

## DEPVIT: Depression in Visual Impairment Trial

# Service Use Questionnaire

This booklet of questionnaires should be completed by a project researcher in a telephone interview with the participant.

### General Instructions to Interviewer

Before commencing with the interview, please ensure that the **Participant Identity Number** has been entered in the boxes to the right.

- Please complete the form using a **black** ballpoint pen.
- Please do not fold or crease the form.
- Please complete all the questions.
- Please enter your responses in the boxes/spaces provided, as instructed.
- Please use only a single line to delete mistakes and initial each such correction.

At the end of the interview please complete the remaining boxes to the right.

Thank you for your cooperation.

### To be completed by the interviewer

Participant Identity Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Centre Name

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Which assessment is this? *Please tick one box only.*

Baseline Assessment

6 Month Follow-up

Completed by (please print name):

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Signed:

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Interview date:

		/			/				
d	d		m	m		y	y	y	y

Sheet No.

1

Date:

Participant Identity Number:

Assessment: Baseline

Follow-up

**1.1 Community Based Service Use**

**Interviewer instructions: Please complete the table to show the community based services that the participant has used over the last 6 months.**

Service [Used by participant]	No. of home visits (see key)			No. of visits to surgery or clinic (see key)			Provider agency (please tick)				Average duration of contact (minutes)	
	E	D	O	E	D	O	NHS	Local authority	Voluntary organisation	Private organisation		
General practitioner (GP)												
Practice nurse (GP Clinic)												
District Nurse												
Health Visitor												
Community Psychiatrist												
Psychologist												
Therapist / Counsellor												
Community Psychiatric Nurse / Mental Health Nurse												
Mental health worker (unknown)												
Physiotherapist												
Occupational therapist												

Key:  
E: eyesight  
D: depression  
O: other

Sheet No.

**2**

Date:

Participant Identity Number:

Assessment: Baseline  Follow-up

Service [Used by participant]	Number of home visits (see key)			Number of visits to surgery or clinic (see key)			Provider agency (please tick)				Average duration of contact (minutes)
	E	D	O	E	D	O	NHS	Local authority	Voluntary organisation	Private organisation	
Social Worker											
Rehabilitation worker											
Chiropodist											
Dietician											
Meals on Wheels											
Optician											
Dentist											
Alternative medicine / therapist											
Guide dog mobility officer											
Guide dog trainer											
Other											

Key:  
E: eyesight  
D: depression  
O: other

Sheet No.

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Date: Participant Identity Number: Assessment: Baseline Follow-up **1.2 Day Service Use****Interviewer instructions:** Please complete the table to show the day services that the participant has used over the last 6 months.**Please do not include any day service provided by the accommodation facility in which the participant was living at the time.**

Service [Used by participant]	Name of centre/service	Unit of measurement	Number of units received per week	Total number of units received over the last 6 months
Day care – local authority social services department		Days	<input type="text"/>	<input type="text"/>
Day care – voluntary organisation		Days	<input type="text"/>	<input type="text"/>
Day care – NHS (not hospital)		Days	<input type="text"/>	<input type="text"/>
Day care – If provider unknown		Visits	<input type="text"/>	<input type="text"/>
Lunch club		Visits	<input type="text"/>	<input type="text"/>
Social club		Visits	<input type="text"/>	<input type="text"/>
Other		Please specify:	<input type="text"/>	<input type="text"/>

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CSRI DEPVIT 6mth V5 01.09.11

Date:

Participant Identity Number:

Assessment: Baseline  Follow-up

**1.3 Hospital Service Use**

**Interviewer instructions:** Please complete the table to show the hospital services that the participant has used over the last 6 months.

Service [Used by participant]	Name of ward, clinic, hospital or centre	Reason for using service (e.g. nature of illness)	Unit of measurement	Total number of units received
Assessment/rehabilitation inpatient ward			Inpatient day	<input type="text"/> <input type="text"/> <input type="text"/>
Medical/surgical inpatient ward			Inpatient day	<input type="text"/> <input type="text"/> <input type="text"/>
Ophthalmology inpatient ward			Inpatient day	<input type="text"/> <input type="text"/> <input type="text"/>
Other inpatient			Inpatient day	<input type="text"/> <input type="text"/> <input type="text"/>
Ophthalmology outpatient			Appointment	<input type="text"/> <input type="text"/> <input type="text"/>
Low vision assessment			Appointment	<input type="text"/> <input type="text"/> <input type="text"/>
Outpatient services			Appointment	<input type="text"/> <input type="text"/> <input type="text"/>
Accident and Emergency (A&E)			Attendance	<input type="text"/> <input type="text"/> <input type="text"/>
Day hospital			Day attendance	<input type="text"/> <input type="text"/> <input type="text"/>
Therapy / Counselling service			Appointment	<input type="text"/> <input type="text"/> <input type="text"/>
Other (1)			Please specify:	<input type="text"/> <input type="text"/> <input type="text"/>
Other (2)			Please specify:	<input type="text"/> <input type="text"/> <input type="text"/>

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Date:

Participant Identity Number:

Assessment: Baseline

Follow-up

### 1.4 Anti-Depressant Medication Use

**Interviewer instructions:** Please complete the table to show anti-depressant medication the participant has been prescribed used over the last 6 months.

*If the patient has been prescribed Amitriptyline, check to see if it has been prescribed for neuropathic pain rather than depression.*

Drug name (generic or brand)	Duration of use (days)	Daily dose (no. of tablets)
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
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