

THE MATREX TRIAL

Completed by researcher:

Patient ID

Times previously completed

Date / /

COPD COST QUESTIONNAIRE

This questionnaire is designed to help us learn more about how COPD affects people's use of health services and the financial costs of managing their condition.

1. Since you last completed this questionnaire on/...../....., have you visited the Accident and Emergency Department?

YES **NO** Please tick (✓) *one box*

If YES: Please put a number *in each box* (including zero)

How many times? <input type="text"/>	How many visits were due to COPD? <input type="text"/>	How many were For other reasons? <input type="text"/>
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For any of these visits, did you **call an ambulance** to get to the hospital?

YES **NO** Please tick (✓) *one box*

If YES: how many times did you call one? Please put a number in the box

2. Since you last completed this questionnaire on/...../....., have you had contact with your GP?

YES **NO** Please tick (✓) *one box*

If YES: Please put a number in *each box* (including zero)

How many times? <input type="text"/>	How many were due to COPD? <input type="text"/>	How many were home visits? <input type="text"/>
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3. Since you last completed this questionnaire on/...../....., have you seen a **nurse** from the GP Practice?

YES

NO

Please tick (✓) *one box*

If YES: Please put a number in *each box* (including zero)

How many times? <input type="checkbox"/>	How many were due to COPD? <input type="checkbox"/>	How many were home visits? <input type="checkbox"/>
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We would like to find out whether people with COPD see **other NHS health care professionals** and what types of contact they have.

Examples of other NHS health care professionals include: district or community nurse, hospital outreach nurse, health visitor, physiotherapist, occupational therapist, dietician, psychologist, chiropodist, mental health team.

Types of contact include: hospital, GP surgery, home visit, private practice, telephone.

4. Since you last completed this questionnaire on/...../....., please list **any other health care professionals** you have seen (if none – leave blank)

Person	Due to your COPD?	For other reasons?	What type of contact?
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

We would like to find out whether people with COPD see anyone from **Social Services** and what types of contact they have.

Examples of Social Service workers include: social worker, home help, care attendant, meals on wheels, occupational therapist, mental health team.

Types of contact include: home visit, council offices, community centre, telephone.

5. Since you last completed this questionnaire on/...../....., please list **anyone from Social Services** that you have seen (if none – leave blank)

Person	Due to your COPD?	For other reasons?	What type of contact?
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

6. Since you last completed this questionnaire on/...../....., have you been issued with oxygen at home?

YES

NO

Already using

Please tick (✓) *one box*

7. Since you last completed this questionnaire on/...../....., have you been issued with or bought any **other health aids, devices or equipment**?

(Examples of other health aids include: 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)

YES

NO

Please tick (✓) *one box*

If YES: please provide details

	Details	Time had it	Cost to you
For your COPD			
For other reasons			

8. Since you last completed this questionnaire on/...../....., have you paid for any **private health care**?

(Examples of private health care include: chiropodist, physiotherapist, acupuncture, homeopathy and any complimentary therapies you have paid for)

YES

NO

Please tick (✓) *one box*

If YES: please provide details

Details	Number of treatments / sessions	Cost to you

9. Since you last completed this questionnaire on/...../....., how many days have you been **off work** or **unable to perform your normal duties**?

Please put a number in *each box* (including zero)

Days due to your COPD <input type="checkbox"/>	Days for other reasons <input type="checkbox"/>
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10. Do you pay for your own prescriptions?

YES

NO

Please tick (✓) *one box*

If YES: do you use a pre-paid prescription 'season ticket' or pay each time?

Please tick (✓) *one box*

I pay for a season ticket <input type="checkbox"/>	I pay each time <input type="checkbox"/>
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THANK YOU FOR YOUR TIME