



# Patient Costs Questionnaire

*Interviewer: The following explains the purpose of this interview and in particular the reasons for economic questions. You may either read out the following or use your own words to convey to the patient the reasons for the interview. The same questionnaire can be used for all patients whether they are living at home or in residential/nursing home care.*

- I'm sure that the time you were ill was very difficult for you and the people close to you in many ways.
- This questionnaire will help us to understand how much your illness, following your time in intensive care, has cost you and your family financially.
- We are also interested in whether your treatment affected your use of other health and community services.
- We are also interested to know about any health, community or voluntary services that you may have used since your discharge from hospital.
- If you cannot remember the exact details please give your best estimates.
- When you came home from hospital you were sent an Events Diary to help you to record details of health-related events and personal costs.
- Did you use this?
- Have you got it handy as it may help in completing this questionnaire?
- The information provided will be confidential to the researchers and used only to contribute to overall study results.

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Part One: Healthcare and Community Services

1. Transport

On the day you returned home after your stay in hospital, how did you travel home?

Ambulance  Voluntary car services  Taxi   
 Own/family car  Other (please specify)  .....

Approximate distance (one-way): .....miles. If you used a taxi please give the fare you paid: £.....

2. General Practitioners

Since returning home from your time in hospital, have you consulted your GP? YES  NO

If NO, please go to QUESTION 3. If YES, please give details of the number of consultations you have had with your GP:

At the surgery  At home  By telephone\*  \*Please exclude calls for arranging appointments and repeat prescriptions.

How do you normally travel to see your GP? (e.g. Own car, taxi etc) .....

If you usually travel by car or ambulance, please give approximate return mileage to your GP surgery: .....miles

If you usually travel by public transport or taxi please give the usual return fare per visit: £.....

3. Other telephone advice

Since returning home from your time in hospital have you contacted any of the following by phone for advice about your health?

	Contact by telephone	If YES, how many times?
NHS Direct	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other (please specify) .....	YES <input type="checkbox"/> NO <input type="checkbox"/>	

CESAR study number



#### 4. Nursing, Therapy and Social Services

Since returning home from your time in hospital, have you received any of the following services? YES  NO

If NO, please go to QUESTION 5. If YES, please give further details below.

	Approx. number of visits	Location of visit (home, hospital, clinic etc)	Did you have to pay?		If yes, approx. cost per visit	Did you have private medical insurance to cover this cost?			If this involved travelling, please give type of transport used (own car, ambulance etc.) or write N/A	If travelled by car / ambulance please give approx. return mileage	If you travelled by public transport / taxi please give return fare per visit
			Yes	No		Yes	No	N/A			
Nurse			<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Physiotherapist			<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Occupational therapist			<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Counselling or psychological treatments			<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Social worker			<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Home care worker or care attendant			<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Health visitor			<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Other (please specify) .....			<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£

**Interviewer: Please use this space to record any other services which could not be listed above .**

CESAR study number



## 5. Hospital care

Since returning home from your time in hospital:

**Part A** Have you been admitted to hospital? YES  NO  *If NO, please go to QUESTION 5 PART B.*  
*If YES, how many times?*

Please complete the following table as far as you are able to (for day procedures give the same date for admission and discharge).

	Date admitted	Date discharged	Name of hospital and town	Please describe how you travelled to the hospital (car, ambulance etc.)	If you travelled by car / ambulance please give approx. return mileage	If you travelled by public transport or taxi please give return fare	Did you have private medical insurance to cover this stay?		
							Yes	No	N/A
Stay 1						£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay 2						£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay 3						£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay 4						£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay 5						£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part B** Have you visited a hospital as an outpatient? YES  NO   
*If NO, please go to QUESTION 6. If YES, please give further details below.*

	Approx. number of visits	Did you have to pay?		If Yes, approx. how much per visit	Did you have private medical insurance to cover this cost?			Please describe how you travelled for these visits (own car, ambulance etc.)	If you travelled by car or ambulance please give approx. return mileage	If you travelled by public transport or taxi please give return fare per visit
		Yes	No		Yes	No	N/A			
Consultant clinic (with any doctor)		<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Visits to A & E		<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Day care/day hospital (e.g. for rehabilitation)		<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Other (please specify) .....		<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£

CESAR study number



## 6. Nursing home or residential care

Since returning home from your time in hospital, have you been admitted to a nursing home or residential care?

YES  NO

*If NO, please go to QUESTION 7. If YES, please give further details below.*

	Date admitted	Date discharged	Please tick type of care	Did you have to pay?		If yes, approx. cost per stay	Did you have private insurance to cover this cost?			Please describe how you travelled (taxi, ambulance etc.)	If you travelled by car / ambulance please give approx. return mileage	If you travelled by public transport or taxi please give return fare
				Yes	No		Yes	No	N/A			
Stay 1			Nursing home <input type="checkbox"/> Residential care <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Stay 2			Nursing home <input type="checkbox"/> Residential care <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Stay 3			Nursing home <input type="checkbox"/> Residential care <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£
Stay 4			Nursing home <input type="checkbox"/> Residential care <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			£

**Interviewer: Please use separate sheet if there are more than 4 stays.**

## Part Two: Patient's Personal Costs

### 7. Personal expenditure on medication

Part A Since returning home from hospital, have you taken any medication?

YES  NO

*If NO, please go to QUESTION 8. If YES, go to PART B*

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Part B

Was the medication provided by the hospital when you were discharged?

YES  Please give details of any repeat prescriptions and any new medication in the tables below

NO  Please give details of all medication taken in the tables below

Table 1

Prescription drugs from GP	Was the prescription NHS or private?	Approximately how long did you take this medication?	Approximate cost if paid for your medication including prescription charges	Are you currently taking this medication?
e.g. Ampicillin		e.g. Twice daily for a month	e.g. £5.50	

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Table 2

Non-prescription drugs i.e. over the counter medication	Approximately how long did you take this medication?	Approximate cost if paid for your medication including prescription charges
e.g. Aspirin	e.g. Twice daily for a month	e.g. £3.00

## 8. Personal expenditure on healthcare

Since returning home from your time in hospital, have you used any of the following services or items?

YES  NO

*(Interviewer: please read out list of items from the table below. Also include any item/adaptation that has been ordered/arranged but not yet received by patient.)*

*If NO, please go to QUESTION 9. If YES, please provide as many details as you can in the table on page 8.*

CESAR study number



Personal expenditure on healthcare

Please give details of each item under each heading	Did you have to pay anything?	Approximate cost if known	Did you have private medical insurance to cover this cost?
<b>A) Private medical care</b> (e.g. any private treatment not included in Question 5B). Please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>B) Equipment</b> (e.g. wheelchair). Please specify:  N.B. If you used any equipment but did not pay for it please specify who arranged this for you (e.g. hospital, social services, voluntary sector etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  Equipment was provided by : .....		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>C) Childcare</b> (any childcare arrangements you had to make due to your illness). Please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>D) Any adaptations to your home</b> such as a ramp, stair lift, changes to the bathroom etc. Please specify:  If you had any adaptations done to your home but did not pay for it please specify who provided this for you?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>  Adaptations provided by: .....		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>E) Any other items of health care.</b> Please specify.  .....	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>





CESAR study number



Part B If you returned to work:

Is this job: Full time  Part-time   
Is it the same employment that you had before your illness? YES  NO

### 11. Time off work

If you have returned to work since returning home, have you had to take any time off work because of further illness?

YES  NO  Not Applicable

If NO, please go to question 12. If YES, how many days?

### 12. Benefits and allowances

*(Interviewer: please remind and reassure patient that all data will be kept confidential)*

Are you currently receiving any government benefits or allowances? YES  NO

If YES, please give approximate date when you became eligible. \_\_ / \_\_ / \_\_ (dd/mm/yy)

If NO, have you applied for any benefits or allowances since your discharge from hospital? YES  NO

*(Interviewer: The following list of benefits/allowances might help remind the patient/carer about any benefits they might have applied for: housing benefit, incapacity benefit, severe disablement allowance, invalid care allowance, attendance allowance and disability allowance)*

CESAR study number



### 13. Employment - additional information

Please give any comments on income, work etc. that were not covered in questions 9-12.

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### 14. Healthcare from family and friends

Since returning home from your time in hospital, have you received care from family members, relatives or friends as a result of illness?

YES  NO

*If NO, please go to QUESTION 15. If YES, please complete the following:*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1) Was this help from an unpaid carer?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2) Did your carer have to take this time off work?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3) Did your carer have to give up his/her employment?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4) Did your carer have to take up a different job or switch to a part-time job to care for you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Please describe the frequency of involvement by carers since discharge in the table below:

Total weekly hours of help (e.g. 2 hours help twice a week, total is 2x2 = 4)	Over what period did you receive this help? (e.g. 1 week)	Total hours of help
<b>Any comments</b>		

CESAR study number



5) Do you need regular daily help with things that fit and healthy people would normally do for themselves? YES  NO

*(Interviewer: if YES please record carer details on checklist and issue a CSI if carer present)*

### 15. Changes to family circumstances

Since you were admitted to intensive care, have there been any significant changes in your family circumstances? YES  NO

*If NO, please go to QUESTION 16. If YES, please provide (approximate) costs for the following:  
(Interviewer: Please try to establish any major changes and express costs as per month if possible, giving comments to explain if necessary.  
If patient is only able to give a total cost please make a note of this in the 'comments' column)*

Description	Approximate monthly additional cost, if known	Comments
<b>Change in residence (e.g. had to move to a different but own house, move to a relative's house etc.)</b>		
<b>Any other such as lost employment income through illness (please specify)</b>		

CESAR study number



16. Do you have any health related insurance policy/plan? YES  NO

*If No please go to QUESTION 17, if YES, please tell us what it covers by ticking one or more of the following options:*

- 1) Health care costs       2) Income protection   
3) Any other (please specify) .....

17. Do you have any other comments about the cost of your health care that you'd like me to record? YES  NO

*(Interviewer: Please record any comments made by the patient or carer)*

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