

**Appendix**

A section of the Service use diary completed by participants at baseline, 3 and 6 months. The binary Y/N question for section D was a new variable generated by assigning a “Yes” for any participant who responded “Yes” to any sub-questions in that section.

**Diary Two**

We would like to know about any contact you have had with services, organisations or others about your health and well-being.

Please fill in the number of contacts you have had **during the last three months** for each question listed below. If you haven't had any contact with them, please fill in a 0 (zero).

|  |  |
|--|--|
| <p><b>A. Have you needed to go to hospital in the last 3 months?</b></p> <p style="text-align: right;">Yes <input type="checkbox"/><br/>No <input type="checkbox"/></p> <p style="text-align: right;">Complete 1-4 below<br/>Go to Section B</p>               |  |
| 1. How many nights have you spent in hospital as an inpatient?   |  |
| 2. How many days have you been admitted to a day ward in hospital without staying overnight?   |  |
| 3. How many times have you had an appointment with a doctor in the hospital or have you attended a clinic appointment?   |  |
| 4. How many times have you been treated at Casualty or Accident and Emergency?   |  |
| <p><b>B. Have you seen/spoken your GP or community nurse in the last 3 months?</b></p> <p style="text-align: right;">Yes <input type="checkbox"/><br/>No <input type="checkbox"/></p> <p style="text-align: right;">Complete 1-7 below<br/>Go to Section C</p> |  |
| 1. How many times have you visited your GP at their surgery or health centre?  |  |
| 2. How many times has a GP visited you at home?  |  |
| 3. How many times have you spoken to a GP on the phone?  |  |
| 4. How many times has a nurse visited you at home?   |  |
| 5. How many times have you visited a nurse at the surgery or health centre?  |  |
| 6. How many times have you spoken to a nurse on the phone?   |  |
| 7. How many times have you called NHS Direct?  |  |

ID:

| <b>C. Have you contacted/been to any other health care services in the last 3 months?</b>  |                     |
|--|---------------------|
| Yes <input type="checkbox"/>   | Complete 1-10 below |
| No <input type="checkbox"/>  | Go to Section D     |
| 1. How many times have you seen a physiotherapist? (please indicate if NHS or private) .....                                     |                     |
| 2. How many times have you seen an osteopath or chiropractor (please indicate if NHS or private)?.....                           |                     |
| 3. How many times have you seen a dentist (please indicate if NHS or private)?.....  |                     |
| 4. How many times have you seen someone about your sight (eg optician / optometrist?)  |                     |
| 5. How many times have you seen someone about your hearing (eg an audiologist/ or an ear/hearing clinic?)                        |                     |
| 6. How many times have you been to a counselling service?  |                     |
| 7. How many times have you been to a smoking cessation service?  |                     |
| 8. How many times have you been to a chiropodist or podiatrist (foot) clinic?  |                     |
| 9. How many times have you contacted any emergency services (Police, Ambulance, Fire)? Please give details .....                 |                     |
| 10. How many times have you used <i>another</i> health service contact? e.g. falls prevention service. Please give details ..... |                     |

**D. Personal care**

*Please think about an average or typical week during the last 3 months*

Have you had any **paid** help (including both help arranged or paid for by social services and help arranged/paid for privately) with:

1. Washing, dressing or having a bath/shower

Yes       No       If yes, how many times *per week*? .....

2. Cooking/preparing meals or shopping

Yes       No       If yes, how many times *per week*? .....

3. Meals on wheels or other meal delivery service

Yes       No       If yes, how many times *per week*? .....

4. Other (eg laundry, sitting service): please give details and number of times *per*

**Exploring the relationship between frequent internet use and health and social care resource use in a community-based cohort of older adults - Appendix**

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ID:

Have you had any **unpaid** help e.g. from family or friends, with:

5. Washing, dressing or having a bath/shower

Yes  No  If yes, how many times *per week*? .....

6. Cooking/preparing meals or shopping

Yes  No  If yes, how many times *per week*? .....

7. Other (eg laundry, sitting service): please give details and number of times *per week*?

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