

Participant Identification Number:



## Development of a healthcare use questionnaire

### Your use of healthcare services

We would like you to answer some questions about the healthcare you have used, for any reason, in the last 3 months. We only want you to include healthcare you have used as an NHS patient.

Please answer all the questions, even if your answer is zero, as it is important for us to find out what healthcare you have and have not used. If you are unsure of an answer, please write your best guess.

In the last 3 months,

Please tick or write the number of times

1. How many times have you been to a hospital Accident and Emergency (A&E) department?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

2. How many times have you received care from the ambulance service:

and were taken to hospital?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

but were not taken to hospital?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

In the last 3 months,

Please tick or write  
the number of times

3. How many times have you been to hospital for  
an outpatient appointment?

0 1 2 3 4

For each appointment, please complete the table below:

Outpatient appointment	Clinic type e.g. Dermatology	Reason for visit e.g. Mole removal	Tests or surgical procedures performed (if applicable) e.g. Removal of a skin lesion
1			
2			
3			
4			
5			
6			

If you need more space, please use the box on page 8.

In the last 3 months,

Please tick or write the  
number of times

4. How many times have you been to hospital for day case care (used a bed, but did not stay overnight)?

0    1    2    3    4  

For each visit, please complete the table below:

Hospital day case visit	Department e.g. Gastroenterology	Reason for visit e.g. Stomach ache	Tests or surgical procedures performed (if applicable) e.g. Endoscopy with biopsy
1			
2			
3			
4			
5			

If you need more space, please use the box on page 8.

In the last 3 months,

Please tick or write the  
number of times

5. How many times have you been to hospital for  
an overnight stay?

0    1    2    3    4  

For each stay, please complete the table below:

Hospital overnight stay	Number of nights spent in hospital	Department e.g. Orthopaedics	Reason for stay e.g. knee replacement	Tests or surgical procedures performed (if applicable) e.g. Knee replacement
1	<input type="text"/> nights			
2	<input type="text"/> nights			
3	<input type="text"/> nights			
4	<input type="text"/> nights			
5	<input type="text"/> nights			

If you need more space, please use the box on page 8.

In the last 3 months,

Please tick or write the  
number of times

6. How many times have you had an appointment with a doctor (GP):

at a GP surgery or health centre?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

at home?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

over the telephone or online?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

7. How many times have you had an appointment with a nurse:

at a GP surgery or health centre?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

at home?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

over the telephone or online?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

In the last 3 months,

Please tick or write the  
number of times

8 How many times have you had contact with any  
other healthcare professionals (e.g.  
physiotherapist) or healthcare services (e.g.  
NHS 111):

at a GP surgery or health centre?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

at home?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

over the telephone or online?

0	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

For each healthcare professional you have seen and/or healthcare service you  
have used, please complete the table below:

Healthcare professional or healthcare service contact	Healthcare professional seen (e.g. physiotherapist) or healthcare service used (e.g. NHS 111)
1	
2	
3	
4	
5	

If you need more space, please use the box on page 8.

In the last 3 months,

Please tick

9. Have you picked up or received any prescribed medications?

Yes No

For each prescribed medication, please complete the table:

Prescribed medication	Name of prescribed medication e.g. Tramadol (if you don't know the name, please put the type of medication e.g. Painkiller)	Number of times the medication has been picked up and/or received
1		<input type="checkbox"/> times
2		<input type="checkbox"/> times
3		<input type="checkbox"/> times
4		<input type="checkbox"/> times
5		<input type="checkbox"/> times
6		<input type="checkbox"/> times
7		<input type="checkbox"/> times
8		<input type="checkbox"/> times
9		<input type="checkbox"/> times
10		<input type="checkbox"/> times

If you need more space, please use the box on page 8.

If you run out of space in the tables, please use the box below to write about the other healthcare you have used:

PRELIMINARY DRAFT