

## RESOURCE USE QUESTIONNAIRE (administered)

PATIENT SURNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOSPITAL NO: \_\_\_\_\_ DATE OF VISIT: \_\_\_\_\_

Interviewer to say:

“We are conducting a study to assess the benefits of a new treatment for **macular degeneration**, called **photodynamic therapy**. Part of the study involves finding out about the costs of the illness to you. This questionnaire aims to find out about the costs involved in having macular degeneration. All the answers given will be kept confidential and only used for research purposes. They will not affect your care in any way”.

### TREATMENT AT AND VISITS TO THE HOSPITAL

Q1	Did you experience any serious complications when you last had either angiography or photodynamic therapy treatment that resulted in:		
	Your treatment being stopped?	yes	no
	Being admitted to hospital?	yes	no

Q2	During the last three months, have you had to make any extra visits to your <b>eye consultant</b> ?	yes	no
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Q3	a) During the past three months, have you <b>telephoned the Eye Hospital help-line</b> , or another member of staff at the Eye Hospital, <b>because of your eye condition</b> ?	yes	no
	b) <b>If yes</b> , how often? (Tick boxes to indicate member of staff telephoned)		
		Call 1	Call 2
		Call 3	Call 4
		Call 5	Call 6
	Help-line		
	Ophthalmologist		
	Optometrist		
	Other staff		
	(if other, who?)		

Q4	a) During the past three months, have you <b>visited the Eye Hospital</b> for a low vision appointment (vision rehabilitation, appointment to see whether magnifiers can help your vision)? b) <b>If yes</b> , how many times?	yes	no				
		Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
	Low vision appointment						

**PLEASE COMPLETE QUESTIONS 5-7, EVEN IF ANSWERED 'NO' TO Q4**

Q5	When you visit the Eye Hospital, does someone usually come with you, for example your husband/wife, a relative or a friend?	yes	no
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Q6	When you visit the Eye Hospital, how long does your visit take in total (including time travelling to and from the Eye Hospital and waiting time to see the consultant or other members of staff in the hospital)	(hrs/mins)
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Q7	When you visit the Eye Hospital, how much does it cost you and anyone who comes with you?*	(enter total cost, £)
	Interviewer comments about mode of travel and availability of concessions, e.g. bus pass:	

\* **Note: if the patient comes by car and is unaware of the cost, ask him/her what the total miles taken for the visit was (to and from the clinic)**

**VISITS TO OR FROM GENERAL PRACTICE**

Q8	a) During the past three months, have you <b>visited your GP</b> , or other staff in the GP surgery, <b>because of your eye condition</b> ? b) <b>If yes</b> , how often? (Tick boxes to indicate staff seen on each visit.)	yes	no				
		Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
	GP						
	Practice nurse						
	Other staff						
	(if other, who?)						

Q9	When you visit your GP surgery, does someone usually come with	yes	no
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	you, for example your husband/wife, a relative or a friend?	
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Q10	When you visit your GP surgery, how long does your visit take in total (including time travelling to and from the surgery and waiting time to see the GP or other member of staff in the surgery)?	(hrs/mins)
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Q11	When you visit your GP surgery, how much does it cost you and anyone who comes with you?*	(enter total cost, £)
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	Interviewer comments about mode of travel and availability of concessions, e.g. bus pass:	
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\* Note: if the patient came by car and is unaware of the cost, ask him/her what the total miles taken for the visit was (to and from the clinic)

Q12	a) During the past three months, have you <b>been visited at home</b> by your GP, or another member of staff from the GP surgery, <b>because of your eye condition</b> ? If yes, how often? (Tick boxes to indicate staff seen on each home visit.) b) <b>If yes</b> , how often? (Tick boxes to indicate staff seen on each visit.)	yes	no				
		Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
	GP						
	Practice nurse						
	District nurse						
	Other staff						
	(if other, who?)						

Q13	a) During the past three months, have you <b>telephoned your GP</b> , or another member of staff in the GP surgery, <b>because of your eye condition</b> ? If yes, how often? (Tick boxes to indicate staff member telephoned on each occasion.) b) <b>If yes</b> , how often? (Tick boxes to indicate staff seen on each visit.)	yes	no				
		Call 1	Call 2	Call 3	Call 4	Call 5	Call 6
	GP						
	Practice nurse						
	Other staff						

	(if other, who?)						
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### VISIT FROM OCCUPATIONAL THERAPIST

Q14	<p>a) During the past three months, have you been visited at home by an occupational therapist <b>because of your eye condition</b> (to find out if you need any changes to your home because of your eye condition)?</p> <p>b) <b>If yes</b>, how many times?</p>	<p>yes      no</p> <p>No. times</p> <p>_____</p>
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Q15	<p>During the past three months, have you had any changes done to your home <b>because of your eye condition</b> (improved lighting, other methods for enhancing contrast, changes to cooker, etc.)?</p>	<p>yes      no</p> <p><b>If no, go to Q17</b></p>
	<p>Interviewer comments about any changes described:</p>	

Q16	<p><b>If yes</b>, did you have to pay for the changes? How much did they cost?</p>	<p>(enter cost, £)</p>
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### HOME HELP / SOCIAL SERVICES

Q17	<p>a) During the past three months, have you had <b>social services</b> home help because of your eye condition?</p> <p>b) <b>If yes</b>, how many hours per week has the home help done?</p>	<p>yes      no</p> <p>(hrs/week)</p>
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Q18	<p>a) During the past three months, have you had <b>a private</b> home help because of your eye condition?</p> <p>b) <b>If yes</b>, how many hours per week has the home help done?</p>	<p>yes      no</p> <p>(hrs/week)</p>
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Q19	<p>a) During the past three months, have you had <b>meals on wheels</b> because of your eye condition?</p> <p>b) <b>If yes</b>, how many times per week have you had meals on wheels?</p>	<p>yes      no</p> <p>(meals/week)</p>
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Q20	a) During the past three months, have attended a <b>Day Centre</b> because of your eye condition? b) <b>If yes</b> , how many times per week have you attended?	yes    no  (times/week)
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Q21	a) During the past three months, have you had <b>regular help</b> from a member of your family or a friend? b) <b>If yes</b> , how many hours per week have they helped you?	yes    no  (hrs/week)
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Q22	a) During the past three months, have you had regular help from anyone else (private or social services)? b) <b>If yes</b> , how many hours per week have they helped you? Name of professions / service:	yes    no  (hrs/week)
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## EMPLOYMENT

Q23	a) Are you fully retired?	Yes    No
		<b>If yes, go to Q25</b>
	b) <b>If No</b> , how many hours per week are you in paid employment?	Hours/week

Q24	During the past three months, how many hours per week have you had to take off work because of your eye condition?	hrs/week
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Q25	a) If your husband/wife, a family member or friend accompanies you to hospital or surgery visits, or helps you in other ways, is this person/are these people in paid employment?	yes    no <b>If no, go to Q27</b>
	b) <b>If yes</b> , how many hours per week do they work?	Hours/week

Q26	During the past three months, how many hours per week has your husband/wife, a family member or friend had to take off work because of your eye condition?	Hours/week
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Q27	a) During the last past three months, have you incurred <b>any other costs</b> because of your eye condition? (covering hospital, community or personal service use e.g. use of residential care, hospital episodes, use of anti-depressants)	yes      no
	b) <b>If so</b> , please document name of service use/resource use and number of units. E.G. moved into residential care: 90 days, or started on Prozac 10 days, saw social worker 3 times etc.	

Q28	Any other comments/issues of clarification:
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*Thank you for answering these questions*