

## UK Cancer Costs Questionnaire (UKCC) Version 2.6

The UKCC is a questionnaire designed to capture the costs of cancer and resources used by people with a current or previous diagnosis. As part of our project (REEACaRS) we use this questionnaire to investigate the costs borne by the health and social care services and people who have been attending cancer rehabilitation. This information can help us understand how resources are used after cancer diagnosis and rehabilitation and it can indicate what changes are needed to provide the best quality services for everyone who has been affected by cancer. **Please read all the questions and answer them to your best knowledge.**

**This set of questions is aimed at finding out the financial cost to you and your family and the health services over the last 3 months. If you are unsure about any answer please write in your best guess.**

**Please tick one box for the category that describes your employment status prior to your diagnosis of cancer.**

- In full time employment (30 hours or more a week)
- In part time employment (less than 30 hours a week)
- Employed but on sick leave
- Retired
- Not in paid employment

**Please tick one box for the category that describes your current employment.**

- In full time employment (30 hours or more a week)
- In part time employment (less than 30 hours a week)
- Employed but on sick leave
- Retired
- Not in paid employment

If you are employed, approximately how much time have you taken off work in total during the last 3 months due to your health? Please **give us the number of hours and days**.  **hours**  
 **days**

Do you have dependent children at home? Please **tick box** where appropriate. Yes   
 No

Have you **provided** support for someone else with health problems? Please **tick box** where appropriate. Yes   
 No

Have you **received** help or support from family or friends due to your own health problems? Please **tick box** where appropriate. Yes   
 No

If yes, approximately how much time have they set aside to help you in a **typical week**? Please **give us the number of hours and days**.  **hours**  
 **days**

If yes, and if they work, approximately how much time have they taken off work in order to help you in a **typical week**?  **hours**  
 **days**

**Healthcare log**

**In the past 3 months, did you see any health or care professionals in the hospital or community?**

(This refers to all health care and social care. This includes for example your GP, practice or community nurse, social worker, home help or physiotherapist who is not based in the hospital.)

Please indicate the person you saw, **how many times you saw them**. If the type of professional is not listed then please write this in. Please record all contact whether or not this was cancer related.

<b><u>NUMBER OF VISITS</u></b>	<b>Home visit</b>	<b>Hospital</b>		<b>GP Practice /Clinic</b>	<b>By phone</b>	<b>Reason for visit</b>
		<b>On the ward</b>	<b>Outpatient clinic</b>			
GP/Medical Consultant						
Nurse						
Phlebotomist						
Dietitian						
Occupational therapist						
Physiotherapist						
Speech and language therapist						
Other Health Professional (.....)						
Other Health Professional (.....)						

Please continue on a separate sheet if required.

In the **past 3 months** have you been admitted to the hospital as an **in-patient** (had to stay **overnight**) for any reason? (Please indicate the reason for your stay and approximately how many nights you spent in the hospital on each occasion. If you cannot recall it, please give us your best guess.)

**Reason for stay**

		<b>Nights</b>
		<b>Nights</b>
		<b>Nights</b>
		<b>Nights</b>
		<b>Nights</b>

Please continue on a separate sheet if required.

**In the past 3 months, did you spend any time in any of the following places?** (Please indicate the number of visits or days spent at these places. If you cannot recall it, please give us your best guess.)

Accident and emergency department  **Number of visits**

Minor injuries clinic  **Number of visits**

Medical/Surgical Admission Unit (MAU/SAU)  **Number of visits**

Surgical Decision Making Unit (SDMU)  **Number of visits**

X-ray/Imaging/Scanning department  **Number of visits**

Radiotherapy  **Number of visits**

Chemotherapy day unit  **Number of visits**

Lymphoedema service  **Number of visits**

**In the past 3 months, did you spend any time in any of the following places? (Please indicate the number of visits or days spent at these places. If you cannot recall it, please give us your best guess.)**

Residential home		<b>Days</b>
Nursing home		<b>Days</b>
Hospice		<b>Days</b>
Respite care		<b>Days</b>
Other (please specify.....)		<b>Days</b>
Other (please specify.....)		<b>Days</b>

In the past **3 months**, did you visit **any support services?** (*This could include Maggie’s Centre, Old Mill Foundation, Cancer Information & Support Services (CISS), Sandville Self Help Centre, Carers Centre or any other support service.*)

Please write down the name of the support service and the number of visits. If you cannot recall it, please give us your best guess. Please tick the reason for your visit.

Support Service (Please name the support service.)	Number of visits	Reason for visit (Please tick where appropriate.)
		<input type="checkbox"/> Advice/signposting <input type="checkbox"/> Information event <input type="checkbox"/> Educational event <input type="checkbox"/> Support groups <input type="checkbox"/> Complementary therapies (mindfulness, relaxation, aromatherapy) <input type="checkbox"/> Exercise group <input type="checkbox"/> Self-management <input type="checkbox"/> Finances/money <input type="checkbox"/> Other: (please specify).....
		<input type="checkbox"/> Advice/signposting <input type="checkbox"/> Information event <input type="checkbox"/> Educational event <input type="checkbox"/> Support groups <input type="checkbox"/> Complementary therapies (mindfulness, relaxation, aromatherapy) <input type="checkbox"/> Exercise group <input type="checkbox"/> Self-management <input type="checkbox"/> Finances/money <input type="checkbox"/> Other: (please specify).....
		<input type="checkbox"/> Advice/signposting <input type="checkbox"/> Information event <input type="checkbox"/> Educational event <input type="checkbox"/> Support groups <input type="checkbox"/> Complementary therapies (mindfulness, relaxation, aromatherapy) <input type="checkbox"/> Exercise group <input type="checkbox"/> Self-management <input type="checkbox"/> Finances/money <input type="checkbox"/> Other: (please specify).....

Please continue on a separate sheet if required.

**Travel**

Over the past **3 months**:

How many miles **in total** have you travelled to attend hospital or other health or social care appointments including any unplanned visits? Please record all travel whether or not it was cancer related.

Miles

How did you travel? (Please tick where appropriate.)

- Own car
- Public transport
- Hospital transport
- Other: (please specify).....

If you travelled with your **own car**, how much have you spent on healthcare-related parking?  £

If you travelled with **public transport**, how much have you spent on public transport?  £

Any other travel related expenses (please specify):.....  £  
.....

**Medications**

What medications are you currently taking on a regular basis including over-the-counter and non-prescription medications? Please record the **name** of all medications. This will help us estimate how much the medication cost of cancer is.

Medication name	Dose	Taken since	On prescription? (tick if yes)

Please continue on a separate sheet if required.



**Other Expenses**

Please record any other expenses **you have had to pay for** over the last 3 months because of your health or treatment. Please **name and record all expenses**, whether or not they were related to your cancer.

*(This could include special diet, supplement, childcare, special equipment, garments, clothes, utilities or complementary therapies such as, reflexology, reiki, mindfulness, aromatherapy or acupuncture.)*

Brief description	Approx. Cost (£)

Please continue on a separate sheet if required.

**Have you faced any other expenses related to cancer which are not mentioned in this questionnaire? If yes, please tell us about it below.**

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**Thank you so much for your help and time!**