GENERAL CODE/FAMILY CODE: PATIENTS' NEEDS (last update: 05/05/2015)

CODES	SUB-CODE 1	SUB-CODE 2	REMARKS
ROUTINE ACTIVITIES	HOUSEWORK	• CLEANING • DO THE SHOPPING • PREPARE THE MEAL • MONEY MANAGEMENT • INVOICES/FINES	Within each sub-code we will separate those answers related to both the lack of interest/motivation to do the different activities and the difficulties perceived to carry out them
	PERSONAL CARE	• HYGIENE • DIET • EXERCISE	
	ACTIVITIES	• JOB • VOLUNTARY WORK • STUDIES	
	ENTERTAINMENT	• PERSONAL HOBBIES	
STATE OF HEALTH	DRUGS	• ADMINISTRATION • SUPERVISION • CHANGES IN MEDS	We will record answers about the degree of need perceived to deal with the medicines intake, to assume changes in meds, their capacity to manage the symptoms, as well as the substances' consumption
	SYMPTOMS/MORBIDITY	• INABILITY TO BE CONCENTRATED • TIREDNESS • OVERWEIGHT	
	SUBSTANCES	• TOBACCO • CANNABIS • ALCOHOL	

CODES	SUB-CODES	SUB-CODE 2	REMARKS
SOCIAL NETWORK	SOCIAL STIGMA	• FRIENDS • COUPLE	The lack of social connections is one of the main patients' needs mentioned by professionals and parents[1]
	SELF-ISOLATION	• (caused by the DISEASE) • (caused by the OVERWEIGHT)	
FINANCIAL SUPPORT	PENSION	• COMPLEMENTARY • ONLY source of income	The patients' economic security appears as one of the main parents' worries
	FAMILY		
	JOB		
MAIN CONFIDANT	PERSON IN CHARGE	• MOTHER	We have not already performed the patients focus group, but during the mothers' meeting and during the interviews with fathers, these profiles have been mentioned
	ANOTHER FAMILY MEMBER	• SIBLINGS • RELATIVES	
	PROFESSIONALS	• PSYCHIATRIST • PSYCHOLOGIST	
	OTHER	• FRIEND • OTHER	

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[1] Seeing as several mothers who took part in the focus group did not feel comfortable with the term "caregiver", because they do not consider they have to take care of their children ("I am his mother, not his caregiver", expressed one of them), it should be replaced. What do you do think about the concept "Parents" (if all participants are) or "person in charge"?

GENERAL CODE/FAMILY CODE: THE MENTAL HEALTH SYSTEM

CODES	SUB-CODE 1	SUB-CODE 2	REMARKS
DEFICIENCIES	PARENTS	• INFORMATION • EMOTIONAL SUPPORT	We haven't done yet the patients' focus group, so the deficiencies related to them have been identified by parents and professionals
	PATIENTS	• FREQUENCY OF VISITS (to the psychiatrist/psychologist) • AVAILABILITY (of clinicians in case of a worsening of patients' condition)	
STRENGHTS	PARENTS	• INFORMATION • THERAPY • EMOTIONAL SUPPORT	Up to now, the two best-rated services are the Day Hospital and the Mental Health Center (community care)
	PATIENTS	• TRUST (between patients and clinicians) • SUPERVISION	

GENERAL CODE/FAMILY CODE: ACTITUDES TOWARDS m-RESIST (from patients, professionals and family members)

CODES	SUB-CODE 1	SUB-CODE 2	REMARKS
CURRENT USAGE OF TICs	INSTANT MESSAGES (Whatssaps)	• FOLLOW-UP • GROUP ACTIVITIES • CONTAINMENT	Some of those services included in the m_RESIST program are already being implemented by professionals (specially by the Case Managers[2]), e.g. showing patients where do they can find reliable information about the disease or how to program a mobile alert
	SMS	• VIST REMEMBER • ANALYTICAL TEST	
	PHONE CALL	• VISIT REMEMBER • CONTAINMENT • ANALYTICAL TEST	
	WEBPAGES	• INFORMATION • TRAINING	
	MOBILE ALERTS	• DRUGS INTAKE	
m-RESIST SERVICES	DATA STORAGE	• SUITABILITY • DISADVANTAGES	We will record opinions about both the service and the device in which it could be provided
	VIRTUAL FORUM		
	MOBILE ALERTS		
	WEBPAGE		
	REGULAR ONLINE VISITS		
	SPORADIC ONLINE VISITS (48 h)		
SORT OF DEVICES	SMARTWATCHES	• USABILITY • EXPECTATION OF USE	
	SMARTPHONE		

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[2] In Spanish case, this role is played mainly by nurses, who have the task of mediating between patients, family members and professionals.