

Please think back over the times that you have used the NHS in the last 3 months. If you are unsure about any answer please write in your best recollection.

1. Inpatient care Yes No
In the last 3 months, have you been admitted to hospital for any reason? ☐ ☐

If **Yes**, please tell us which department of the hospital you went to (speciality) and the number of days you were in hospital.

Reason for admission	Speciality	Name of Hospital and Ward	Number of days in hospital

2. Outpatient care Yes No
In the last 3 months have you made any visits to the hospital or a clinic as an outpatient? ☐ ☐

If **Yes**, please indicate which part of the hospital you went to (speciality). If you don't know which speciality it was, or if it's not listed, then write in the reason or part of your body as best you can.

Speciality	Examples	Number of visits
Orthopaedics	Seeing a surgeon about your tendon, changes to plaster or aids (e.g. splint/braces)	
Pathology	For blood tests	
Radiology	For scans	
Physiotherapy (NHS)	Physiotherapy appointment at the hospital to see an NHS physiotherapist	
Physiotherapy (Private)	Physiotherapy appointment to see a private physiotherapist What was the total cost to you £.....	
Emergency Department	Related to your tendon injury	
Emergency Department	Any other reason	
Others: Details		

Resource Use (Continued)

3. Community care

Yes No

In the last 3 months, have you had contact with any professionals in the community because of your Achilles tendon injury? ☐ ☐

If **Yes**, please indicate the type of professional, how you were in contact, how often you saw them and the average duration of these contacts in minutes. If the person isn't listed then feel free to write this in.

Type of professional	Number of contacts since injury	Average duration of contacts (minutes)
GP visits in surgery		
GP home visits		
GP telephone contacts		
Practice nurse contacts		
District nurse contacts		
Community physiotherapy contacts		
Calls to NHS direct		
Calls for an ambulance or paramedic		
Occupational therapy contacts		
Other (e.g. mental health services): details		
Other: details		

4. Medications

Yes No

In the last 3 months have you been prescribed or bought any new medication because of your Achilles tendon injury? ☐ ☐

If **Yes**, please note any medications (including pain relief) that you have been prescribed by a doctor or other health professional or bought in the last 3 months. An example has been given in the table below.

Medication	Times per day	Number of days	Prescribed (Yes/No)	Bought (Yes/No)
<i>E.g. Paracetamol</i>	<i>Twice</i>	<i>14</i>	<i>No</i>	<i>Yes</i>

Resource Use (Continued)

5. Personal social services

Yes No

In the last 3 months, have you been provided with personal social services to ☐ ☐
make your day to day life easier **because of your Achilles tendon injury?**

If **Yes**, in the following table, please indicate the number of contacts with the service and the average duration of these contacts in minutes.

Other support	How many times?	Average duration of contacts (minutes)
Meals on wheels (frozen, daily)		
Meals on wheels (hot, daily)		
Laundry services		
Social worker contacts		
Care worker contacts including help at home		
Other: Details		
Other: Details		

6. Aids and adaptations

Yes No

In the last 3 months, have you received or bought any aid or adaptation ☐ ☐
because of your Achilles tendon injury?

If **Yes**, in the following table, please indicate the number of aids or the items of equipment received. If an item you have received isn't listed then feel free to write this in and the quantity.

Aids and adaptation	Number received	Cost if bought yourself (£)
Crutches		
Stick		
Zimmer frame		
Grab rail		
Dressing aids		
Long-handle shoe horn		
Other		
Other		

7. Are you currently working? Yes No
☐ ☐

If **No**, is this because: of your injury ☐
 of other health reasons ☐
 you are retired, unemployed or unable to work for other reasons ☐

In the last 3 months how many days have you had to take off work as a **result of your Achilles tendon injury**?

8. Financial Costs

In the last 3 months have you or your partner, relatives or friends incurred any additional costs as a result of your contact with health or social care services or your general health state **because of your Achilles tendon injury**? Yes No
☐ ☐

If Yes, please list below in the following table

Costs	Cost to you (£)	Cost to partner (£)	Cost to relatives/friends (£)
Travel costs			
Lost earnings			
Child care costs			
Help with housework			
Other: Details			
Other: Details			