



# BASELINE SERVICE USE QUESTIONNAIRE

Participant ID:

Date questionnaire completed:

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

## SECTION A - Additional Health Services

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) and go to the next section.

	NHS service	Private service (health insurance or out of pocket costs)
1. How many times have you seen a physiotherapist?		
2. How many times have you seen an osteopath or chiropractor?		
3. How many times have you seen a dentist?		
4. How many times have you seen someone about your eyesight (e.g. optician / optometrist)?		
5. How many times have you seen someone about your hearing (e.g. 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 another therapist (e.g. psychologist, psychotherapist)?		
8. How many times have you been to a smoking cessation service?		
9. How many times have you been to a chiropodist or podiatrist (foot) clinic?		
10. How many times have you been to a nail cutting service?		
11. How many times have you used <i>another</i> health service contact? e.g. falls prevention service. Please give details ..... .....		

**Go to the next section**



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[Empty text box for Participant ID]

SECTION B - Over the counter medicines and supplements in the last week

1. Please list the over the counter medicines (that is, not prescribed by your GP) you taken in the **last week** (7 days)?

These might include medicines for pain relief, indigestion and can be in any format e.g. tablet, gel, cream etc.

.....
.....
.....
.....

2. Have you taken vitamin D tablets in the **last week** (7 days)? [ ] Yes [ ] No

2a. If yes, what dose are you taking per day? .....

3. Have you taken any other vitamin or health food supplements (e.g. vitamins, minerals, herbal remedies etc.) in the **last week** (7 days)? [ ] Yes [ ] No

3a. If yes, what have you been taking?
.....
.....

4. How many protein or calorie food supplements have you taken in the **last week** (7 days) that you have bought yourself (e.g. Complan, Build-Up etc.)? .....





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## SECTION C - Falls in the last three months

1. In the past **three months**, have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?

No

**Go to the next section** 

Yes

**Go to the next question** 

1a. If yes, how many times?

..... 

2. Did you call an ambulance?

No

Yes

2a. If yes, how many times?

.....

3. Did you need to go to hospital?

No

Yes

3a. If yes, how many times?

.....

**Go to the next section** 



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## SECTION D – Residential, nursing and respite care

1. Have you been admitted to a care home or other supported residential accommodation in the **past 3 months**?

No

Go to the next section 

Yes

Go to the next question 

2. If yes, what type of accommodation was it?

Accommodation type	Approximate number of weeks spent in this accommodation in the last 3 months
Local authority residential care/care home	
Private or independent sector residential care/care home	
Nursing home	
Extra care housing	
Other, please give details: ..... ..... .....	

Go to the next section 



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## SECTION E – Personal care and help at home

We would like to know whether you have received help with any of the following activities. If you do receive help we would like to know *how much and how it is paid for*, if you pay for it.

Please think about the help you have received **over the last week**.

**Have you received any help for:**

1. **Preparation of food and drinks?**

No



Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes

2. **Cleaning the house?**

No



Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes



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3. Washing, ironing and sewing?

No



Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes

4. Shopping?

No



Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes



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5. **Maintenance work, odd jobs, gardening?**

No

Go to question 6

Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes

6. **Personal care (dressing/undressing, washing, combing, shaving)?**

No

Go to question 7

Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes



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**7. Going to the toilet?**

No



Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes

**8. Moving around the house?**

No



Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes





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9. Eating and drinking?

No

Go to question 10

Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes

10. Mobility outside the house (assistance with walking or wheelchair)?

No

Go to question 11

Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes



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11. Making trips and visiting family or friends?

No

Go to question 12

Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes

12. Visiting a doctor or the hospital?

No

Go to question 13

Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes



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13. Organising help, physical aids or house adaptations?

No

Go to question 14

Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes

14. Taking care of financial matters like insurance?

No

Go to the next section

Yes

If yes, please tell us more about **where** the help is from and how much help you receive **each week**:

<input type="checkbox"/> State funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Privately funded help?	How many times per week? .....
	How long is a typical visit? .....minutes
<input type="checkbox"/> Unpaid help (friends/family)?	How many times per week? .....
	How long is a typical visit? .....minutes

Go to the next section



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## SECTION F – Local transport

In the **last 3 months** have you used any of the following services for local transport?

1. Dial-a-ride or Community Transport (transport for people with disabilities who have difficulty using public transport)  Yes  No

If yes, how many times?

.....

2. Taxi-card service (subsidised transport for people with mobility impairment)  Yes  No

If yes, how many times?

.....

3. Other(s): please tell us who and how many times you have contacted them:

.....

**Go to the next section** 



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## SECTION G – Benefits and use of a personal alarm

1. Do you receive any of the following benefits?
- Pension credit
  - Attendance allowance (previously Disability Living Allowance)
  - Housing benefit
  - Council Tax benefit
  - Carers Allowance
  - Winter fuel payment
  - Universal Credit
  - Any other
- .....
2. Do you think you have claimed all the benefits you are entitled to?
- Yes     No     Don't know
3. Have you applied for any new benefits **in the last 3 months?**     Yes     No
- If yes, please specify
- .....
4. Have you received direct payments, an individual budget or a personal budget in the last 3 months?
- |                                                            |                              |
|------------------------------------------------------------|------------------------------|
| <input type="checkbox"/> Direct payments                   | Total weekly value in £..... |
| <input type="checkbox"/> Individual budget/personal budget | Total weekly value in £..... |
5. Do you use a personal alarm (helpline) that is connected to a centre?     Yes     No

**Go to the next section** 



# BASELINE SERVICE USE QUESTIONNAIRE

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## SECTION H – Caring for or supporting someone else

1. Do you regularly (once a week or more) help another person with everyday tasks like cleaning, cooking, shopping or dressing? (This may or may not be someone you live with).

Yes     No

**Go to the next section** 

If yes:

a. How many hours **per day**? .....

b. How burdensome do you feel caring for or accompanying her/him is at the moment?

Please place a mark on the scale below that indicates how burdensome you feel caring for or accompanying her/him is at the moment.

← Not at all straining

Much too straining →

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
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c. If the care situation remains as it is now, how long will you be able to carry on giving care?

*Please tick one of the following*

- Less than one week
- More than one week but less than one month
- More than one month but less than six months
- More than six months but less than one year
- More than one year but less than two years
- More than two years

**Go to the next section** 



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## SECTION I – Social groups and going out

Have you visited any of the following educational, social, religious or leisure services or organizations in the **last 3 months**?

1. Local library	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times per month? .....
2. Sport and leisure schemes / clubs	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times per month? .....
3. Local adult education classes	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times per month? .....
4. University of the Third Age (U3A) meetings/groups	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times per month? .....
5. Local religious or faith groups (including going to a place of worship for prayer or service e.g. church, temple, mosque or synagogue)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times per month? .....
6. Lunch club	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times per month? .....
7. Community Centre	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times per month? .....
8. Day centre, please tell us which and how many times you have been: .....	
9. Other local services for social / recreational / educational purposes, please tell us which and how many times you have been .....	

**THANK YOU FOR COMPLETING THE QUESTIONS IN THIS BOOKLET.**