

**Participant Questionnaire –
Health and Social Care Use & Expenditure due to Rheumatoid Arthritis**

USE OF HEALTH AND SOCIAL SERVICES

1 Due to your rheumatoid arthritis, have you used any of the following **community based** health and social services in the **last three months**?

| Type of service | Which service have you used since joining the study? | Total number of face to face contacts since joining the study: | Total number of contacts by telephone or email since joining the study: |
|--|--|--|---|
| GP, surgery visit | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| GP, home visit | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| District nurse, health visitor, or member of community health team | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Social worker | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Physiotherapist | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Occupational therapist | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Podiatrist | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Counsellor | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Psychiatrist or psychologist | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Home help or care workers | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Other (please specify): | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

2 Due to your rheumatoid arthritis, have you used any of the following hospital based or residential care services **in the last three months**?

| Type of service | Which service have you used since joining the study ? | Total number of days spent in hospital / residential or nursing home since joining the study : | Total number of visits since joining the study : |
|--|--|---|---|
| Hospital inpatient stay | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Hospital day centre | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Hospital outpatient clinic | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Hospital accident and emergency department | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Nursing home | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Residential home | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

TRAVEL COSTS AND ADDITIONAL EXPENDITURES

3 **In the last three months** how much do you think you have spent on travel due to the management of your rheumatoid arthritis?

Please tick this box if you believe you have not spent anything on travel

| Type of service | Your spending on travel since joining the study (fares for public transport, taxis and car park fees) £'s | If you have used your own car, approximate number of miles travelled since joining the study |
|---|--|---|
| GP, surgery visit | | |
| District nurse, health visitor or member of community health team | | |
| Social worker | | |
| Physiotherapy | | |
| Occupational therapy | | |
| Podiatrist | | |
| Hospital | | |
| Counsellor | | |
| Psychiatrist or psychologist | | |
| Other (please specify): | | |

COSTS OF AIDS

4 Due to your rheumatoid arthritis have you used any special equipment or aids (for example, specialist footwear or adapted cutlery) to help with your everyday mobility and functioning **in the last three months**?

Yes No

4a If you answered **yes** to question 4, who provided the equipment or aids?

| | | |
|--------------------------------------|------------------------------|-----------------------------|
| Provided by social service | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Borrowed from a friend / family | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bought by yourself | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Provided by a voluntary organisation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Provided by hospital | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

4b Again, if you answered **yes** to question 4, please describe the type of equipment or aids you have used **in the last three months**, and the cost to you

| | Type of aid | Cost to you (£s) |
|------|-------------|------------------|
| i. | | |
| ii. | | |
| iii. | | |
| iv. | | |

COSTS OF HOUSEHOLD HELP

5 Due to the problems caused by your rheumatoid arthritis have you had any help with household tasks **in the last three months**?

Yes No

5a If you answered **yes** to question 5, who was the household help provided by?

| | | |
|--------------------------------------|------------------------------|-----------------------------|
| Provided by social service | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Borrowed from a friend / family | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Provided by a voluntary organisation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Provided by a private organisation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

5b If you have answered **yes** to question 5, please describe the nature of the household help (for example, friend, relative, professional cleaner) you have used **in the last three months**, and the cost to you

| | Nature of household help | Cost to you (£s) |
|------|--------------------------|------------------|
| i. | | |
| ii. | | |
| iii. | | |
| iv. | | |

5b If you have answered **yes** to question 5, please describe the nature of the household help (for example, friend, relative, professional cleaner) you have used **in the last three months**, and the cost to you

5c If help was provided by family/friends; did they take time off work?

Yes No

How many days? days

COSTS OF HEALTH ACTIVITIES

6 In order to manage your rheumatoid arthritis have you engaged in any health activities, in or outside of the household (such as exercise classes, massages), **in the last three months?** Yes No

6a If you answered **yes** to question 6, who was the health activity provided by?

| | | |
|--------------------------------------|------------------------------|-----------------------------|
| Provided by social service | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Provided by a private organisation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Provided by a local council | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Provided by a friend/family | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Conducted yourself | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Provided by a voluntary organisation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Provided by hospital | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

6b If you have answered **yes** to question 6, please describe the type of health activity you have engaged in **in the last three months**, and the cost of the activity (excluding transport costs) to you (for example, costs of participation or of equipment).

| | Type of health activity | Cost to you (£s) |
|------|-------------------------|------------------|
| i. | | |
| ii. | | |
| iii. | | |
| iv. | | |

MEDICINES OVER THE COUNTER

7 In the last three months, what medicines have you used as a result of your diagnosis and what was the cost?

| | Description of item | Cost to you (£s) |
|------|---------------------|------------------|
| i. | | |
| ii. | | |
| iii. | | |
| iv. | | |