

ID:

Visit:

SECTION C CSRI: HEALTH & SOCIAL CARE SERVICES USE QUESTIONNAIRE

Site:

Patient's Initials:

Date of birth:

For patient completion.

We are asking you some questions about the health and social care services you have used in the last three months (not including your hospital visit for your cataract surgery). This is to find out how people's use of care services might change as a result of the treatment you receive in the FACT study. We are interested in all of the services you have used during the last three months, for any reason (it does not have to be related to your cataracts or vision).

1. Today's date: - -
DD - MMM - YYYY

2a. In the last 3 months have you used any of the following **GP or Community NHS services?**

Type of service (please tick yes or no for all options)	Yes	No	If 'Yes', please record the <u>total</u> <u>number of visits/contacts</u> in the last 3 months
i. GP surgery visit	<input type="checkbox"/>	<input type="checkbox"/>	
ii. GP home visit	<input type="checkbox"/>	<input type="checkbox"/>	
iii. Phoned GP for advice	<input type="checkbox"/>	<input type="checkbox"/>	
iv. Phoned GP practice nurse for advice	<input type="checkbox"/>	<input type="checkbox"/>	
v. GP practice nurse visit	<input type="checkbox"/>	<input type="checkbox"/>	
vi. District nurse	<input type="checkbox"/>	<input type="checkbox"/>	
vii. Occupational therapist at home	<input type="checkbox"/>	<input type="checkbox"/>	
viii. Occupational therapist at the GP surgery/clinic	<input type="checkbox"/>	<input type="checkbox"/>	
ix. Community physiotherapist at home	<input type="checkbox"/>	<input type="checkbox"/>	
x. Community physiotherapist at the GP surgery/clinic	<input type="checkbox"/>	<input type="checkbox"/>	
xi. Counselling or psychology services	<input type="checkbox"/>	<input type="checkbox"/>	
xii. Other—please specify overleaf	<input type="checkbox"/>	<input type="checkbox"/>	

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2b. Please complete if you ticked 'other' in the previous table:

Type of service	Please record the total number of visits/contacts in the last 3 months
i)	
ii)	
iii)	
iv)	
v)	

3a. In the last 3 months have you been an **inpatient** in any hospital, rehabilitation unit, nursing or residential home?

Yes: No:

If yes, please answer question 3b.

If no, please go to 4.

3b. If you answered **Yes** to question 3a please complete the following:

Please write the name of any hospital, rehabilitation unit, nursing or residential homes where you were admitted as an inpatient in the last 3 months	Please record the total number of nights spent in each of the hospitals or rehabilitation units or nursing or residential homes in the last 3 months
i)	
ii)	
iii)	
iv)	
v)	

4a. In the last 3 months have you visited an **out-patient** or Accident and Emergency (A&E) department in any hospital ?

Yes: No:

If yes, please answer question 4b.

If no, please go to 5a.

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4b. If you answered **Yes** to question 4a, please complete the following:

Name of <u>hospital</u>	Name of outpatient <u>department</u> (if visited A&E put A&E)	<u>Number of visits</u> to this outpatient or A&E department
i)		
ii)		
iii)		
iv)		
v)		

USE OF SOCIAL SERVICES

5a. In the last 3 months have you been visited by a Home Care Worker (**Home help**)?

Yes: No:

If Yes, please answer questions 5b, 5c and 5d

If No, please go to question 6a

5b. In the last 3 months how many visits have you had on average per week:

5c. Did you have to pay for this service?

Yes: No:

If Yes, please answer question 5d

5d. On average how much did you have to pay per home care worker visit?

£ .

6a. In the last 3 months have you used the food at home service (**meals on wheels**)?

Yes: No:

If yes, please answer questions 6b, 6c and 6d

If no please go to question 7a

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6b. In the last 3 months how many meals have you had delivered per week on average from the food at home service? _____

6c. Did you have to pay for this service?

Yes: No:

If Yes, please answer question 6d

If No please go to question 7a

6d. On average how much did you have to pay per week for the food service? £ .

7a. In the last 3 months have you been in contact with a **social worker**?

Yes: No:

If yes please answer questions 7b, 7c and 7d

If no please go to question 8a

7b. How many times have you seen your social worker?	<input type="text"/> <input type="text"/> times
7c. Approximately how many times have you phoned your social worker?	<input type="text"/> <input type="text"/> times
7d. Approximately how many times has your social worker phoned you?	<input type="text"/> <input type="text"/> times

8a. In the last 3 months have any **changes been made to your home** (for example, grip rails or a stair lift installed) or have you had to have any **special equipment** provided (e.g. com-mode, toilet frame, toilet seat, trolley)?

Yes: No:

If yes please answer question 8b

If no please go to question 9a

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8b. If you answered Yes to question 8a please complete the following:

Please describe any changes to your home or special equipment with which you have been provided	Was this provided by social services?	Did you have to pay or make a contribution to the cost of this?	If you made a contribution, approximately how much did you pay?
i)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	£
ii)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	£
iii)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	£
iv)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	£
v)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	£

9a. In the last 3 months have you used a private car to attend your healthcare appointments? (This may be either your own car or if you have been driven by a friend or family member).

Yes: No:

If yes, please answer questions 9b, 9c and 9d

If no, please go to question 9e

9b. If you answered Yes, about how many trips by car have you made in the last 3 months? trips

9c. On average, how much have you had to pay for parking per trip? £ .

9d. On average, about how many miles was each round trip you made by car? miles

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9e. In the last 3 months have you used any of these other **types of transport** to attend your healthcare appointments?

Form of transport	Have you used this form of transport to attend your appoint-	If yes , did you have to pay or make a contribution to the cost of	If you had to make a contribution, approximately how much did you have to pay per trip?
i) Bus	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	£
ii) Taxi	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	£
iii) Train	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	£
iv) Other	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	£

WORK AND OTHER ACTIVITIES

10a. What is your current **employment status**?

Please tick the one option that most closely describes your current status.

EMPLOYMENT STATUS	TICK ONE	
Full-time paid or self-employment	<input type="checkbox"/>	If ticked, please answer question 10d and 10e
Part-time paid or self-employment	<input type="checkbox"/>	If ticked, please answer questions 10c, 10d and 10e
Voluntary work	<input type="checkbox"/>	If ticked, please go to question 11a
Unemployed	<input type="checkbox"/>	If ticked, please go to question 11a
Full-time student	<input type="checkbox"/>	If ticked, please go to question 11a
Part-time student	<input type="checkbox"/>	If ticked, please go to question 11a
Housewife/husband	<input type="checkbox"/>	If ticked, please go to question 11a
Retired	<input type="checkbox"/>	If retired, please go to question 10g
Exempt through disability	<input type="checkbox"/>	If ticked, please go to question 11a
Other	<input type="checkbox"/>	10b. If other, please specify: -----

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10c. If you are employed part-time, about how many hours do you usually work per week?

hours per week

10d. If you are employed, have you had to reduce the number of hours you worked each week in the last 3 months as a result of the problems with your vision?

Yes: No: If yes, please answer question 10f
If no, please go to question 11a

10e. By how many hours per week have you had to reduce your employment?

hours per week

10f. If you are retired, was your retirement a result of the problems with your vision?

Yes: No:

11a. In the last 3 months have you had regular (daily or weekly) **unpaid help from friends or relatives** with tasks at home which you would normally do but couldn't for any reason? (for example, bathing, dressing, shopping or gardening).

(Please only answer Yes if this person did not receive any payment for the help they provided)

Yes: No: If yes please answer question 11b
If no please go to question 12

11b. If you answered **Yes**, about how many hours per week on average did they help you over the last 3 months?

hours per week



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12. Please feel free to add any comments you have about the questionnaire or any of the issues raised in this questionnaire:

Four horizontal lines for providing comments.

Thank you very much.

FOR UCL CCTU USE ONLY:

CRF received by CCTU:

CRF Entered into CCTU database by:

Date:

Name (Please Print) _____

Signature: _____

Signed:

Date: