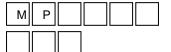
BASELINE

PATIENT STUDY NUMBER

PATIENT INITIALS





RESOURCE USE QUESTIONNAIRE

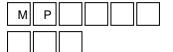
The questions in the resource use questionnaire are designed to be read out to patients. These questions are designed to collect information about the patients' use of a range of health care, social care and other services **over a defined retrospective period**. The information collected will allow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

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RESOURCE USE QUESTIONNAIRE

USE OF PRIMARY AND COMMUNITY BASED HEALTH AND SOCIAL SERVICES

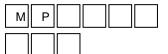
Have you used any of the following primary or community-based services during the last 6 months?

Type of service	Used this service?	Total number of contacts or consultations during
	Yes No	the last 6 months?
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

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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 admis	sions				
* If yes, please give total number of ir	npatient days/nigl	nts			
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 n	nonths?	Yes	*		
* If yes, please give number of attend	* If yes, please give number of attendances				
Have you had any outpatient appointments with a	ny of the followin	g outpatient service	s in the last 6 months?		
Outpatient visit (type/specialty) Used this service? contacts or appointments during the last 6 months?					
Cardiologist (Cardiology outpatient clinic/visit)					
Cardiac/Heart Failure Specialist Nurse					
Other (do not include A&E visit here)	V				
Diagram and a					
Other (do not include A&E visit here)	SOCIAL CARE				

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 ce	entre			
Drop in club				
Other	Please specify			
Other	Please specify			

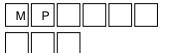
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BASELINE

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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?	Average number of hours per week spent helping during the last 6 months?
Caregiver		daring the last a moners.
Other than Caregiver		
During the last 6 months, have friends and/or relatives sta	yed off work to help	o you?
	Time off work?	Number of days taken off
	Yes No	work in the <u>last 6 months</u> ?
Caregiver		
Other than Caregiver		
EMPLOYMENT		
Have you had to take any days off work over the last 6 mor your health problems?	nths as a result of	Yes * No No
* If yes, how many days have you been absent to your health problems during the last 6 mon		
Are you currently in paid employment?		Yes * No No
* If yes, how many hours on average do you wo	ork per week?	

Please continue to next page

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PATIENT STUDY NUMBER
PATIENT INITIALS

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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).

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PATIENT INITIALS

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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 serv	ice		d this vice?	Total number of contacts or consultations since your baseline visit 4 months ago?	
GP (at the su	rgery/practice)				
GP (at your h	ome)				
GP (telephone	e contact)				
Practice Nurs	e / Health Care Assistant (at surgery)				
Practice Nurs	e (at your home)				
Practice Nurs	e (telephone contact)				
Specialist Hea	art Failure Nurse (not study contacts)				
Physiotherapi	ist/Physiotherapy				
Occupational	Therapist				
Community/D	istrict Nurse				
Health Visitor					
Social Worke	r				
Home care/H	ome help				
Voluntary Age	ency 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? No					

Please continue to next page

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PATIENT INITIALS

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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? * 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 Yes * No months ago? * If yes, please give number of visits Have you attended a day hospital since your baseline visit 4 months No ago? * 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? **Used this** Total number of contacts or service? appointments since your Outpatient visit (type/specialty) baseline visit 4 months Yes No ago? Cardiologist (Cardiology outpatient clinic/visit) Cardiac/Heart Failure Specialist Nurse Other (do not include A&E visit here) 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?	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

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PATIENT INITIALS

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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?	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 re	elatives stayed o	off work to help you?		
	Time off work? Yes No	Number of days taken off work <u>since your baseline</u> <u>visit 4 months ago</u> ?		
Caregiver				
Other than Caregiver				
EMPLOYMENT				
Have you had to take any days off work since your baseline vismonths ago as a result of your health problems?	sit 4	es * No 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?	Y	es * No No		
* If yes, how many hours on average do you work per v	veek?			
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.

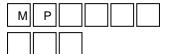
If the patient has a caregiver please ask the caregiver to complete the 4 MONTHS Questionnaire Booklet now. Ensure that the details on the front of the booklet and at the top of each page are completed.

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12 MONTHS

PATIENT STUDY NUMBER
PATIENT INITIALS





REMIND THE PATIENT THEY MUST NOT DISCLOSE THEIR TREATMENT

RESOURCE USE QUESTIONNAIRE

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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).

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PATIENT INITIALS

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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?

	Used this			
Type of service	service?	Total number of contacts or consultations since your		
	Yes No	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	
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Other

Other

PATIENT STUDY NUMBER

PATIENT INITIALS

М	Р		



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? * 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 No ago? * 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? **Used this** Total number of contacts or service? Outpatient visit (type/specialty) appointments since your last visit 8 months ago? Yes No Cardiologist (Cardiology outpatient clinic/visit) Cardiac/Heart Failure Specialist Nurse Other (do not include A&E visit here) USE OF COMMUNITY-BASED DAY SERVICES/SOCIAL CARE Have you used any day care services during the last 8 months? **Used this** How many times Type of service On average, how long service? did you attend in were you there each the last 8 time? Yes No months? Day care centre Drop in club

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12 MONTHS

PATIENT STUDY NUMBER

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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

Note. In this section the Galegiver is the person that is registered in the study with the patient				
	Helped? Yes 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 relative	es staye	d off wo	ork to help you?	
	Time wo		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? 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?		Υ	res * No No	
* If yes, how many hours on average do you work per v	week?			

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