient is not eligible for the study		

INFORMED CONSENT FLOWCHART

	Question	Yes	Go to...	No	Go to...
1.	Does the participant have capacity to consent to the study?		Ques 2		Ques 3
2.	Has the participant given written informed consent?		Add date to CRF		DO NOT PROCEED
3.	Has a consultee been identified		Ques 4		Ques 5
4.	Has a consultee signed a declaration form?		Add date to CRF		DO NOT PROCEED
5.	Approach participant when capacity regained.		Add date to CRF		DO NOT SUBMIT CRF

PPI2 STUDY CHECKLIST

	YES	DATE	NO	N/A
Information sheet to participant				
Information sheet to consultee				
Capacity to consent recorded				
Informed consent signed and dated				
Blood taken				
£10 given to the study participant and receipt signed				
Blood posted				
Letter to GP sent				
Letter to Consultant Psychiatrist sent				
CRF completed				
Recruitment reported using the PPI2 online Recruitment Report Form				
Blood test results received				
Clinical team informed about blood test results				

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Prevalence of Pathogenic
Autoantibodies in Psychosis

PPIp2 CASE REPORT FORM

PRINCIPAL INVESTIGATOR NAME:

email:

phone number:

Investigator Name and Role: _____

Contact email: _____

Date of assessment: ____/____/____

Date of participant consent: ____/____/____

And/Or

Date of consent/ declaration ____/____/____ parent/guardian/consultee

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DEMOGRAPHIC DATA

1. Date of birth (dd/mm/yyyy)	___/___/___
2. Sex (circle please)	Female / Male

3. ETHNICITY (tick please)		
White	Black	Other Ethnic Group
White European <input type="checkbox"/>	African <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Other <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Asian	Other Black background <input type="checkbox"/>	Not stated <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	All black backgrounds <input type="checkbox"/>	If 'Other Ethnic Group' please specify your ethnic origin?
Indian <input type="checkbox"/>	Mixed	
Pakistani <input type="checkbox"/>	White & Asian <input type="checkbox"/>	
Other Asian background <input type="checkbox"/>	White & Black African <input type="checkbox"/>	
All Asian backgrounds <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	
	Other mixed background <input type="checkbox"/>	
	All mixed groups <input type="checkbox"/>	

PSYCHOSIS

4. Previous episodes/blips of psychosis? (circle please)	YES	NO
5. Date of onset of this episode psychosis (earliest date): (dd/mm/yyyy)	___/___/___	

6. Please indicate only a symptom(s) identified for establishing of the eligibility.

Which of below symptoms were corresponding to definition of rating 4 or more on PANSS?
(clinician confirmed – PANSS interview not required)

	Moderate	Moderate Severe	Severe	Extreme
P1 Delusions	4	5	6	7
P2 Conceptual Disorganisation	4	5	6	7
P3 Hallucinatory Behaviour	4	5	6	7
N1 Blunted Affect	4	5	6	7
N4 Passive/ Apathetic Social Withdrawal	4	5	6	7
N6 Lack of Spontaneity & Flow of Conversation	4	5	6	7
G5 Mannerisms & Posturing	4	5	6	7
G9 Unusual Thought Content	4	5	6	7

7. If previous episodes of psychosis, please enter start date of remission period prior to this episode of psychosis (dd/mm/yyyy)	___/___/___
8. If previous episodes of psychosis, please enter start date of first symptoms of psychosis (onset of psychosis illness) (dd/mm/yyyy)	___/___/___

PPIp Blood Case Report Form

Initials of the person who took a blood sample	
Date when the blood sample was taken (dd/mm/yyyy)	___/___/___

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