

L i T E F O R M

HEALTH CARE UTILISATION QUESTIONNAIRE

Version 1.1 dated 03.05.2017

Lite Therapy Effectiveness For ORal Mucositis The LITEFORM Study

Health Care Utilisation Questionnaire

Please complete this questionnaire with details of your hospital visits since your last laser session and primary care treatments over the last 4 months.

Please **tick** (✓) the appropriate boxes and answer the more detailed questions where relevant.

Section 1 Hospital

Q1. Since your last laser session, have you been admitted to **hospital** as an **inpatient** (*stayed in hospital overnight or longer*, including overnight stays in the head and neck ward)?

Yes

1

☐

No

2

☐

If **Yes**, approximately how many nights in total did you spend in hospital **since your last laser session**?

Enter number of **nights that you stayed in hospital**

Q2. Since your last laser session, have you attended the **A&E/casualty** department but were not admitted overnight?

Yes 1

No 2

If Yes, approximately how many times in total did you attend the **A&E/casualty** department **since your last laser session**?

Enter number of times you attended the **A&E/casualty department**

Q3. Since your last laser session, have you attended **any visits** to the **head and neck department** but were *not admitted overnight*?

Yes 1

No 2

If Yes, approximately how many times in total did you attend the **head and neck department since your last laser session**?

Enter number of times you attended the **head and neck ward**

Q4. Since your last laser session, have you had *any other hospital outpatient* appointments but were not admitted overnight? (do not count visits to the head and neck department here)

Yes 1

No 2

If Yes, approximately how many **outpatient** appointments in total did you have **since your last laser session**?

Enter number of times you attended hospital as an **outpatient**

Please go to Section 2

Section 2. Primary care

Q5. In the **last 4 months**, have you had any **face to face consultations** with a **health care professional at their practice**?

Yes ₁

No ₂

If Yes, please indicate what health care professional provided this **face to face consultation at their practice** and approximately how many consultations in total you have had in the **past 4 months**. Please tick as many as apply.

Health Care Professional

GP

Nurse (e.g. district/specialist nurse etc)

Other health professional

Yes ₁

No ₂

Number of Consultations

If Other, please provide details (*who did you see?*)

Q6. In the **last 4 months**, have you had any **face to face consultations** with a **health care professional at your home**?

Yes ₁

No ₂

If Yes, please indicate what health care professional provided this **face to face consultation at your home** and approximately how many consultations in total you have had in the **past 4 months**. Please tick as many as apply.

Health Care Professional

GP

Nurse (e.g. district/specialist nurse etc.)

Other health professional

Yes ₁

No ₂

Number of Consultations

If Other, please provide details (*who did you see?*)

Q7. In the last 4 months have you had any telephone consultations with a health care professional?

Yes ₁

No ₂

If Yes, please indicate what health care professional provided this **telephone consultation** and approximately how many telephone consultations in total you have had in the past 4 months. Please tick as many as apply.

Health Care Professional	Yes ₁	No ₂	Number of Consultations
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nurse (e.g. district/specialist nurse etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If Other, please provide details (*who did you see?*)

Q8. In the last 4 months have you had any **consultations with a health care professional from a **cancer support organisation** (e.g. Macmillan)?**

Yes ₁

No ₂

If Yes, please indicate **what health care professional** provided the consultation and approximately how many **consultations** in total you have had in the past 4 months. Please tick as many as apply.

Health Care Professional	Yes ₁	No ₂	Number of consultations
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If Other, please provide details (*who did you see?*)

Q9. In the **past 4 months** have you paid for any **private health care and/or personal care**?

Yes 1

No 2

If Yes, please indicate what type of health care you have paid for in the past 4 months and what was the cost of this health care to you.

What health care have you paid for? What was the cost of this health care?

1. _____	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> p
2. _____	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> p
3. _____	£ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> p

Please go to Section 3

Section 3: Work Affected by illness

Please answer the following questions regarding your current employment status and the effect your ill health has on your employment status (if any).

Q10. What is your current employment status?

Full Employment <input type="checkbox"/>	Part-time Employment <input type="checkbox"/>
Long term Sick leave from Full Employment <input type="checkbox"/>	Long terms Sick leave from Part-time Employment <input type="checkbox"/>
Student <input type="checkbox"/>	Retired <input type="checkbox"/>
Housework <input type="checkbox"/>	Caring for someone <input type="checkbox"/>
Unemployed, not actively seeking work <input type="checkbox"/>	Unemployed, actively seeking work <input type="checkbox"/>
Other <input type="checkbox"/> Please provided details: _____	

Q11. What is the total time period (to the nearest full month) you been unable to work or carry out usual activities in the past 4 months due to health problems?

Total number of months (to the nearest full month):

--	--

Date of Questionnaire Completion: __ __ / __ __ / __ __

If you wish to provide any further information, please do so below.

--

Thank you for taking the time to complete this questionnaire.