

Section M

In this section we will be asking you some questions about the services you have used and anything you have had to buy because of your recent hip replacement. We are doing this to find out whether the type of anaesthetic you had during surgery alters the cost of treatment. Please do **not** include details of any visits to Southmead Hospital as we have this information and please **only** include events relating to your **hip replacement**.

M1a. Have you used any **non** Southmead Hospital NHS services since your **initial discharge** from the Avon Orthopaedic Centre (AOC) for **reasons related to your hip replacement**?

No ₀ If **No** go to question **M2a**
 Yes ₁

M1b. If **yes** please complete the following.

Type of service	Have you used this service? Please tick either yes or no for each type of service	If yes please record total number of visits/contacts since your initial discharge from the AOC following your hip replacement
	(a)	(b)
i. GP surgery visit	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
ii. GP Home visit	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
iii. Phoned GP for advice	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
iv. GP Practice nurse visit	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
v. Phoned GP practice nurse for advice	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
vi. Got a repeat prescription (without seeing doctor)	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
vii. District nurse	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
viii. Occupational therapist at Home	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
ix. Occupational therapist at the GP surgery/ clinic	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
x. Community Physiotherapist at Home	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
xi. Community Physiotherapist at the GP surgery/ clinic	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
xii. Other (please specify):	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
xiii.....		

M2a. Have you been an inpatient in any **non** Southmead Hospital/rehabilitation unit or nursing/residential home since your **initial discharge** from the AOC for reasons **related to your hip replacement**

No ₀ If **No** go to question **M3a**
 Yes ₁

M2b. If **yes** please complete the following.

Name of Hospital	Have you been an inpatient at this hospital Please tick either yes or no for each hospital (a)	If yes please record total number of nights spent in hospital/rehab unit since your initial discharge from the AOC following your hip replacement (b)
i. Clevedon	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
ii. Thornbury	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
iii. Lydney	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
iv. BRI	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
v. North Bristol Rehab centre	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>
vi. Other (please specify): vii.....	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	<input type="text"/> <input type="text"/>

M3a. Have you visited an out-patient or Accident and Emergency (A&E) department in any **non**Southmead Hospital since your initial discharge from the AOC for reasons **related to your hip replacement**

No ₀ If **No** go to question **M4a**
 Yes ₁

M3b. If **yes** please complete the following.

Name of Hospital (a)	Name of Outpatient Department (if visited A&E put A&E) (b)	Number of visits to this Outpatient or A&E Department in this Hospital (c)
i.		<input type="text"/> <input type="text"/>
ii.		<input type="text"/> <input type="text"/>
iii.		<input type="text"/> <input type="text"/>
iv.		<input type="text"/> <input type="text"/>
v.		<input type="text"/> <input type="text"/>

Use of Social Services

M4a. Have you been visited by a Home Care Worker (Home help) since your **initial discharge** from the AOC for reasons **related to your hip replacement**

No ₀ If **No** go to question **M5a**
Yes ₁

If yes:

M4b. Please complete:

i) In the first two weeks following discharge I had visits per week

ii) In weeks 3-6 following discharge I had visits per week

iii) Now I have visits per week

M4c. Did you have to pay for this service: Yes ₁ No ₀

If yes

M4d. How much did you have to pay per visit. £ .

M5a. Have you used the food at home service (meals on wheels) since your **initial discharge** from the AOC for reasons **related to your hip replacement**?

No ₀ If **No** go to question **M6a**
Yes ₁

If yes:

M5b. Please complete:

i) In the first two weeks following discharge I had meals per week

ii) In weeks 3-6 following discharge I had meals per week

iii) Now I have meals per week

M5c. Did you have to pay for this service: Yes ₁ No ₀

If yes

M5d. Approximately how much did you have to pay per week. £ .

M6a. Have you been in contact with a social worker since your **initial discharge** from the AOC for reasons **related to your hip replacement**

No ₀ If **No** go to question **M7**
 Yes ₁

If **yes** since your **initial discharge** from the AOC:

M6b. How many times have you seen your social worker

M6c. Approximately how many times have you telephoned your social worker

M6d. Approximately how many times have you been telephoned by your social worker

M7. Were changes made to your home (e.g grip rails, stair lift) or special equipment provided (e.g. commode, Toilet frame, Toilet seat, trolley) since your **initial discharge** from the AOC for reasons **related to your hip replacement**

No ₀ If **No** go to question **M8a**
 Yes ₁

If **yes**
 Please describe:

Changes to your home/ special equipment (a)	Was this provided by social services (b)	Did you have to pay or make a contribution (c)	If yes how approximately how much? (d)
i.	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	£ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
ii.	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	£ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
iii.	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	£ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
iv.	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	£ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>
v.	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₀	£ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/>

Use of Medications

M8a. Have you used any medications or preparations **prescribed for you by a doctor** since your **initial discharge** from the AOC for reasons **related to your hip replacement**

No ₀ If **No** go to question **M9a**
 Yes ₁

M8b. If yes How many prescriptions have you received

M8c. If yes Please describe

Name or brand of medicine or preparation and its strength <i>(copy name from the bottle/packet)</i> e.g. Tramadol 100mg (1a) (1b)		What was the daily dose (e.g. number of tablets or spoonfuls of syrup per day)? (b)	For how many weeks have you taken this medicine or preparation? (if since your initial discharge put 88) (c)
i.	mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
ii.	mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
iii.	mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
iv.	mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
v.	mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
vi.	mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
vii.	mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
viii.	mg	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

M8d. Did you have to pay for your prescriptions?

No ₀
Yes ₁

If **No** go to question **M9a**

M8e. If **yes** do you use a pre-payment certificate

No ₀
Yes ₁

If **No** go to question **M9a**

If **Yes** please complete:

(i) The cost was £ .

(ii) for months

M9a. Have you used any **non prescribed** (over the counter) medications since your **initial discharge** from the AOC for reasons **related to your hip replacement**

No ₀
Yes ₁

If **No** go to question **M10a**

If **Yes** approximately how much have you spent since your initial discharge from the AOC

£ .

Travel to services

M10a. How do you usually travel to Southmead Hospital? Please only tick (✓) **one** category

1.Car	
2.Bus	
3.Taxi	
4.Hospital Transport	
5.Walk	
6.Other	

(i) If other please describe:.....

If you travel by Bus or taxi, how much is the return fare for your journey?

(ii) £ . return

If you travel by car, how many miles is the return journey?

(iii) miles return

If you travel by car, how much do you pay for parking?

(iv) £ .

M10b. How do you usually travel to your GP surgery? Please only tick (✓) **one** category

1.Car	
2.Bus	
3.Taxi	
4.Walk	
5.Other	

(i) If other please describe:

If you travel by Bus or taxi, how much is the return fare for your journey?

(ii) £ . return

If you travel by car, how many miles is the return journey?

(iii) miles return

If you travel by car, how much do you pay for parking?

(iv) £ .

M11a. Have you retired from paid work

Yes ₁ If **Yes** go to question **M12a**
 No ₀

If **No**:

M11b. Since your **initial admission** to hospital for your hip replacement, approximately how much time off paid work have you taken because of reasons **relating to your hip replacement**.

days

M12a. Since your **initial discharge** from the AOC have you lost time from your normal activities e.g. Caring duties, Voluntary work, Leisure, hobbies and social events, which you would normally do but couldn't do for reasons **related to your hip replacement**.

No ₀ If **No** go to question **M13**

Yes ₁

If **Yes** approximately how many hours lost per week in:

(i) first 2 weeks since your discharge from the AOC: hrs per week
 (ii) weeks 3-6 since your discharge from the AOC: hrs per week
 (iii) now: hrs per week

M13. Since your **initial discharge** from the AOC have friends and relatives helped you with tasks at home (eg. bathing, dressing, shopping, and gardening), which you would normally do but couldn't do for reasons **related to your hip replacement**.

No ₀ If **No** go to question **L1**

Yes ₁

If **Yes** approximately how many hours per week did they help you in:

(i) first 2 weeks since your discharge from the AOC: hrs per week

(ii) weeks 3-6 since your discharge from the AOC: hrs per week

(iii) now hrs per week

L1. Please feel free to add any comments you have about the questionnaire or any of the issues raised in this questionnaire:

Thank you for taking the time to complete this questionnaire.

Please now return the completed questionnaire in the self-addressed freepost envelope provided.

Study contact details

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