**Use of Healthcare Questionnaire**

Patient Study ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender male / female

Researcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANTLER is comparing long-term maintenance antidepressants with placebo for depression. We also want to see if this affects the health services you use, and the care and support you receive, in order to compare how the medication affects the overall cost of treatment.

We would like to know about how much help you have had, how often you have used different services, and the cost of this to you and others. We will collect data from your GP and from your medical notes if you have given permission.

We would like to remind you that you don’t have to answer anything that you don’t want to. We always compare the two treatment groups anonymously as a whole rather than looking at an individual patient’s data and your data is kept confidential.

**Please enter today’s date [ ] [ ]  / [ ] [ ]  / 20[ ] [ ]**

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| **Section 1: Talking Therapies** |
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| 1. In the **last** **6 months**, have you had any talking therapies (e.g. psychotherapy) **because of your mental health?** (Talking therapies or psychotherapy can be delivered in a group, in an individual face-to-face session or by telephone.) | **Yes [ ]** 1Please give more details below | **No [ ]** 0Please skip ahead to **Other community-based care** section |
|  |
| If you have had more than one type of talking therapy, please complete a section for each therapy. |
|  |
| **Talking Therapy 1** – 2. Was this group therapy or individual therapy? | **Group / Individual**(please circle as appropriate) |
| 3. How many sessions of this therapy did you receive in the last 6 months? | Please state number of sessions ……………..…… |
| 4. Did this therapy include completing homework between sessions? | Yes [ ] 1  | No [ ] 0 |
| 5. Did this include computerised cognitive behaviour therapy (CBT)? | Yes [ ] 1  | No [ ] 0 |
| 6. Did you pay out of your own pocket for this therapy(or with assistance from family, etc.)? | Yes [ ] 1  | No [ ] 0 |
| 7. If yes, please state the cost per session (£) ……………………… |
|  |
| **Talking Therapy 2** – 2. Was this group therapy or individual therapy? | **Group / Individual**(please circle as appropriate) |
| 3. How many sessions of this therapy did you receive in the last 6 months? | Please state number of sessions ……………..…… |
| 4. Did this therapy include completing homework between sessions? | Yes [ ] 1  | No [ ] 0 |
| 5. Did this include computerised cognitive behaviour therapy (CBT)? | Yes [ ] 1  | No [ ] 0 |
| 6. Did you pay out of your own pocket for this therapy(or with assistance from family, etc.)? | Yes [ ] 1  | No [ ] 0 |
| 7. If yes, please state the cost per session (£) ……………………… |
|  |
|  |
| **Section 1: Talking Therapies – continued** |
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| **Talking Therapy 3** – 2. Was this group therapy or individual therapy? | **Group / Individual**(please circle as appropriate) |
| 3. How many sessions of this therapy did you receive in the last 6 months? | Please state number of sessions ……………..…… |
| 4. Did this therapy include completing homework between sessions? | Yes [ ] 1  | No [ ] 0 |
| 5. Did this include computerised cognitive behaviour therapy (CBT)? | Yes [ ] 1  | No [ ] 0 |
| 6. Did you pay out of your own pocket for this therapy(or with assistance from family, etc.)? | Yes [ ] 1  | No [ ] 0 |
| 7. If yes, please state the cost per session (£) ……………………… |
|  |
| **Talking Therapy 4** – 2. Was this group therapy or individual therapy? | **Group / Individual**(please circle as appropriate) |
| 3. How many sessions of this therapy did you receive in the last 6 months? | Please state number of sessions ……………..…… |
| 4. Did this therapy include completing homework between sessions? | Yes [ ] 1  | No [ ] 0 |
| 5. Did this include computerised cognitive behaviour therapy (CBT)? | Yes [ ] 1  | No [ ] 0 |
| 6. Did you pay out of your own pocket for this therapy(or with assistance from family, etc.)? | Yes [ ] 1  | No [ ] 0 |
| 7. If yes, please state the cost per session (£) ……………………… |
|  |  |

| **Section 2: Other community-based care (NHS and private)** |
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| 1. In the **last 6 months**, have you used any of the following, either face to face or by telephone, **because of your mental health?** (do not include talking therapies from Section 1) | **Yes [ ]** 1Please give more details below | **No [ ]** 0Please skip aheadto **Other health care professionals** section |
|  |
| For each separate service or visit, please give the number of visits/occasions. |
| 2. Exercise or physical activity scheme or “Exercise on prescription” – NHS | **Yes [ ] 1**  | **No [ ] 0** | If yes, number of occasions: …………………….. |
| 3. NHS walk-in centres | **Yes [ ] 1**  | **No [ ] 0** | If yes, number of occasions: …………………….. |
| 4. Ambulance or hospital transport – NHS | **Yes [ ] 1**  | **No [ ] 0** | If yes, number of occasions: …………………….. |
| 5. NHS Direct or “Call 111” | **Yes [ ] 1**  | **No [ ] 0** | If yes, number of occasions: …………………….. |

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| **Section 3: Other health care professionals** |
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| 1. In the **last 6 months**, have you seen any healthcare workers other than your GP **because of your mental health?** | **Yes [ ]** 1Please give more details below | **No [ ]** 0Please skip aheadto **Hospital care – A&E** section |
|  |
| Who did you see? | If yes, please state the number of appointments at the hospital/clinic, at your home or by phone. |
|  |  |  |  |
| 2. Mental health nurse (or “Community Psychiatric Nurse”, CPN)? | **Yes [ ] 1**  | Hospital/clinic: ………………times | Home visit: ….....……..times | By phone: ....…………..times |
| **No [ ] 0** |
|  |  |  |  |
| 3. Occupational therapist? | **Yes [ ] 1**  | Hospital/clinic: ………………times | Home visit: ….....……..times | By phone: ....…………..times |
| **No [ ] 0** |
|  |  |  |  |
| 4. Social worker? | **Yes [ ] 1**  | Hospital/clinic: ………………times | Home visit: ….....……..times | By phone: ....…………..times |
| **No [ ] 0** |
|  |  |  |  |
| 5. Clinical psychologist? | **Yes [ ] 1**  | Hospital/clinic: ………………times | Home visit: ….....……..times | By phone: ....…………..times |
| **No [ ] 0** |
|  |  |  |  |
| 6. Other medical professional (please specify if known) – NHS funded (1) e.g. care coordinator............................................................. | **Yes [ ] 1**  | Hospital/clinic: ………………times | Home visit: ….....……..times | By phone: ....…………..times |
| **No [ ] 0** |
|  |
| 7. Other medical professional (please specify if known) – NHS funded (2) ............................................................. | **Yes [ ] 1**  | Hospital/clinic: ………………times | Home visit: ….....……..times | By phone: ....…………..times |
| **No [ ] 0** |
|  |  |  |  |
|  |  |  |  |
| **Section 3: Other health care professionals – continued** |
|  |  |  |  |
| 8. Other medical professional (please specify if known) – Privately funded (1) ............................................................ | **Yes [ ] 1**  | **No [ ] 0** | Hospital/clinic: .....……………..times | Cost to you per time: (£) ………….......... |
| Home visit: ..…….…………..times | Cost to you per time: (£)………….......... |
| By phone: ........…………..times | Cost to you per time: (£)………….......... |
|  |  |  |  |
| 9. Other medical professional (please specify if known) – Privately funded (2) ............................................................ | **Yes [ ] 1**  | **No [ ] 0** | Hospital/clinic: .....……………..times | Cost to you per time: (£)………….......... |
| Home visit: ..…….…………..times | Cost to you per time: (£)………….......... |
| By phone: ........…………..times | Cost to you per time: (£)………….......... |

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| **Section 4: Hospital care – A&E (accident and emergency)** |
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| 1. In the **last 6 months**, have you been to A&E (casualty/ accident and emergency) **because of your mental health?** | **Yes [ ]** 1Please give more details below | **No [ ]** 0Please skip ahead to **Hospital care – other admissions** section |
|  |
| For each separate visit, please give the approximate date you arrived, how many nights you stayed, if any, and the type of hospital (psychiatric or general medical). |
| **Visit** | **Date** | **How many nights did you stay, if any?** | **If you were admitted and stayed overnight, was it in a psychiatric hospital or a general medical hospital?** |
| **1** |  | …………………………[please write “0” if you were not admitted overnight] | **Psychiatric / General**(please circle as appropriate) |
| **2** |  | …………………………[please write “0” if you were not admitted overnight] | **Psychiatric / General**(please circle as appropriate) |
| **3** |  | …………………………[please write “0” if you were not admitted overnight] | **Psychiatric / General**(please circle as appropriate) |
| **4** |  | …………………………[please write “0” if you were not admitted overnight] | **Psychiatric / General**(please circle as appropriate) |

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| **Section 5: Hospital care – Other admissions to Psychiatric or General Medical hospitals** |
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| 1. In the **last 6 months**, have you had any other admissions (not via A&E) to hospital **because of your mental health?** | **Yes [ ]** 1Please give more details below | **No [ ]** 0Please skip ahead to **Additional help** section  |
|  |
| For each separate admission to hospital, please give the approximate date of admission, how many nights you stayed, and the type of hospital (psychiatric or general medical). |
| **Stay** | **Date** | **How many nights did you stay, if any?** | **Was it a psychiatric hospital or a general medical hospital?** |
| **1** |  | …………………………[please write “0” if you were not admitted overnight] | **Psychiatric / General**(please circle as appropriate) |
| **2** |  | …………………………[please write “0” if you were not admitted overnight] | **Psychiatric / General**(please circle as appropriate) |
| **3** |  | …………………………[please write “0” if you were not admitted overnight] | **Psychiatric / General**(please circle as appropriate) |
| **4** |  | …………………………[please write “0” if you were not admitted overnight] | **Psychiatric / General**(please circle as appropriate) |

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| **Section 6: Additional help** |
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| 1. In the last 6 months, have you received any other additional help from a home help/home care worker or attended any groups **because of your mental health?** | **Yes [ ]** 1Please give more details below | **No [ ]** 0Please skip ahead to **Employment and benefits** section |
|  |
| For each type of help or activity, please give approximate cost to you or your family below. Please write “0” if these visits or activities were free/on the NHS. |
|  |  | If yes, approximately how much have you spent on using this help? |
| 2. Have you received additional help from a home help/home care worker? | **Yes [ ] 1 No [ ] 0** | £ : [please write “0” if nothing] |
| 3. Have you been to a day centre/drop-in/social club? | **Yes [ ] 1 No [ ] 0** | £ : [please write “0” if nothing] |
| 4. Have you been to a self-help group? | **Yes [ ] 1 No [ ] 0** | £ : [please write “0” if nothing] |

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| **Section 7: Employment and benefits** |
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| 1. Do you have a job? Do you go to college or a day centre? What employment type/s do you have?**Please tick as many as apply.** |
| None | **Yes [ ] 1**  |
| Part-time paid employment (30 hours / week or less) | **Yes [ ] 1**  |
| Full-time paid employment (more than 30 hours / week)  | **Yes [ ] 1**  |
| Voluntary work  | **Yes [ ] 1**  |
| College or university | **Yes [ ] 1**  |
| Day centre (please specify average no. of days per week) | **Yes [ ] 1**  | If yes, please specify average no. of days per week: …..……………………....……….… |
| Social club or self-help group(please specify average no. of days per week) | **Yes [ ] 1**  | If yes, please specify average no. of days per week: …..……………….…………....…… |
| Looking after home and family | **Yes [ ] 1**  |
| Retired from paid work | **Yes [ ] 1**  |
| Other, please specify: ................................................................. | **Yes [ ] 1**  |
|  |  |
| 2. If employed, what is your usual occupation? | Specify occupation: …………………………………… |
|  |  |
| 3. If you were **employed** during the past **6 months**, how many days in the past **6 months** have you taken off work? | Days absent from work: ……………..………………. |
| How many of those days off were as a **result of your mental health?** | Days absent from work due to mental health issues:………………………….. |
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| **Section 7: Employment and benefits – continued** |
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| 4. If you were **unemployed** at all during the 6 months, how many weeks were you unemployed? | Number of weeks unemployed during the 6 months ……………………………………….….. |
|  |  |
| 5. In these **6 months** did you receive any state benefits? | **Yes [ ] 1** | **No [ ] 0** |
| If yes, please tick below all the benefits you received (**tick all the boxes that apply**): |
| Universal Credit | **Yes [ ] 1** |
| Jobseeker's allowance | **Yes [ ] 1** |
| Employment and support allowance | **Yes [ ] 1** |
| Personal Independence Payment | **Yes [ ] 1** |
| Council tax benefit | **Yes [ ] 1** |
| Statutory sick pay | **Yes [ ] 1** |
| State Retirement Pension | **Yes [ ] 1** |
| Income support | **Yes [ ] 1** |
| One parent benefit | **Yes [ ] 1** |
| Disability living allowance | **Yes [ ] 1** |
| Other(s) | **Yes [ ] 1**  | Please describe: ………………………………..…………….. |

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| **Section 8: Other care** |
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| 1. In the last 6 months, apart from the care described above and your regular trips to the GP, have you received any other care provided by the NHS, social services, or arranged privately? | **Yes [ ]** 1Please give more details below | **No [ ]** 0 |

**If yes, please describe type of care, from whom, how many hours, total cost to date, etc.…**

**Comments:**

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