**ABC Post-Intensive Care Trial**

**Study ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **1-MONTH HEALTH SERVICE UTILISATION QUESTIONNAIRE**

## **CONFIDENTIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HOW TO FILL IN THIS QUESTIONNAIRE**Please try to complete the whole questionnaire. You may not be able to exactly remember the answer to some questions but please give your best estimate.****The questions relate to the health care you have had since being discharged from the intensive care unit (ICU), which was when you agreed to join the study. If you have not left hospital since the joining the study answer questions 1 and 2 only.** **Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please print carefully within the boxeslike this | **2** | **7** |  **or like this** | **X** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y |

**Please enter the date the questionnaire is being filled in**  |

This set of questions asks about your employment status and any carer support you have provided or you have received **DURING THE LAST 1 MONTH.**

**This set of questions is aimed at finding out the financial cost to you and your family and the health services over the last 1 month. Please think back over the past 1 month, since the time you were discharged from the ICU and joined the study. If you are unsure about any answer please write in your best guess.**

If you were in paid employment before your main hospital admission hospital admission (the one when you were recruited to this research study), please answer the questions below. If not please go to question 4.

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Have you returned to work? | Yes ⬜ | No ⬜ |
|  |
| **2.** | If **YES**, have you returned to work | Full Time ⬜ | Part Time ⬜ |
|  |  |  |  |
| **3.** | If you are employed, approximately how much time have you taken off work **in total** during **the last 1 month** due to your health |  |
| \_\_\_\_\_\_\_\_\_Days |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.** | Do you have dependent children at home? | Yes ⬜ | No ⬜ |
|  |
| **5.** | Have you **provided** (carer) support for someone else with health problems **during the last 1 month**?  | Yes ⬜ | No ⬜ |

|  |  |  |  |
| --- | --- | --- | --- |
| **6.** | Have you **received** help or (carer) support from family or friends due to your own health problems **during the last 1 month**? | Yes ⬜ | No ⬜ |
|  | If **YES,** approximately how much time have they set aside to help you in a **typical week?** |
|  | \_\_\_\_\_\_\_\_Hours per week | **OR** | \_\_\_\_\_\_\_\_Days per week |
|  | 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 per week  | **OR** | \_\_\_\_\_\_\_\_Days per week |

**Health care log**

1. **In the last 1 month, did you see any NHS health or social care professional or service contact in the primary care or community setting?** (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 contacts.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | If YES please detail number of visits by type below |
| *Please ensure a response is provided for* ***ALL***  | Home visit | GP Practice /Clinic | By phone |
| GP |  |  |  |  |  |
| Practice/District Nurse |  |  |  |  |  |
| Physiotherapist |  |  |  |  |  |
| Dietitian |  |  |  |  |  |
| Occupational therapist |  |  |  |  |  |
| Social worker |  |  |  |  |  |
| Psychological therapist/ Counsellor |  |  |  |  |  |
| Other Professional, e.g. home care worker, support/outreach worker etc. (please specify)…………………………………… |  |  |  |  |  |
| Other Professional (please specify)……………………………………  |  |  |  |  |  |
| Other Professional (please specify)…………………………………… |  |  |  |  |  |
| Other Professional (please specify)……………………………………  |  |  |  |  |  |
| Other Professional (please specify)…………………………………… |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **8.** | **In the last 1 month**, did you attend any Accident and Emergency department?  | Yes ⬜ | No ⬜ |

|  |  |
| --- | --- |
| If **YES**, please provide details of the **TOTAL** number of visits made to A&E in the **last month**. | \_\_\_\_\_\_\_\_Visits  |

|  |  |  |  |
| --- | --- | --- | --- |
| **9.** | **In the last 1 month**, have you been admitted to hospital?  | Yes ⬜ | No ⬜ |
|

|  |  |
| --- | --- |
| If **YES**, please provide details of the **TOTAL** number of days spent in hospital in the **last month**. | \_\_\_\_\_\_\_\_Days  |

 |
| **10.** | **In the past 1 month,** have you had any **new stays** or **moved into** in any of the following places? (Please indicate the number of days spent in each). |

|  |  |  |
| --- | --- | --- |
| Nursing home, Residential (or similar institutional care) | \_\_\_\_\_\_\_ | Days |
| Rehabilitation hospital or facility | \_\_\_\_\_\_\_ | Days |
| Hospice | \_\_\_\_\_\_\_ | Days |
| Respite care | \_\_\_\_\_\_\_ | Days |
| Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | \_\_\_\_\_\_\_ | Days |
| Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | \_\_\_\_\_\_\_ | Days |

If **NONE** of the above apply (services/accommodation **NOT** used in the past 1 month) please tick this box to confirm. ⬜