## RESOURCE USE QUESTIONNAIRE

The questions in the resource use questionnaire are designed to be read out to patients. These questions are designed to collect information about the patients' use of a range of health care, social care and other services **over a defined retrospective period**. The information collected will allow the total costs associated with each patient's use of services to be calculated.

Please answer all the questions that apply as fully as possible.

- For 'Yes' and 'No' responses – if the given answer is 'No', please ensure the appropriate 'No' checkbox is ticked before moving to the next relevant question. If the given answer is 'Yes', please tick the appropriate 'Yes' checkbox and ensure the supplementary information is provided as directed.

- Number of attendances or visits should reflect the total number of attendances made during the period under observation. Ranges (e.g. 6-8) or partial numbers (e.g. once a week) should not be recorded. If necessary agree a numerical figure with the patient that covers the defined retrospective period. If a patient does provide a range (e.g. 6-8) then the mid-point of the range should be entered (e.g. 7).

**Please continue to next page**

## RESOURCE USE QUESTIONNAIRE

### USE OF PRIMARY AND COMMUNITY BASED HEALTH AND SOCIAL SERVICES

Have you used any of the following primary or community-based services **during the last 6 months?**

| **Type of service** | **Used this service?** | | **Total number of contacts or consultations during the last 6 months?** |
|---|---|---|---|
| | **Yes** | **No** | |
| GP (at the surgery/practice) | | | |
| GP (at your home) | | | |
| GP (telephone contact) | | | |
| Practice Nurse / Health Care Assistant (at surgery) | | | |
| Practice Nurse (at your home) | | | |
| Practice Nurse (telephone contact) | | | |
| Specialist Heart Failure Nurse (not study contacts) | | | |
| Physiotherapist/Physiotherapy | | | |
| Occupational Therapist | | | |
| Community/District Nurse | | | |
| Health Visitor | | | |
| Social Worker | | | |
| Home care/Home help | | | |
| Voluntary Agency Worker/Contact (e.g. from Age UK) | | | |
| Other Please specify | | | |
| Other Please specify | | | |
| Other Please specify | | | |

**Please continue to next page**

## RESOURCE USE QUESTIONNAIRE

### USE OF HOSPITAL-BASED HEALTH CARE/SERVICES

Have you had any **overnight stays** in hospital **during the last 6 months**? Yes * ☐ No ☐

* If yes, please give number of admissions

* If yes, please give total number of inpatient days/nights

Have you had **treatment at an A&E** unit **during the last 6 months?** Yes * ☐ No ☐

* If yes, please give number of visits

Have you **attended a day hospital** in the **last 6 months?** Yes * ☐ No ☐

* If yes, please give number of attendances

Have you had any outpatient appointments with any of the following outpatient services in the **last 6 months?**

| **Outpatient visit (type/specialty)** | **Used this service?** | | **Total number of contacts or appointments during the last 6 months?** |
|---|---|---|---|
| | **Yes** | **No** | |
| Cardiologist (Cardiology outpatient clinic/visit) | ☐ | ☐ | |
| Cardiac/Heart Failure Specialist Nurse | ☐ | ☐ | |
| Other (do not include A&E visit here) Please specify | | | |

### USE OF COMMUNITY-BASED DAY SERVICES/SOCIAL CARE

Have you used any day care services **during the last 6 months?**

| **Type of service** | **Used this service?** | | **How many times did you attend in the last 6 months?** | **On average, how long were you there each time?** |
|---|---|---|---|---|
| | **Yes** | **No** | | |
| Day care centre | ☐ | ☐ | | |
| Drop in club | ☐ | ☐ | | |
| Other Please specify | | | | |
| Other Please specify | | | | |

**Please continue to next page**

## RESOURCE USE QUESTIONNAIRE

### SUPPORT FROM OTHERS

We know that some people with heart problems have support and help from people that they know. This may be someone who they have a close relationship with, such as a family member, partner or close friend, or an acquaintance or neighbour providing help with things like cleaning, cooking, shopping and accompanying to appointments and social activities etc. Please answer the following questions, thinking about support you have had from others.

Have friends and/or relatives helped you with tasks at home which you have had difficulty with or couldn't do, **during the last 6 months?**

**Note: In this section the Caregiver is the person that is registered in the study with the patient**

| | Helped? Yes | Helped? No | Average number of hours per week spent helping during the last 6 months? |
|---|---|---|---|
| Caregiver | ☐ | ☐ | ☐☐ |
| Other than Caregiver | ☐ | ☐ | ☐☐ |

**During the last 6 months,** have friends and/or relatives stayed off work to help you?

| | Time off work? Yes | Time off work? No | Number of days taken off work in the last 6 months? |
|---|---|---|---|
| Caregiver | ☐ | ☐ | ☐☐ |
| Other than Caregiver | ☐ | ☐ | ☐☐ |

### EMPLOYMENT

Have you had to take any days off work **over the last 6 months** as a result of your health problems? Yes * ☐ No ☐

* If yes, how many days have you been absent from work owing to your health problems **during the last 6 months**? ☐☐

Are you currently in paid employment? Yes * ☐ No ☐

* If yes, how many hours on average do you work **per week?** ☐☐

**Please continue to next page**

**REMIND THE PATIENT THEY MUST NOT DISCLOSE THEIR TREATMENT**

## RESOURCE USE QUESTIONNAIRE

The questions in the resource use questionnaire are designed to be read out to patients. These questions collect information about the patients' use of a range of health care, social care and other services **over a defined retrospective period**. The information collected will allow the total costs associated with each patient's use of services to be calculated.

**It is important that visits with REACH HF facilitators are NOT collected in this section. Therefore, please remind the patient (and caregiver if present) that if they have been allocated to receive the REACH HF intervention, they should exclude contacts with the REACH HF facilitators when answering the following questions.**

Please answer all the questions that apply as fully as possible.

- For 'Yes' and 'No' responses – if the given answer is 'No', please ensure the appropriate 'No' checkbox is ticked before moving to the next relevant question. If the given answer is 'Yes', please tick the appropriate 'Yes' checkbox and ensure the supplementary information is provided as directed.

- Number of attendances or visits should reflect the total number of attendances made during the period under observation. Ranges (e.g. 6-8) or partial numbers (e.g. once a week) should not be recorded. If necessary agree a numerical figure with the patient that covers the defined retrospective period. If a patient does provide a range (e.g. 6-8) then the mid-point of the range should be entered (e.g. 7).

**Please continue to next page**

## RESOURCE USE QUESTIONNAIRE

### USE OF PRIMARY AND COMMUNITY BASED HEALTH AND SOCIAL SERVICES

Have you used any of the following primary or community-based services **since your baseline visit 4 months ago?**

| Type of service | Used this service? Yes | No | Total number of contacts or consultations since your baseline visit 4 months ago? |
|---|---|---|---|
| GP (at the surgery/practice) | | | |
| GP (at your home) | | | |
| GP (telephone contact) | | | |
| Practice Nurse / Health Care Assistant (at surgery) | | | |
| Practice Nurse (at your home) | | | |
| Practice Nurse (telephone contact) | | | |
| Specialist Heart Failure Nurse (not study contacts) | | | |
| Physiotherapist/Physiotherapy | | | |
| Occupational Therapist | | | |
| Community/District Nurse | | | |
| Health Visitor | | | |
| Social Worker | | | |
| Home care/Home help | | | |
| Voluntary Agency Worker/Contact (e.g. from Age UK) | | | |
| Other Please specify | | | |
| Other Please specify | | | |
| Other Please specify | | | |

### CARDIAC REHABILITATION CLASSES

Have you participated in supervised cardiac rehabilitation classes over the **last 4 months?** Yes ☐ No ☐

**Please continue to next page**

## RESOURCE USE QUESTIONNAIRE

### USE OF HOSPITAL-BASED HEALTH CARE/SERVICES

Have you had any **overnight stays** in hospital **since your baseline visit 4 months ago**? Yes * No

* If yes, please give number of admissions
* If yes, please give total number of inpatient days/nights

Have you had **treatment at an A&E** unit **since your baseline visit 4 months ago?** Yes * No

* If yes, please give number of visits

Have you attended a **day hospital since your baseline visit 4 months ago?** Yes * No

* If yes, please give number of attendances

Have you had any outpatient appointments with any of the following outpatient services **since your baseline visit 4 months ago?**

| **Outpatient visit (type/specialty)** | | **Used this service?** Yes | No | **Total number of contacts or appointments since your baseline visit 4 months ago?** |
|---|---|---|---|---|
| Cardiologist (Cardiology outpatient clinic/visit) | | | | |
| Cardiac/Heart Failure Specialist Nurse | | | | |
| Other (do not include A&E visit here) | Please specify | | | |

### USE OF COMMUNITY-BASED DAY SERVICES/SOCIAL CARE

Have you used any day care services **during the last 4 months?**

| **Type of service** | | **Used this service?** Yes | No | **How many times did you attend in the last 4 months?** | **On average, how long were you there each time?** |
|---|---|---|---|---|---|
| Day care centre | | | | | |
| Drop in club | | | | | |
| Other | Please specify | | | | |
| Other | Please specify | | | | |

**Please continue to next page**

## RESOURCE USE QUESTIONNAIRE

### SUPPORT FROM OTHERS

We know that some people with heart problems have support and help from people that they know. This may be someone who they have a close relationship with, such as a family member, partner or close friend, or an acquaintance or neighbour providing help with things like cleaning, cooking, shopping and accompanying to appointments and social activities etc. Please answer the following questions, thinking about support you have had from others.

Have friends and/or relatives helped you with tasks at home which you have had difficulty with or couldn't do, **since your baseline visit 4 months ago?**

**Note: In this section the Caregiver is the person that is registered in the study with the patient**

| | Helped? Yes | Helped? No | Average number of hours per week spent helping since your baseline visit 4 months ago? |
|---|---|---|---|
| Caregiver | ☐ | ☐ | ☐☐ |
| Other than Caregiver | ☐ | ☐ | ☐☐ |

**Since your baseline visit 4 months ago,** have friends and/or relatives stayed off work to help you?

| | Time off work? Yes | Time off work? No | Number of days taken off work since your baseline visit 4 months ago? |
|---|---|---|---|
| Caregiver | ☐ | ☐ | ☐☐ |
| Other than Caregiver | ☐ | ☐ | ☐☐ |

### EMPLOYMENT

Have you had to take any days off work **since your baseline visit 4 months ago** as a result of your health problems? Yes * ☐ No ☐

* If yes, how many days have you been absent from work owing to your health problems **since your baseline visit 4 months ago**? ☐☐

Are you currently in paid employment? Yes * ☐ No ☐

* If yes, how many hours on average do you work **per week?** ☐☐

## QUESTIONNAIRES

**Please ask the participant to complete the 4 MONTHS Questionnaire Booklet now. Ensure that the details on the front of the booklet and at the top of each page are completed.**

**If the patient has a caregiver please ask the caregiver to complete the 4 MONTHS Questionnaire Booklet now. Ensure that the details on the front of the booklet and at the top of each page are completed.**

**Please continue to next page**

**REMIND THE PATIENT THEY MUST NOT DISCLOSE THEIR TREATMENT**

## RESOURCE USE QUESTIONNAIRE

The questions in the resource use questionnaire are designed to be read out to patients. These questions collect information about the patients' use of a range of health care, social care and other services **over a defined retrospective period**. The information collected will allow the total costs associated with each patient's use of services to be calculated.

**It is important that visits with REACH HF facilitators are NOT collected in this section. Therefore, please remind the patient (and caregiver if present) that if they have been allocated to receive the REACH HF intervention, they should exclude contacts with the REACH HF facilitators when answering the following questions.**

Please answer all the questions that apply as fully as possible.

- For 'Yes' and 'No' responses – if the given answer is 'No', please ensure the appropriate 'No' checkbox is ticked before moving to the next relevant question. If the given answer is 'Yes', please tick the appropriate 'Yes' checkbox and ensure the supplementary information is provided as directed.

- Number of attendances or visits should reflect the total number of attendances made during the period under observation. Ranges (e.g. 6-8) or partial numbers (e.g. once a week) should not be recorded. If necessary agree a numerical figure with the patient that covers the defined retrospective period. If a patient does provide a range (e.g. 6-8) then the mid-point of the range should be entered (e.g. 7).

**Please continue to next page**

## RESOURCE USE QUESTIONNAIRE

### USE OF PRIMARY AND COMMUNITY BASED HEALTH AND SOCIAL SERVICES

Have you used any of the following primary or community-based services **since your last visit 8 months ago?**

| Type of service | Used this service? Yes | No | Total number of contacts or consultations since your last visit 8 months ago? |
|---|---|---|---|
| GP (at the surgery/practice) | | | |
| GP (at your home) | | | |
| GP (telephone contact) | | | |
| Practice Nurse / Health Care Assistant (at surgery) | | | |
| Practice Nurse (at your home) | | | |
| Practice Nurse (telephone contact) | | | |
| Specialist Heart Failure Nurse (not study contacts) | | | |
| Physiotherapist/Physiotherapy | | | |
| Occupational Therapist | | | |
| Community/District Nurse | | | |
| Health Visitor | | | |
| Social Worker | | | |
| Home care/Home help | | | |
| Voluntary Agency Worker/Contact (e.g. from Age UK) | | | |
| Other Please specify | | | |
| Other Please specify | | | |
| Other Please specify | | | |

### CARDIAC REHABILITATION CLASSES

Have you participated in supervised cardiac rehabilitation classes over the **last 8 months?** Yes ☐ No ☐

**Please continue to next page**

## RESOURCE USE QUESTIONNAIRE

### USE OF HOSPITAL-BASED HEALTH CARE/SERVICES

Have you had any **overnight stays** in hospital **since your last visit 8 months ago**? Yes * ☐ No ☐

* If yes, please give number of admissions ☐☐
* If yes, please give total number of inpatient days/nights ☐☐☐

Have you had **treatment at an A&E** unit **since your last visit 8 months ago?** Yes * ☐ No ☐

* If yes, please give number of visits ☐☐

Have you **attended a day hospital since your last visit 8 months ago?** Yes * ☐ No ☐

* If yes, please give number of attendances ☐☐

Have you had any outpatient appointments with any of the following outpatient services **since your last visit 8 months ago?**

| Outpatient visit (type/specialty) | | Used this service? Yes | No | Total number of contacts or appointments since your last visit 8 months ago? |
|---|---|---|---|---|
| Cardiologist (Cardiology outpatient clinic/visit) | | ☐ | ☐ | ☐☐ |
| Cardiac/Heart Failure Specialist Nurse | | ☐ | ☐ | ☐☐ |
| Other (do not include A&E visit here) | Please specify | | | ☐☐ |

### USE OF COMMUNITY-BASED DAY SERVICES/SOCIAL CARE

Have you used any day care services **during the last 8 months?**

| Type of service | | Used this service? Yes | No | How many times did you attend in the last 8 months? | On average, how long were you there each time? |
|---|---|---|---|---|---|
| Day care centre | | ☐ | ☐ | ☐☐ | |
| Drop in club | | ☐ | ☐ | ☐☐ | |
| Other | Please specify | | | ☐☐ | |
| Other | Please specify | | | ☐☐ | |

**Please continue to next page**

## RESOURCE USE QUESTIONNAIRE

### SUPPORT FROM OTHERS

We know that some people with heart problems have support and help from people that they know. This may be someone who they have a close relationship with, such as a family member, partner or close friend, or an acquaintance or neighbour providing help with things like cleaning, cooking, shopping and accompanying to appointments and social activities etc. Please answer the following questions, thinking about support you have had from others.

Have friends and/or relatives helped you with tasks at home which you have had difficulty with or couldn't do, **since your last visit 8 months ago?**

**Note: In this section the Caregiver is the person that is registered in the study with the patient**

| | Helped? Yes | Helped? No | Average number of hours per week spent helping since your last visit 8 months ago? |
|---|---|---|---|
| Caregiver | | | |
| Other than Caregiver | | | |

**Since your last visit 8 months ago,** have friends and/or relatives stayed off work to help you?

| | Time off work? Yes | Time off work? No | Number of days taken off work since your last visit 8 months ago? |
|---|---|---|---|
| Caregiver | | | |
| Other than Caregiver | | | |

### EMPLOYMENT

Have you had to take any days off work **since your last visit 8 months ago** as a result of your health problems? Yes * ☐ No ☐

* If yes, how many days have you been absent from work owing to your health problems **since your last visit 8 months ago**?

Are you currently in paid employment? Yes * ☐ No ☐

* If yes, how many hours on average do you work **per week?**

**Please continue to next page**