

TRAVEL AND TIME COSTS QUESTIONNAIRE

Date:

Assessment Number:

We would like you to think of your last visit to the GP.

Question 1.

How long did you spend at the surgery? Please include time spent waiting to see the GP, time spent with the GP and any time to arrange other appointments.

Please give your answer in hours and minutes. hours minutes

Question 2.

How did you travel to this GP's surgery.

(Please tick one box).

Walk

Go by Car

Go by Public Transport

Go by Taxi

Go by Ambulance

Other, please state. _____

Question 3.

How far did you have to travel to visit the GP's surgery.

Please give the total distance in miles for the return journey to the surgery **and** home again.

Return Journey Distance in Miles.

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Question 4.

If you had to pay any fares, what was the cost of these fares?

Please **do not** include any parking fees. -----pounds ----- pence

Question 5.

If you took a car, what are the usual parking fees per visit. (Please give only parking fees and not other costs of using a car).

Parking fees (in pounds and pence) -----pounds ----- pence

Question 6.

How long would you say that the return journey to your GP's took?

Please give your answer in hours and minutes. _____ hours _____ minutes

Question 7.

Did you travel to the GP's surgery on your own or were you accompanied by another person?

Please tick one box.

| | |
|---------------------------|--------------------------|
| By Myself | <input type="checkbox"/> |
| Accompanied by one other | <input type="checkbox"/> |
| Accompanied by two others | <input type="checkbox"/> |

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We would now like you to think of any hospitals that you go to for your rheumatoid arthritis care.

Question 8.

How many different hospitals do you visit for your Rheumatoid Arthritis care?

Question 9.

What are the names of the hospitals that you visit for your Rheumatoid Arthritis care?

Hospital 1. _____

Hospital 2. _____

Hospital 3. _____

Question 10.

How do you travel to these hospitals.
(Please tick one box).

| | Hospital 1 | Hospital 2 | Hospital 3 |
|------------------------|--------------------------|--------------------------|--------------------------|
| Walk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go by Car | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go by Public Transport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go by Taxi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Go by Ambulance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, please state | _____ | _____ | _____ |

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Question 11.

How far do you have to travel to visit these hospitals ?

Please give the total distance in miles for the return journey to the hospital **and** home again.

Hospital 1. _____

Hospital 2. _____

Hospital 3. _____

Question 12.

If you have to pay any fares, what is the cost of these fares be?

Please **do not** include any parking fees.

Hospital 1. _____pounds_____pence

Hospital 2. _____pounds_____pence

Hospital 3. _____pounds_____pence

Question 13.

If you take a car, what are the usual parking fees per visit ? (Please give only parking fees and not any other costs of using a car).

Hospital 1. _____pounds_____pence

Hospital 2. _____pounds_____pence

Hospital 3. _____pounds_____pence

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Question 14.

How long would you say that the return journey to the hospital takes?
(please give an answer in hours and minutes).

Time needed for return journey

Hospital 1. _____ hours _____ minutes

Hospital 2. _____ hours _____ minutes

Hospital 3. _____ hours _____ minutes

We would now like you to think about the last visit you made for an outpatient appointment in the hospital Rheumatology clinic.

Question 15.

How long did you spend at the hospital? Please include time spent waiting to be seen, time spent with the Doctor and any time to arrange other appointments.

Please give your answer in hours and minutes. _____ hours _____ minutes

We would now like you to think about those things that you need because of your rheumatoid arthritis that you pay for yourself.

Question 16.

Have you made a visit to any of the following practitioners in the last 4 months?
If so what fees did you have to pay?

| | Yes | How much did it cost per visit? | Number of visits made |
|-------------------------|--------------------------|------------------------------------|-----------------------|
| Osteopath | <input type="checkbox"/> | _____ | _____ |
| Private Physiotherapist | <input type="checkbox"/> | _____ | _____ |
| Aromatherapy | <input type="checkbox"/> | _____ | _____ |
| Chiropractor | <input type="checkbox"/> | _____ | _____ |
| Herbalist | <input type="checkbox"/> | _____ | _____ |
| Chiropodist | <input type="checkbox"/> | _____ | _____ |
| Acupuncturist | <input type="checkbox"/> | _____ | _____ |
| Other | <input type="checkbox"/> | _____ | _____ |

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Other, please state. _____

Question 17.

In the last 4 months have you purchased any medicines, herbal medicines, or vitamins including cod liver oil that were not prescribed by your doctor ?

Please only consider those you have purchased to help you cope with your rheumatoid arthritis?

YES

NO

Question 18.

If the last question was answered YES, please state which items you purchased to help you cope with your Rheumatoid Arthritis. .

| | Name of Medicine | Cost per packet of the Medicine (in pounds and pence) | Number of packets of medicine bought |
|----|------------------|---|--------------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

We would like to thank you for your time spent completing this questionnaire.

Trial Number: