

## Health Service Utilisation Questionnaire - ALTAR

Please complete this questionnaire with details of your treatment over the last 3 months. These questions ask about visits to hospital and your GP. Please tick the appropriate boxes and answer the questions where required.

1. In the last 3 months, have you been admitted to hospital as an inpatient (stayed in hospital overnight or longer)?

Yes  <sub>1</sub> **If Yes, go to Q1a**

No  <sub>2</sub> **If No, go to Q2**

- 1a. If Yes, approximately how many nights in total did you spend in hospital in the last 3 months?

Enter number of nights that you stayed in hospital   **Go to Q2**

2. In the last 3 months, have you had any hospital outpatient appointments (did not stay overnight)?

Yes  <sub>1</sub> **If Yes, go to Q2a**

No  <sub>2</sub> **If No, go to Q3**

- 2a. If Yes, approximately how many outpatient appointments in total did you have in the last 3 months?

Enter number of times you attended hospital as an outpatient

**Go to Q3**

3. In the last 3 months, have you had to attend the A&E/casualty department but were not admitted overnight?

Yes  <sub>1</sub> **If Yes, go to Q3a**

No  <sub>2</sub> **If No, go to Q4**

- 3a. If Yes, approximately how many times in total did you attend the A&E/casualty department in the last 3 months?

Enter number of times you attended the A&E/casualty department   **Go to Q4**

The ALTAR Trial is funded by the National Institute for Health Research's HTA Programme

ALTAR Participant questionnaires 3, 6, 9 month, v1.1 07-04-2016

4. In the last 3 months, have you had any consultations with a **GP at their practice**?

Yes  <sub>1</sub> **If Yes, go to Q4a**

No  <sub>2</sub> **If No, go to Q5**

4a. If Yes, approximately how many consultations in total did you have with a GP at their practice in the last 3 months?

Enter number of consultations you had with a GP at their practice  **Go to Q5**

5. In the last 3 months, have you had any consultations with a **GP at your home**?

Yes  <sub>1</sub> **If Yes, go to Q5a**

No  <sub>2</sub> **If No, go to Q6**

5a. If Yes, approximately how many consultations in total did you have with a GP at your home in the last 3 months?

Enter number of consultations you had with a GP at your home  **Go to Q6**

6. In the last 3 months, have you had any consultations with a **practice nurse at their practice**?

Yes  <sub>1</sub> **If Yes, go to Q6a**

No  <sub>2</sub> **If No, go to Q7**

6a. If Yes, approximately how many consultations in total did you have with a practice nurse at their practice in the last 3 months?

Enter number of consultations you had with a practice nurse at their practice  **Go to Q7**

7. In the last 3 months, have you had any consultations with a **nurse at your home**? (E.G. district nurse, specialist nurse, etc.)

Yes  <sub>1</sub> **If Yes, go to Q7a**

No  <sub>2</sub> **If No, go to Q8**

7a. If Yes, approximately how many consultations in total did you have with a nurse at your home in the last 3 months?

Enter number of consultations you had with a nurse at your home

--	--

**Go to Q8**

8. In the last 3 months have you had any **telephone consultations** with a health care professional?

Yes  <sub>1</sub> **If Yes, go to 8a**

No  <sub>2</sub> **If No, go to Q9**

8a. 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 3 months. Please tick as many as apply.

Health Care Professional	Yes	✓ No	Number of consultations
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Hospital Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

If Other please provide details \_\_\_\_\_

9. In the last 3 months have you had any **out-of-hours consultations** with a health care professional?

Yes  <sub>1</sub> **If Yes, go to Q10a**

No  <sub>2</sub> **If No, go to Q11**

10a. If Yes, please indicate what health care professional provided this out-of-hours consultation and approximately how many out-of-hours-consultations in total you have had in the past 3 months. Please tick as many as apply.

Health Care Professional	Yes	✓ No	Number of consultations
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Hospital Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>
Other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/>

If Other please provide details \_\_\_\_\_

11. In the past 3 months have you paid for any private health care and/or personal care?

Yes  <sub>1</sub> **If Yes, go to Q11a**

No  <sub>2</sub> **If No, please continue to the end of the questionnaire**

11a. If Yes, please indicate what type of health care you have paid for in the past 3 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. \_\_\_\_\_

£								.			p
---	--	--	--	--	--	--	--	---	--	--	---

2. \_\_\_\_\_

£								.			p
---	--	--	--	--	--	--	--	---	--	--	---

3. \_\_\_\_\_

£								.			p
---	--	--	--	--	--	--	--	---	--	--	---

**Date of completion:**

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

**Thank-you for taking the time to complete this questionnaire.**