Client Service Receipt Inventory for Adolescents with Chronic Pain- Parent report

We would like to find out a bit more about the financial impact that your child's pain has had on the family and about the services that your family have used because of your child's pain.

If you are unsure of anything, please feel free to write comments and details on this form.

It is **very important that you try to answer every question**. If you are unable to remember the exact answers, please try to estimate them as best you can.

All information will be treated confidentially and will only be used for the purposes of this research. The records are stored anonymously and do not form part of your hospital records.

1) Do your child and/or you receive any state benefits specifically <u>for your child's pain</u>?

Yes ☐
No ☐

IF YES:
Which ones?

☐ Carer's allowance
☐ Incapacity benefit
☐ Jobseekers allowance
☐ Statutory sick pay
☐ Disability living allowance
☐ Other (describe) ……..

How much do you receive altogether in these benefits <u>each week/ month</u>?

£ ☐☐☐.☐☐ per week
OR £ ☐☐☐☐.☐☐ per month

Please tell us about the health care your child has received

2) If your child has stayed overnight in hospital <u>in the last 12 months for any reason related to their pain</u>, please give details below about each stay.

Please enter '0' in the first row if your child hasn't stayed in hospital in the last 12 months.

	Specialty of the ward you stayed in **(e.g. general ward, surgical ward)**	**Number of nights for each stay**
1st admission		
2nd admission		
3rd admission		
4th admission		
5th admission		
6th admission		

3) If your child has had any <u>hospital outpatient appointments in the last 12 months for any reason related to their pain</u>, please give details below about each episode.

Please enter '0' in the first row if your child hasn't had any appointments in the last 6 months.

Outpatient department/ Consultant specialty **(e.g. Rheumatology, Orthopaedic Surgeon, Pain clinic)**	**Number of appointments in last 12 months**

4) How many times has your child visited a hospital accident and emergency department (A&E, casualty) <u>in the last 12 months for any reason related to their pain</u>?

Number of visits: ☐

5) If your child has used any <u>other hospital services in the last 12 months for any reason related to their pain</u>, please give details below.

Please enter '0' in the first row if your child hasn't used any such services in the last 6 months.

	Type of service **(e.g. ambulance, hospital transport, day hospital, day surgery)**	**Number of visits**	**Duration of visit (in hours)**
1st service			
2nd service			
3rd service			
4th service			
5th service			

6) Please list <u>all</u> the medications your child has taken in the last 12 months. Indicate what dose, how often it is taken, and for how many weeks your child took this medication/ has been taking it. Please list both over-the-counter and prescription medications.

Medication name	**Dose (mg)**	**How many times per day**	**For how many weeks?**

7) In the last <u>12 months</u>, which of these following community services has your child used <u>for any reason related to their pain</u> (not including hospital appointments recorded in Q3)?

If your child has used any other community health services or social services that are not listed here, please describe them on the lines marked 'other'.

	Tick No or Yes	Tick Paid for privately? No or Yes	Number appointments at clinic/ office/ school in the last 12 months	Number of appointments in your own home in the last 12 months	On average, how many <u>minutes</u> did you see/talk to them for each time?
General practitioner (GP)	☐ ☐	☐ ☐			
Clinical psychologist	☐ ☐	☐ ☐			
Educational psychologist	☐ ☐	☐ ☐			
Counsellor	☐ ☐	☐ ☐			
Psychiatrist	☐ ☐	☐ ☐			
Community psychiatric nurse (CPN)	☐ ☐	☐ ☐			
District nurse	☐ ☐	☐ ☐			
Practice nurse	☐ ☐	☐ ☐			
Occupational therapist	☐ ☐	☐ ☐			
Physiotherapist	☐ ☐	☐ ☐			
Social worker	☐ ☐	☐ ☐			
Home help / care worker	☐ ☐	☐ ☐			
Chiropractor	☐ ☐	☐ ☐			
Osteopath	☐ ☐	☐ ☐			
Homeopath	☐ ☐	☐ ☐			
Acupuncturist	☐ ☐	☐ ☐			
Home Tutor	☐ ☐	☐ ☐			
Special needs coordinator	☐ ☐	☐ ☐			
Classroom assistant	☐ ☐	☐ ☐			
Lawyer/solicitor	☐ ☐	☐ ☐			
Other (describe) ……..…..	☐ ☐	☐ ☐			
Other (describe) ……..…..	☐ ☐	☐ ☐			
Other (describe) ……..…..	☐ ☐	☐ ☐			
Other (describe) ……..…..	☐ ☐	☐ ☐			

We would now like to know about what your child's pain has cost you, your family and your friends

8) Have you or any other friends or relatives stayed off work over the last 12 months to help your child due to his/her pain?

Include details about all people who have taken time off work to help your child.

Yes ☐
No ☐

IF YES:

What is your/their relationship to your child (eg. mother)? ……

How many days did you/they take off work in the last 12 months? ……..……

What is your/their occupation? ……..……..

9) <u>In the last 12 months</u>, have you or other friends or relatives helped your child with tasks at home which they couldn't do <u>because of any reason related to their pain</u>, such as personal care, help moving around, transport?

(Only include care that is over and above normal living circumstances)

Yes ☐
No ☐

IF YES:

What is their relationship to your child? ……

What tasks do they help your child with with? ……..

…….

On average, how many hours a week do they spend on these tasks? …….

……..

10) <u>In the last 12 months</u>, have you, your relatives or friends paid for any of the following <u>for any reason related to your child's pain</u>?

Please tick 'yes' or 'no' for each line and tell us how much it cost

	No	Yes	Average cost per month (£)	Tick if this was a one-off expense
Employing extra help (e.g. home tutor, home help) **Details**……... ……...	☐	☐		☐
Expenses for non-prescription medication **Details**…….. …….	☐	☐		☐
Expenses for medical treatment (private or complementary treatments) **Details**…….. …….	☐	☐		☐
Transport (e.g. to go to your GP surgery or hospital) **Details**…….. …….	☐	☐		☐
Special equipment (e.g. wheelchair, changes to the home) **Details**……. …….	☐	☐		☐
Special food or supplements **Details**……. …….	☐	☐		☐
Other (please describe) **.....**……. ……..	☐	☐		☐
Other (please describe) **.....**……. ……..	☐	☐		☐

11) Apart from the services your child has used in relation to their pain, can you please list any services that you or other friends or family members have used in the last 12 months as a result of your child having pain?

Details of service (eg. psychologist, social worker, or any other appointments with a professional) and give reasons	No. contacts in the last 12 months	Average duration of each contact (mins)

12) Finally, has your child or anybody else close to them had any other inpatient stays, regular outpatient appointments, contacts with professionals or medical tests for any reason related to their pain that was more than 12 months ago? If yes, please give details below.

Details of service (eg. hospital stay, appointments with a professional, medical test) and reason	How long ago was this (months)?	How many times was this service used and for how long?

Thank you for your time in completing this.