ICD 10 Training Kit - (in collaboration with WHO) APPENDIX 1

### **ICD 10 Training Kit - (in collaboration with WHO)**

**APENDIX 1**

**List of references to key books and articles**

**BOOKS AND DOCUMENTS**

1. Cooper, J.E. (ed) (1994) Pocket guide to the ICD-10 classification of mental and behavioural disorders, with Glossary and Diagnostic Criteria for research. Churchill Livingstone (Edinburgh, London, Melbourne, New York and Tokyo), in behalf of WHO
2. Mental disorders, alcohol- and drug-related problems: international perspectives on their diagnosis and classification (1985). Amsterdam, Excerpta Medica (International Congress Series, No 669)
3. Sartorius N , Jablensky A, Regier D, Burke JD, Hirschfeld, editors (1990). Sources and traditions of classification in psychiatry. Hogrefe & Huber; WHO
4. Sartorius N. Understanding the ICD-10 Classification of Mental and Behavioural Disorders, Pocket Reference. Science Press Ltd, London (1995)
5. World Health Organization (1980). International classification of impairments, disabilities and handicaps. WHO, Geneva
6. World Health Organization (1987). Application of the International Classification of Diseases to Neurology (ICD-9 NA). WHO, Geneva
7. World Health Organization (1992) Research activities in WHO's Mental Health programme. WHO, Geneva (WHO/MNH/92.9)
8. World Health Organization (1992) International Statistical Classification of Diseases and Related Health Problems. Tenth Revision. Vol 1: Tabular list. WHO, Geneva, 1992.Vol 2: Instruction Manual (1993).Vol 3: Index (1994).
9. World Health Organization (1993)The ICD-10 classification of mental and behavioural disorders:Clinical descriptions and diagnostic guidelines.WHO, Geneva.
10. World Health Organization (1994)The ICD-10 classification of mental and behavioural disorders:Diagnostic criteriafor research. WHO, Geneva.
11. World Health Organization (1994)The ICD-10 classification of mental and behavioural disorders:Conversion tables between ICD-8, ICD-9 and ICD-10. Revision 1. WHO, Geneva. (WHO/MNH/92.16)
12. World Health Organization (1994)Lexicon of psychiatric and mental health terms, 2nd edition. WHO, Geneva
13. World Health Organization (1994)Lexicon of alcohol and drug terms.WHO, Geneva

**IN PREPARATION**

1. World Health Organization (1995)The ICD-10 classification of mental and behavioural disorders:Casebook.WHO, Geneva. (in preparation)
2. World Health Organization (1995)Lexicon of cross-cultural terms in mental health. WHO, Geneva(in preparation)
3. World Health Organization.Multilingual dictionary of mental health terms, WHO, Geneva (in preparation)
4. World Health Organization.Application of the International Classification of Diseases to Neurology (ICD-10 NA), second edition.WHO, Geneva(in preparation)

**INSTRUMENTS**

1. World Health Organization (1988)WHO psychiatric disability assessment schedule (WHO/DAS). WHO, Geneva
2. World Health Organization, Division of Mental Health (1992)The international personality disorder examination (IPDE), version 1.0. WHO, Geneva. (WHO/MNH/MND/92.10)
3. World Health Organization, Division of Mental Health (1993)Catalogue of assessment instruments used in the studies coordinated by the WHO Mental Health Programme. Prepared by: A.Janca and C.R. Chandrashekar.WHO, Geneva (WHO/MNH/92.5)
4. World Health Organization (1993) Composite International Diagnostic Interview (CIDI), core version 1.1. Interviewer Manual.American Psychiatric Press, Inc., Washington, DC, on behalf of WHO
5. World Health Organization (1994)Schedules for clinical assessment in neuropsychiatry (SCAN). Version 2.0, Manual.American Psychiatric Press, Inc., Washington, DC, on behalf of WHO.
6. World Health Organization, Division of Mental Health (1994)The ICD-10 symptom checklist,version 2.0.Prepared by:A.Janca, T.B. Üstün,J. van Drimmelen-Krabbe, V. Dittmann and M. Isaac.WHO, Geneva (WHO/MNH/MND/94.12)
7. World Health Organization, Division of Mental Health (1994)The ICD-10 symptom glossary for mental disorders.Prepared by:M. Isaac, A. Janca and N.Sartorius.WHO, Geneva (WHO/MNH/MND/94.11)

**ARTICLES**

1. Janca A., Üstün T.B., Early T.S, Sartorius N.The ICD-10 Symptom checklist: a companion to the ICD-10 classification of mental and behavioural disorders.Social Psychiatry and Psychiatric Epidemiology, 1993, 28: 239-242
2. Pull C.B., Wittchen H.U.CIDI, SCAN and IPDE: structured diagnostic interviews for ICD-10 and DSM III-R.European Psychiatry, 1991, 6: 277-285
3. Sartorius N.WHO's work on the epidemiology of mental disorders.Social Psychiatry and Psychiatric Epidemiology, 1993, 28: 147-155
4. Sartorius N.The classification of mental disorders in the Tenth Revision of the International Classification of Diseases.European Psychiatry, 1991, 6: 315-322
5. Sartorius N., Jablensky A., Cooper J.E., Burke J.D. (eds).Psychiatric classification in an international perspective.British Journal of Psychiatry, 1988: 152(supplement)
6. Sartorius N. et al.Progress towards achieving a common language in psychiatry: results from the field trials of the clinical guidelines accompanying the WHO Classification of Mental and Behavioural Disorders in ICD-10.Archives of General Psychiatry, 1993, 50: 115-124.
7. Üstün T.B., Goldberg D., Cooper J.E., Simon G.E., Sartorius N.New classification for mental disorders with management guidelines for use in primary care:ICD-10 PHC chapter V.British Journal of General Practice,1995,45:211-215

**APENDIX 2**

**Editorial guidelines for the production of case histories**

**To maintain a similar format for case histories prepared locally with those presented in Section 5 the editors should apply the following guidelines:**

**Length:maximum 1500 words including discussion.**

**Title**

**Each case, that is prepared in addition to the cases selected from Section 5, may simply be numbered.Any order may be chosen for the case presentations during the workshop.**

**Patient identification**

**The identification should include the age of the patient, social and marital status, education. Other identificatory material(town, occupation, known public events, etc) may be changed without altering the content and their relevance for the case history.**

**Contents**

**There will be five (or with the optional course and treatmentresponse information -- six)sections in a case summary:1) problem;2) history;3) findings;4) course, and 5) discussion.**

**Section 1. Problem**

**This section will tell:**

1. why the patient has come to see a doctor.This should be expressed mainly in the own words of the patient and/or accompanying person who knows the patient well.
2. the history of the presenting problem: how and when did it begin, first signs and symptoms, their development in chronological order. This section should summarize the experience of the illness in a lively style and give a description of the life of the patient (how he or she lives, what the psychosocial environment is like).Actual examples of what the patient experiences should be given.If available and necessary,patient's own views about his or her illness could be added.

When verification is needed to judge the validity of the information, a reference to the account of the accompanying person of other person who knows the patient well, should be made. The history should be internally consistent and sufficient to initiate diagnostic reasoning.When experiences important for diagnosis (e.g. delusions, hallucinations, amnesia, etc) are presented psychological terms should be avoided and straightforward descriptions and/or examples should be given.

Section 2. History

This sectionwill give information on the following (without giving subtitles):

1. personal and social history
2. premorbid personality
3. family history
4. previous physical and psychiatric illness

The history section will give background information to portray the patient as a person (describing at least origin of family, childhood, adolescence, education, marriage, occupation, social status and ersonality). The information given will be relevant for the diagnostic decision-making process. To avoid redundancy in reporting negative findings (e.g. something was absent) these will be noted only when they are important for diagnostic decisions (e.g. no organic factors in physical examination and investigations were found).Where no information was available this will be mentioned.

If there were previous diagnoses (or treatments) given in the past history,these should be referred to as "syndromes" (or generic names) to the extent possible, without giving diagnostic labels.Any apparent "misdiagnosis" (or mistreatment)-- only if necessary to quote for training purposes --should be given in "quotation marks".It is preferred to refer to such diagnoses in the discussion without making judgements about past diagnoses.

Reference to calendar dates should be avoided;the age of the patient should be used.For instance, refer to "when the patient was 35" rather than to "in 1972".

Section 3. Findings

This sectionwill give information on the following (without giving subtitles):

1. current mental status
2. results of physical and neurological examination
3. results of psyhological investigations

The current mental status will give the usual domains of mental status:relation with the interviewer, appearance and general behaviour, talk,mood, thought content, abnormal experiences referred to environment, body or self, the cognitive state (orientation, attention, memory, intelligence), reality testing and insight.Examples described in the present and past history should be summarized using psychiatric terms, in accordance with ICD-10 and WHO lexica.

It is not necessary to restrict the mental status account only to findings "on examination"; relevant information from other sources and previous observations on the current episode can be incorporated.

Only positive findings and important negative findings will be given when describing physical examination and investigations.

Section 4. Course

This is an optional section that should or could be added if :

1. information about the course of illness is necessary for confirming diagnosis, e.g. by treatment response;
2. a treatment has affected (or has not affected) the disorder and changed its course;
3. it adds liveliness to the case or carries a message about the treatability of the case.

Drugs will be referred to by generic names and doses will be given as "high-moderate-low".

Section 5. Diagnostic discussion

The diagnosis will be given in ICD-10 context (ICD-10 terms, criteria for disorders, duration, and exclusion).Diagnostic decision making will be based on ICD-10 logic and differential diagnosis will be made accordingly.It will be useful to summarize the findings that conform with ICD-10 Criteria (or present them in a comparative table, if necessary), and illustrate how ICD-10 is used to formulate the diagnosis.If any information is missing,it should be noted that it is necessary to know "such additional features" to arrive at a conclusive diagnosis.The ICD-10 CDDG (Blue Book) should be sufficient to discuss the cases.ICD-10 DCR, however, provides more precision in descriptions and supplies some additional codes.These should be addressed in the discussion as necessary.

All diagnoses which apply will be noted.The "main diagnosis" is that which was the central reason for admission and therapy.Differential diagnosis will be discussed in clinical terms.

If there are special culture-bound elements in the case, it will be useful to comment on those in the discussion pointing to their specific nature and noting their handling in ICD-10.

Predisposing and precipitating factors could be discussed if relevant and highly likely to have been involved in the occurrence of the disorder.

APENDIX 3

Guidelines for the production of videotapes

A videotape recording of an interview with a patient may provide additional information if a written description is insufficient to adequately present expression of affect, body movements and other behavioural signs of illness.

To avoid ethical problems it is preferable to produce videotapes showing actors rather that patients. If patients are shown, informed consent of the patient or his guardian should be obtained.The text should be given in writing, specifying the purpose for which this video is produced.The initial sentence of the recorded interview should repeat the written consent.

For educational videotapes it is useful to provide discussion points on the tape and a listing of educational objectives.

Tapes should be shown to audiences speaking the language of the interview.Translated and dubbed tapes are generally less useful and their use should be avoided.

The cover of the tape should should be given details of the apparatus on which the tape was produced, the type of recording (e.g. PAL) and identification details (e.g. name of interviewer, date of production, institution).This information should also be recorded on the beginning of the tape.

APENDIX 4

List of WHO Reference and Training Centres on Classification, Diagnosis and Assessment in the field of Mental Health

ICD-10 Reference and Training Centres

Denmark

Dr A. Bertelsen Danish
Institute of Psychiatric Demography,Psychiatric Hospital
University of Aarhus Tel: +45 (86) 17 77 77
8240 Risskov, Denmark Fax: +45 (86) 17 59 77

Egypt
Dr A. Okasha Arabic
Institute of Psychiatry, Ain Shams University
3 Shawarby Street
Kasr-El-Nil Tel: +20 (2) 3350 233
Cairo, Egypt Fax: +20 (2) 348 1786

Germany
Dr H. Dilling German
Klinik für Psychiatrie der Medizinischen Hochschule
Ratzeburger Allee 160 Tel: +49 (451) 500 2440
23562 Lübeck, Germany Fax: +49 (451) 500 2603

India
Dr R.S. Murthy Hindi
National Institute of Mental Health and Neurosciences Kannada
Department of Psychiatry Tel: +91 (80) 6642121
Bangalore 560029, India Fax: +91 (80) 6431 830

Japan
Dr Y. Nakane Japanese
Department of Neuropsychiatry
Nagasaki University, School of Medicine
7-1 Sakamoto-Machi Tel: +81 (958) 47 21 11
Nagasaki 852, Japan Fax: +81 (958) 49 43 72

Luxembourg
Dr Ch. Pull French
Service de Neuropsychiatrie, Centre Hospitalier de Luxembourg
4 rue Barblé Tel: +352 4411 2256
1210 Luxembourg Fax: +352 458 762

Spain
Dr J.J. Lopez-Ibor Jr
Spanish Servicio de Psiquiatria, Hospital Universitario San Carlos
28040 Madrid, Spain Tel/fax: +34 (1) 330 3574

UK
Dr G.Harrison English
Department of Psychiatry
Mapperley Hospital
Porchester Road Tel: +44 (865) 226 460
Nottingham NG3 6AA, United Kingdom Fax: +44 (865) 793 101

United States
Dr D. Regier, Director English
Division of Epidemiology and Services Research
NIMH, Room 10-105
5600 Fishers Lane Tel: +1 (301) 443 3648
Rockville, MD 20857, USA Fax: +1 (301) 443 4045

CIDI Reference and Training Centres

Australia
Dr G. Andrews English
Clinical Research Unit for Anxiety Disorders
St Vincent's Hospital
299 Forbes Street Tel: +61 (2) 332 1188 or 4312
Darlinghurst, NSW 2010, Australia Fax: +61 (2) 332 4316

Brazil
Dr C. Torres de Miranda Portuguese
Departamento de Psiquiatria Escola Paulista de Medicina
Rua Botucatu 740 Tel: +55 (11) 570 2828
Sao Paulo - S.P., CEP 04023, Brazil Fax: +55 (11) 549 2127

China
Dr Shu Liang Chinese
Institute of Mental Health, Beijing Medical College
Beijing Tel: +86 (1) 440 531 (318)
People's Republic of China Fax: +86 (1) 202 7314

Germany
Dr H.-U. Wittchen German
Max-Planck Institute for Psychiatry
Kraepelinstrasse 10 Tel: +49 (89) 30622 546
8000 Munich 40, Germany Fax: +49 (89) 30622 200

India
Dr M. Isaac Kannada
National Institute of Mental Health and Neurosciences
P.O. Box 2900 Tel: +91 (80) 664 2121
Bangalore 560029, India Fax: +91 (80) 6431 830

Luxembourg
Dr Ch. Pull French
Service de Neuro-Psychiatrie
Centre Hospitalier de Luxembourg
4 rue Barblé Tel: +352 4411 2256
1210 Luxembourg Fax: +352 458 762

Netherlands
Dr R. Smeets Dutch
Psychiatric Clinic
Academisch Ziekenhuis, Universiteit van Amsterdam
Tafelbergweg 25, Tel: + 31 (20) 566 2353
1105 BC Amsterdam Zuidoost, NetherlandsFax: +31 (20) 6919139

United States
Dr L.N. Robins & Dr L. Cottler English
Washington University, School of Medicine
4940 Children's Place Tel: +1 (314) 362 2469
St Louis, MO 63110, USA Fax: +1 (314) 362 2470

United States
Dr M. Rubio-Stipec Spanish
Department of Academic Affairs, Office of the Dean
University of Puerto Rico, Medical Sciences Campus
GPO Box 5067 Tel: +1 (809) 754 8624
San Juan, PR 00936, USA Fax: +1 (809) 764 2470

SCAN Reference and Training centres

Australia
Dr Gavin Andrews(SCAN field trial centre) English
Clinical Research Unit for Anxiety Disorders
St Vincent's Hospital
299 Forbes Street
Darlinghurst, NSW 2010 Tel: +61 (2) 332 1188 or 4312
Australia Fax: +61 (2) 332 4316

Brazil
Dr F Lotufo Neto & Dr L. Andrade Portuguese
Hospital das Clinicas
Faculdade de Medicina da Universidade de Sao Paulo
CEP: 01251-110 Tel: +55 (11) 210 4311
Sao Paulo SP, Brazil Fax: +55 (11) 659 062

China
Professor Shen Yucun Chinese
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China (People's Republic of) Fax: +86 (1) 202 7314

Denmark
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Germany
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Klinik für Psychiatrie der Medizinische Hochschule
Ratzeburger Allee 160 Tel: +49 (451) 500 2440
2400 Lübeck 1, Germany Fax: +49 (451) 500 2603

Professor H. Häfner & Dr K. Maurer German
Zentralinstitut für seelische Gesundheit
Quadrat J.5, Postfach 5970 Tel: +49 (621) 1703 738
6800 Mannheim 1, Germany Fax: +49 (621) 234 29

Greece
Dr V.G.Mavreas Greek
University Research Institute of Mental Health
Eginition Hospital
74, Vas. Sophias Avenue Tel: +30 (1) 724 7618
11528 Athens, Greece Fax: +30 (1) 724 3905

India
Dr Somnath Chatterji Hindi
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P.O. Box 2979 Tel: +91 (80) 664 80 73 (home)
Bangalore 560029, India Fax: +91 (80) 64 31 830

Italy
Dr M. Tansella (SCAN field trial centre) Italian
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Universityof Verona Tel: +39 (45) 58 56 33
37134 Verona, Italy Fax: +39 (45) 58 58 71

Japan
Professor Y. Nakane Japanese
Department of Neuro Psychiatry, University of Nagasaki
7-1, Sakomoto-Machi Tel: +81 (958) 47 21 11 ext 2860
Nagasaki 852, Japan Fax: +81 (958) 49 43 72

Luxembourg
Professor Charles Pull French
Centre hospitalier de Luxembourg, Service de Neuropsychiatrie
4, rue Barblé, Luxembourg Tel: +352 4411-2256
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Netherlands
Professor R. Giel & Dr Niekenhaus Dutch
Department of Social Psychiatry, Academisch Ziekenhuis
Postbus 30.001, Oostersingel 59 Tel: +31 (50) 61 38 37
9700 RB Groningen, The Netherlands Fax: +31 (50) 34 59 15

Spain
Professor J.L. Vázquez-Barquero Spanish
Unidad de Investigacion en Psiquiatria Social de Cantabria
Hospital Universitario "Marques de Valdecilla"
Av Valdecilla S/N Tel: +34 (42) 202 520 ext 72545
39008 Santandar, Spain Tel: +34 (42) 202 545 direct
Fax: +34 (42) 202 655

Switzerland
Dr L. Barrelet (SCAN field trial centre) French
Clinique Psychiatrie Cantonal Tel: (038) 44 11 11
2018 Perreux, Switzerland Fax: (038) 42 64 76

Turkey
Dr A. Gö\_üs Turkish
Dept. of Psychiatry, Hacettepe University Tel: +90 4 310 8693
Ankara, Turkey Fax: +90 4 310 1938

United Kingdom
Professor John Wing English
The Royal College of Psychiatrists, Research Unit
11 Grosvenor Crescent Tel: +44 (71) 235 2996
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Dr. Paul Bebbington English
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De Crespigny Park Tel: +44 (71) 703 5411
London SE5 8AF Tel: +44 (71) 919 3497 (direct)
United Kingdom Fax: +44 (71) 703 0458

Dr. Terry Brugha English
Department of Psychiatry, University of Leicester
Leicester Royal Infirmary
PO Box 65 Tel: +44 (533) 523 246
Leicester LE2 7LX, United Kingdom Fax: +44 (533) 523 293

Dr Louis Appleby, Senior Lecturer English
University of Manchester
Dept of Psychiatry, Withington Hospital
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Dr Glynn Harrison English
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Dr Anne Farmer (SCAN field trial centre) English
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Japan
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Luxembourg
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United States
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White Plains, NY 10605, USA Fax: +1 (914) 946 5859

APENDIX 5

Information about computer programmes

Note: Dus to rapid developments in this area, more information might be obtained from WHO, Division of Mental Health and Prevention of Substance Abuse.

English
Hypertext version of the ICD-10 Blue Book
Developed by Lubeck WHO/ICD centre
Marketed by Huber and Hogrefe (Will become available in the course of 1996)

German
Hypertext version of the ICD-10 Blue Book
Developed by Lubeck WHO/ICD centre
Marketed by Huber and Hogrefe

Spanish:
Interactive programme for familiarization courses
Used in Spain, Argentina
Belong to CIMA SA(Madrid, Spain)
Sheet with data, composed of:
. data of the participants
. data of familiarization with the different classifications
. case 1
. case 2
. final comments
. PC-ICD-10(IATROS):IATROS programme - Prof. Lopez-Ibor and CIMA SA(Spain)
. for clinical use
. contains.basic statistics
.ICD - blue book
. produces a final written report at discharge of the patient
. CATEGO 5 -- SCAN:Reference: Prof. Vazquez-Barquero
. IPDE: Reference: Prof. Lopez-Ibor
. MICROCARE SYSTEM
-Hammer,Lyons and Strain.EE.WH.
-adapted by Hengelveld and Huyse (the Netherlands)
-focused on consultation - liaison psychiatry
-contains ICD-10 blue book
ICD Q - organic disorders

APENDIX 6

Form for the recording of diagnoses according to the ICD-10 Classification of Mental and Behavioural Disorders

Case nr.

Main diagnosis:

Alternative to main diagnosis:

Other diagnoses:

How confident are you about the main diagnosis?

OVery confident OModerately confident OLow level of confidence

How easy did you find the application of the ICD-10 criteria and the making of the diagnosis ?

OVery easy OModerately easy ODifficult

Other comments:

APENDIX 7

Model for evaluation of lecture/workshop

EVALUATION FORM

To help the organizers in improving the workshop on "Familiarization with the ICD-10 Classification of Mental and Behavioural Disorders",we would like you to answer a few questions, listed below.Thank you very much for your cooperation!

Name and address (optional):

Institute (optional): Professional degree:

1. Now that the workshop is over, do you understand the ICD-10 better, than you did before?

Yes No Uncertain

2. Which part of the workshop did you find most instructive? (mark no more than 3 items)

Lectures on the general understanding of the ICD-10

Lectures on Chapter V and related documents(multiaxial presentation, primary care version, others:

Lectures on the assessment instruments

Case history exercises

Discussions and exchange of viewpoints

Others (please specify):

3. About which subject would you have liked to learn more?Please specify.

4. Which subject should have been given less time?Please specify.

5. What is your overall impression of the lecture/workshop in this form?Very useful Useful, but should be changed Not very useful

Comments:

6. In which setting do you intend to use your knowledge of ICD-10:

in clinical and ambulatory psychiatric work

in psychiatric research

in primary health care setting

in other settings (please specify)

in none, do not expect to use the ICD-10

APENDIX 8

Model for certificate for participation in ICD-10 familiarization workshop

This is to certify that

participated in a seminar for

professional advancement on the1

ICD-10 Classification of Mental and Behavioural Disorders

Multiaxial presentation of Chapter V of ICD-10

Primary care version of Chapter V of ICD-10

This seminar took place on (date). . . . . . . . . . ,

at (place). . . . . . . . . ,

and was organized by

. . . .

jointly with

the World Health Organization and the World Psychiatric Organization