

**HEALTH CARE UTILISATION QUESTIONNAIRE**

**Version 1.1 dated 03.05.2017**

**Li**te **T**herapy **E**ffectiveness **F**or **OR**al **M**ucositis

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 Yes 1 No 2 Number of Consultations**

GP

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

Other health professional

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

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**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 Yes 1 No 2 Number of Consultations**

GP

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

Other health professional

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

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**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

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

Other health professional

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

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**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

Other health professional

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

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

£

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . p

£

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

£

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . 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 🞎 | Part-time Employment 🞎 |
| Long term Sick leave from Full Employment 🞎 | Long terms Sick leave from Part-time Employment 🞎 |
| Student 🞎 | Retired 🞎 |
| Housework 🞎 | Caring for someone 🞎 |
| Unemployed, not actively seeking work 🞎 | Unemployed, actively seeking work 🞎 |
| Other 🞎 **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.**

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