

Appendix L: Resource usage (postal questionnaire to patient)

We would like to know how much use you have made of the health and social services over the last 12 months. If you are not exactly sure, your best guess will be much better than no information at all. Please answer every question, even if the answer is "0".

Please fill in both boxes, for example:

0	3
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 if seen three times.

Over the last 12 months, how many times have you:

1. Seen your GP ?

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2. Seen a practice nurse?

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3. Seen a health visitor?

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4. Seen a physiotherapist?

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5. Visited a hospital out-patient clinic?.....

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6. Been admitted to hospital as an in-patient?.....

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7. Been seen by a social worker?

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Do you make regular use of the following:

Home care/home help	No (tick)	<table border="1" style="width: 20px; height: 20px;"></table>	Yes,	<table border="1" style="width: 20px; height: 20px;"></table>	times a week
Meals on wheels	No (tick)	<table border="1" style="width: 20px; height: 20px;"></table>	Yes,	<table border="1" style="width: 20px; height: 20px;"></table>	times a week
Day Hospital	No (tick)	<table border="1" style="width: 20px; height: 20px;"></table>	Yes,	<table border="1" style="width: 20px; height: 20px;"></table>	times a week
Day centre	No (tick)	<table border="1" style="width: 20px; height: 20px;"></table>	Yes,	<table border="1" style="width: 20px; height: 20px;"></table>	times a week
Luncheon Club	No (tick)	<table border="1" style="width: 20px; height: 20px;"></table>	Yes,	<table border="1" style="width: 20px; height: 20px;"></table>	times a week
Sitting Service	No (tick)	<table border="1" style="width: 20px; height: 20px;"></table>	Yes,	<table border="1" style="width: 20px; height: 20px;"></table>	times a week

Over the last year, roughly how much have you or your family and friends had to pay directly for anything such as equipment, supplies, medications, or travelling costs related to your Parkinson's Disease.

(An approximate figure will be fine.)

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Finally, over the last year, how much time have your family or friends devoted to providing you with informal nursing and other care as a result of your Parkinson's Disease?

Approximately

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 hours per day

If you would like to make any other comments, please write them here.

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Many thanks for your help.