

COST QUESTIONNAIRE – BASELINE

Questionnaire to be completed by researcher

Patient ID

Times previously completed

Date / /

We want to find out how your COPD affects your use of health services and how much your COPD costs you and your family. The following questions are about this.

Hospital visits

1. In the last 3 months, have you attended (name of hospital)

because of your COPD?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, obtain details:
for other reasons?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, obtain details:

2. When you **travel** to (name of hospital) how do you normally get there?

Walk or cycle	<input type="checkbox"/>		
Hospital or community transport	<input type="checkbox"/>	Charge for this:	£
Car	<input type="checkbox"/>	Parking cost:	£
Public transport or taxi	<input type="checkbox"/>	Cost of return fare:	£

3. Around how much time would an ordinary **outpatient visit** to this hospital normally take out of your day?
(prompt to including travelling, waiting and consultation time)

	hour(s)
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4. Do you have to take **time off** work to attend your hospital appointments? Yes No
If yes, do you: Lose pay Get full pay Get sick pay

5. Does somebody else usually **accompany** you to the hospital? Yes No
If yes, do they: Not work Lose pay Get full pay

6. Do you need to arrange care for someone else (e.g. dependent, child) when you go to the hospital?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, obtain details of cost involved:	
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Community health and social services

7. In the last 3 months how many times have you consulted your **GP**

	because of your COPD?	for other reasons?
at the surgery		
at home		
over the phone		

8. In the last 3 months, how many times have you consulted a **nurse** from your local surgery

	because of your COPD?	for other reasons?
at the surgery		
at home		
over the phone		

9. When you **travel** to the GP surgery how do you normally get there?

Walk or cycle	<input type="checkbox"/>		
Hospital or community transport	<input type="checkbox"/>	Charge for this:	£
Car	<input type="checkbox"/>	Parking cost:	£
Public transport or taxi	<input type="checkbox"/>	Cost of return fare:	£

10. Around how much time would a visit to the GP surgery normally take out of your day? (Prompt to including travelling, waiting, consultation and treatment time)	hour(s)
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11. Do you have to take **time off** work to attend appointments at the GP surgery? Yes No

If yes, do you: Lose pay Get full pay Get sick pay

12. Does somebody else usually **accompany** you to the GP surgery? Yes No

If yes, do they: Not work Lose pay Get full pay

13. Do you need to arrange care for someone else (e.g. dependent, child) when you go to the GP surgery?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , obtain details of any cost involved:	
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14. In the last 3 months, have you had contact with any of the following NHS **health professionals outside of the hospital**:

for COPD? for other reasons? For each, obtain number of: surgery/practice visits home visits phone calls

	for COPD?	for other reasons?	surgery/practice visits	home visits	phone calls
Health visitor	<input type="checkbox"/>	<input type="checkbox"/>			
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>			
Occupational therapist	<input type="checkbox"/>	<input type="checkbox"/>			
Chiropodist/podiatrist	<input type="checkbox"/>	<input type="checkbox"/>			
Other <i>Specify</i>	<input type="checkbox"/>	<input type="checkbox"/>			

15. In the last 3 months, how many times have you had contact with someone from **social services** or used any of their services? *e.g. social worker, home help, care attendant, meals-on-wheels, occupational therapist*

Person or service	for COPD?	for other reasons?	office visits	home visits	phone calls
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

Private health care

16. In the last 3 months, how many times have you seen a complementary therapist or alternative medicine practitioner? *e.g. acupuncturist, homeopath, chiropractor, osteopath, reflexologist, naturopath*

Type of practitioner/service	no. for COPD?	no. for other reasons?	For each, obtain total amount spent on treatment in past 3 months
			£
			£

17. In the last 3 months have you paid for any **private health care**? *e.g. doctor, physiotherapist*

Type of practitioner/service	no. for COPD?	no. for other reasons?	For each, obtain total amount spent on treatment in the past 3 months
			£
			£

Medications and equipment

18. In the last three months, have you paid for any **non-prescription medications** or complementary remedies? *e.g. painkillers, cold remedies, vitamins, minerals, herbal remedies*

Name of product	Total spent on product over last three months
	£
	£
	£
	£

19. In the last 3 months have you been issued with or bought any **health aids, devices or equipment**? *e.g. special chair or bed, walking aids, mobility scooter, portable oxygen cylinders, aids to help get up stairs/ outside, aids to help your breathing such as a nebuliser or humidifier)*

	item	own cost	OR from: GP	Social services	Hospital
for your COPD?		£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for other reasons?		£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Do you use oxygen at home?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes,	how many hours a day?	<input type="checkbox"/>
			cylinder?	<input type="checkbox"/>
			concentrator?	<input type="checkbox"/>
			portable?	<input type="checkbox"/>

21. Do you pay for your own prescriptions?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes,</i>	do you use a season ticket?	<input type="checkbox"/>
			pay each time?	<input type="checkbox"/>

Days off

22. In the last 3 months, around how many days have you been **off work** or unable to perform your normal duties:

because of your COPD?	days	for other reasons?	days
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23. When you are unwell, does someone else usually give up time to look after you ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, do they: Not work Lose pay Get full pay

Educational attainment

24. Which of these qualifications do you have?

Tick all those that apply. If patient specifies a qualification not listed, tick the nearest equivalent

<input type="checkbox"/> 1+ O levels/CSEs/GCSEs (any grades)	<input type="checkbox"/> NVQ Level 1, Foundation GNVQ
<input type="checkbox"/> 5+ O levels, 5+ CSEs (grade 1), 5+ GCSEs (grades A-C), School Certificate	<input type="checkbox"/> NVQ Level 2, Intermediate GNVQ
<input type="checkbox"/> 1+ A levels/AS levels	<input type="checkbox"/> NVQ Level 3, Advanced GNVQ
<input type="checkbox"/> 2+ A levels, 4+ AS levels, Higher School Certificate	<input type="checkbox"/> NVQ Levels 4-5, HNC, HND
<input type="checkbox"/> First Degree (eg BA, BSc)	<input type="checkbox"/> Other Qualifications (eg City and Guilds, RSA/OCR, BTEC/Edexcel)
<input type="checkbox"/> Higher Degree (eg MA, PhD, PGCE, post-graduate certificates/diplomas)	<input type="checkbox"/> No Qualifications

25. Do you have any of the following professional qualifications?

Tick all boxes that apply

<input type="checkbox"/> No Professional Qualifications	<input type="checkbox"/> Qualified Dentist
<input type="checkbox"/> Qualified Teacher Status (for schools)	<input type="checkbox"/> Qualified Nurse, Midwife, Health Visitor
<input type="checkbox"/> Qualified Medical Doctor	<input type="checkbox"/> Other Professional Qualifications

Thank you for your time