

PPI2 Case Report Form (CRF)

DEMOGRAPHIC DATA	
1. Date of birth (dd/mm/yyyy)	___/___/___
2. Sex (circle please)	Female / Male
3. ETHNICITY (tick please)	
White White European <input type="checkbox"/> White Other <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian background <input type="checkbox"/> All Asian backgrounds <input type="checkbox"/>	Black African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black background <input type="checkbox"/> All black backgrounds <input type="checkbox"/> Mixed White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Other mixed background <input type="checkbox"/> All mixed groups <input type="checkbox"/>
Other Ethnic Group Chinese <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Not stated <input type="checkbox"/> If 'Other Ethnic Group' please specify your ethnic origin?	

PSYCHOSIS

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

PPI2 Blood Case Report Form

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

Date of completing of CRF (dd/mm/yyyy)

___/___/___

CRF completed by (initials): _____