

First of all, please can you tell us:

The questions in this section are about any services you have used or the costs you have had to meet over the past three months because of your condition (including the attacks and/or any associated injuries and/or any treatment side-effects) or because of other health reasons. Even if you have been free of attacks or treatment side-effects, please answer these questions:

1. **Over the past three months**, have you done any of the following because of your **condition** or **other health reasons**?
If yes, please tell us the number of times. (*Please be sure to answer either 'yes' or 'no' to every item*).

a) **Been to a hospital casualty department?**
 Yes, because of my condition 1 —→ *Please write in no. times*
 Yes, because of other health reasons.....2 —→ *Please write in no. times* 25-30
 No3

b) **Been seen by a practice nurse at the GP's surgery?**
 Yes, because of my condition 1 —→ *Please write in no. times*
 Yes, because of other health reasons.....2 —→ *Please write in no. times* 31-36
 No3

c) **Been seen by the family doctor or another GP at the surgery?**
 Yes, because of my condition 1 —→ *Please write in no. times*
 Yes, because of other health reasons.....2 —→ *Please write in no. times* 37-42
 No3

d) **Been seen by a nurse at home?**
 Yes, because of my condition 1 —→ *Please write in no. times*
 Yes, because of other health reasons.....2 —→ *Please write in no. times* 43-48
 No3

e) **Been seen by the family doctor or another GP at home?**
 Yes, because of my condition 1 —→ *Please write in no. times*
 Yes, because of other health reasons.....2 —→ *Please write in no. times* 49-54
 No3

f) **Been seen by a nurse at the hospital/clinic outpatient department?**
 Yes, because of my condition 1 —→ *Please write in no. times*
 Yes, because of other health reasons.....2 —→ *Please write in no. times* 55-60
 No3

g) **Been seen by a doctor at the hospital/clinic outpatient department?**

Yes, because of my condition 1 → Please write in no. times
Yes, because of other health reasons.....2 → Please write in no. times
No3

10-15

h) **Been admitted to hospital overnight as in-patient?**

Yes, because of my condition 1 → Please write in no. nights
Yes, because of other health reasons.....2 → Please write in no. nights
No3

16-21

i) **Done something different from these?**

Yes, because of my condition 1 → Please write in what you have done
..... and no. times
Yes, because of other health reasons.....2 → Please write in what you have done
.....and no. times
No3

22-31

2. Did you make any use of the ambulance service on any of the occasions you have told us about above?

Yes, because of my condition 1
Yes, because of other health reasons 2
No 3

Please ring all that apply and answer a) and/or b) as appropriate

Go to Q7

32-33

a) **If you made use of the ambulance service because of your condition,**

Please write in no. of occasions

34-35

b) **If you made use of the ambulance service because of other health reasons,**

Please write in no. of occasions

36-37

3. **During the past three months**, has your GP referred you for any of the tests or investigations listed below, because of your **condition** or **other health reasons**?
If yes, please tell us the number of times. (*Please be sure to answer either 'yes' or 'no' to every item*).

a) **Blood tests?**

Yes, because of my condition 1 → *Please write in no. times*

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 Yes, because of other health reasons.....2 → *Please write in no. times*

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 No3

38-43

b) **Urine tests?**

Yes, because of my condition 1 → *Please write in no. times*

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 Yes, because of other health reasons.....2 → *Please write in no. times*

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 No3

44-49

c) **Ultrasound?**

Yes, because of my condition 1 → *Please write in no. times*

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 Yes, because of other health reasons.....2 → *Please write in no. times*

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 No3

50-55

d) **X-ray?**

Yes, because of my condition 1 → *Please write in no. times*

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 Yes, because of other health reasons.....2 → *Please write in no. times*

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 No3

56-61

e) **CT (computerised tomography) brain scan?**

Yes, because of my condition 1 → *Please write in no. times*

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 Yes, because of other health reasons.....2 → *Please write in no. times*

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 No3

62-71

f) **MRI (magnetic resonance imaging) brain scan?**

Yes, because of my condition 1 → *Please write in no. times*

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 Yes, because of other health reasons.....2 → *Please write in no. times*

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 No3

72-67

g) **EMG (electromyography)/ ncs (nerve conduction studies) ?**

Yes, because of my condition 1 → *Please write in no. times*

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 Yes, because of other health reasons.....2 → *Please write in no. times*

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 No3

74-79

h) Other?

Yes, because of my condition1 → *Please write in no. times*

80-84

Yes, because of other health reasons.....2 → *Please write in no. times*

No3

85-89

4. **Over the past three months**, have you seen any of the following people through social services or the NHS because of your **condition** or because of **other health reasons**? **If yes**, please tell us the number of times. (*Please be sure to answer either 'yes' or 'no' to every item*).

a) **A health visitor?**

Yes, because of my condition 1 —→ *Please write in no. times*

10-15

Yes, because of other health reasons..... 2 —→ *Please write in no. times*

No 3

b) **A social worker?**

Yes, because of my condition 1 —→ *Please write in no. times*

16-21

Yes, because of other health reasons..... 2 —→ *Please write in no. times*

No 3

c) **A physiotherapist or occupational therapist?**

Yes, because of my condition 1 —→ *Please write in no. times*

22-27

Yes, because of other health reasons..... 2 —→ *Please write in no. times*

No 3

d) **A psychologist?**

Yes, because of my condition 1 —→ *Please write in no. times*

28-33

Yes, because of other health reasons..... 2 —→ *Please write in no. times*

No 3

e) **A counsellor?**

Yes, because of my condition 1 —→ *Please write in no. times*

34-39

Yes, because of other health reasons..... 2 —→ *Please write in no. times*

No 3

f) **Some other person?**

Yes, because of my condition 1 —→ *Please write in no. times*

46-50

Yes, because of other health reasons..... 2 —→ *Please write in no. times*

No 3

51-55

5. **Over the past three months**, have you taken any medicines/tablets (either prescribed or bought over the counter)?

Yes 1

Answer a)

No 2

If yes, a) Please provide as much information as you can in the box below about **each of** the medicines/tablets you have taken. *(Even if you can't remember exactly how many days or times you have taken them, please can you estimate it for us).*

Please give the name(s) of the medicine(s)/tablets. <i>(Brand name if possible)</i>	Was it prescribed by a doctor? <i>(Please write 'yes' or 'no')</i>	Did you buy the medicine/tablets over the counter? <i>(Please write 'yes' or 'no')</i>	What is the strength of the medicine/tablets (e.g. 200mg)?	How many tablets (or volume of liquid) were supplied?	
					11-17
					18-24
					25-31
					32-38
					39-45
					46-52
					53-59
					60-66

6. **Over the past three months**, did you have any other extra expenses because of your condition (eg. Private visits with a physician or dentist, taxi fares, purchase of books or videos about your condition, etc.)?

Yes 1

No 2

Answer a)

67

If yes, a) Please tell us the reason and how much you have spent on each item:

<i>Item 1:</i>	Reason for expense.....	68-69
	Amount spent £ p	70-74
<i>Item 2:</i>	Reason for expense.....	75-76
	Amount spent £ p	77-81

The next set of questions are about how your condition and other health problems has affected your main daily activities over the past three months. Even if you are retired or unemployed and not actively looking for a job, please answer the following questions as requested:

7. **IF YOU ARE WORKING**, please answer a) to e) below about your **present** job.
IF YOU ARE RETIRED OR ARE NOT WORKING AT PRESENT, please answer a) to e) below about your **last main** job.
IF YOU HAVE NEVER WORKED, please tick this box and go to Q15.

a) Please write in your job title:

b) What do/did you actually do?

c) What does the firm or organisation you work(ed) for make or do?

d) Are/were you?

An employee 1
 or self employed 2

e) Are/were you a manager, foreman or supervisor of any kind?

Yes, manager 1
 Yes, supervisor 2
 No, neither 3

10-16

8. Which of the following **best** describes your current position about paid work?

- In paid work: full-time 01
 In paid work: part-time 02
 Unemployed, but looking for work or starting a new job soon 03
 Unemployed, and not looking for work 04
 On a government employment or training scheme 05
 Retired 06
 Unable to work, because of long-term illness or disability..... 07
 Student-full time 08
 Looking after home and family 09
 Other-(Please write in) 10

Answer Q9

Go to Q14

17-18

9. Over the past three months, has your work situation been affected at all by your **condition** or **other health reasons**?

Yes, my work situation has been affected because of my condition 1

Yes, my work situation has been affected because of other health reasons. 2

No, my work situation has not been affected 3

Please ring all that apply and answer a and/or b) as appropriate

Go to Q10

19-20

a) If your work situation has been affected because of your condition, please tell us what happened:

I lost a paid job and still have not got another one 1

I lost a paid job at first but have since got another one 2

I changed the type of job/tasks I do 3

I changed my place of work 4

I changed the number of hours I work 5

I was unemployed at first, then got a paid job 6

I was unemployed for all of the past 3 months 7

Other (*Please write in what*) 8

.....

Please ring all that apply

21

28

b) If your work situation has been affected because of other health reasons, please tell us what happened:

I lost a paid job and still have not got another one 1

I lost a paid job at first but have since got another one 2

I changed the type of job/tasks I do 3

I changed my place of work 4

I changed the number of hours I work 5

I was unemployed at first, then got a paid job 6

I was unemployed for all of the past 3 months 7

Other (*Please write in what*) 8

.....

Please ring all that apply

29

36

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10. **Over the past three months**, has there been any change in your gross annual earning because of your **condition** or **other health reasons**?

- Yes, earnings have changed because of my condition 1
- Yes, earnings have changed because of other health reasons..... 2
- No, no change.....3

Please ring all that apply and answer a) and/or b) as appropriate

Go to Q16

37-38

a) If earnings changed because of your condition,

What were your annual gross earnings **3 months ago**? £

39-43

What are your annual gross earnings **now**? £

44-48

b) If earnings changed because of other health reasons,

What were your annual gross earnings **3 months ago**? £

49-53

What are your annual gross earnings **now**? £

54-58

11. If the earnings changed because of your condition, was the change in your earnings due to:

- A change in the number of hours you work 1
- A promotion (either in the same or a new place of work) 2
- A demotion (either in the same or a new place of work) 3
- Loss of a job 4

Answer a) and b)

Go to Q12

59

Does not apply-earnings changed because of other health reasons..... 5

If hours changed,

a) How many hours per week were you working **3 months ago**?hours

60-61

b) How many hours per week do you work **now**?hours

62-63

12. **Over the past three months**, have you been unemployed at all because of your **condition** or **other health reasons**?

- Yes, because of my condition 1
- Yes, because of other health reasons 2
- No 3

Please ring all that apply and answer a) and/or b) as appropriate

Go to Q13

10-11

a) If you have been unemployed **because of your condition**,

How many days were you unemployed **altogether** in that time?

..... No. days

12-13

How much earnings did you lose while unemployed?

Please write in amount: £

14-18

Does not apply- no loss of earnings 0

b) If you have been unemployed **because of other health reasons**,

How many days were you unemployed **altogether** in that time?

..... No. days

19-20

How much earnings did you lose while unemployed?

Please write in amount: £

21-25

Does not apply- no loss of earnings 0

13. **Over the past three months**, were you on sick leave at all because of your **condition** or **other health reasons**?

Yes, because of my condition 1

Yes, because of other health reasons 2

No 3

Does not apply - not in employment at all in that time 4

Please ring all that apply and answer a) and/or b) as appropriate

Go to Q14

26-27

a) **If you have been on sick leave because of your condition,**

How many days of sick leave did you take **altogether** in that time?

..... No. days

28-29

How much earnings did you lose while on sick leave?

Please write in amount: £

30-34

Does not apply - no loss of earnings 0

b) **If you have been on sick leave because of other health reasons,**

How many days of sick leave did you take **altogether** in that time?

..... No. days

35-36

How much earnings did you lose while on sick leave?

Please write in amount: £

37-41

Does not apply - no loss of earnings 0

14. **Over the past three months**, did you:

Go on long-term sickness benefit(s) because of your condition?..... 1

Go on long-term sickness benefit(s) because of other health reasons? 2

Retire early from work because of your condition? 3

Retire early from work because of other health reasons? 4

Give up work altogether because of your condition? 5

Give up work altogether because of other health reasons 6

or did none of these happen over the past three months? 7

42

Per week (approximately)

or

**Per year
(approximately)**

None	<input type="checkbox"/>	None
Less than £218	<input type="checkbox"/>	Less than £11,070
£218 to less than £263	<input type="checkbox"/>	£11,070 to less than £13,357
£263 to less than £312	<input type="checkbox"/>	£13,357 to less than £15,867
£312 to less than £365	<input type="checkbox"/>	£15,860 to less than £18,580
£365 to less than £419	<input type="checkbox"/>	£18,580 to less than £21,300
£419 to less than £513	<input type="checkbox"/>	£21,300 to less than £26,100
£513 to less than £608	<input type="checkbox"/>	£26,100 to less than £30,900
£608 to less than £768	<input type="checkbox"/>	£30,900 to less than £39,033
£768 to less than £993	<input type="checkbox"/>	£39,033 to less than £50,500
More than £993	<input type="checkbox"/>	More than £50,500

19. Is there anything else you would like to say about your condition and/or the related costs you have had to meet and/or this questionnaire?

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Date of Completion

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60-65

Please can you now take the time to re-check the questionnaire, making sure that you have answered **all** the questions that apply to you. It is very important that we have complete information from you.

Thank you for taking the time to fill in the questionnaire. We are very grateful for your help.

Please return the questionnaire in the prepaid envelope provided. If you have any queries about the questionnaire, please contact **XXXX** at:

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