

HEALTH CARE UTILISATION QUESTIONNAIRE
Version 1.0

NAIROS - Nasal AIRway Obstruction Study

The **NAIROS** Study

Health Care Utilisation Questionnaire

Please complete this questionnaire with details of your **hospital visits** and **primary care treatments over the last 6 months**

Please **tick** (✓) the appropriate boxes and answer the more detailed questions where relevant.

Section 1 Hospital

Q1. In the past 6 months, have you been admitted to **hospital** as an **inpatient** (*stayed in hospital overnight or longer*, including overnight stays in the Ear Nose & Throat (ENT) ward)?

Yes ₁

No ₂

If **Yes**, approximately how many nights in total did you spend in hospital **in the past 6 months**?

Enter number of **nights that you stayed in hospital**

Q2. In the past 6 months, have you had to attend the **A&E/casualty** department but were not admitted overnight?

Yes ₁ No ₂

If **Yes**, approximately how many times in total did you attend the **A&E/casualty** department **In the past 6 months**?

Enter number of times you attended the **A&E/casualty department**

Q3. In the past 6 months, have you had to attend **any outpatient visits** to the **Ear Nose & Throat (ENT) department** but were not admitted overnight?

Yes ₁ No ₂

If **Yes**, approximately how many times in total did you attend the **Ear Nose & Throat (ENT) department in the past 6 months**?

Enter number of times you attended the **Ear Nose & Throat Department**

Q4. In the past 6 months, have you had any other **hospital outpatient** appointments but were not admitted overnight? (do not count visits to the Ear Nose & Throat (ENT) department here)

Yes ₁ No ₂

If **Yes**, approximately how many other **outpatient** appointments in total did you have **in the past 6 months**?

Enter number of times you attended hospital as an **outpatient**

Please go to Section 2.

Section 2. Primary care

Q5. In the **last 6 months**, have you had any **face to face consultations with a health care professional at their practice**?

Yes ₁ No ₂

If **Yes**, please indicate what health care professional provided this **face to face consultation at their practice** and approximately how many consultations in total you have had in the **past 6 months**. Please tick as many as apply.

Health Care Professional	Yes ₁	No ₂	Number of Consultations
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nurse (practice nurse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If **Other**, please provide details (*who did you see?*)

Q6. In the **last 6 months**, have you had any **face to face consultations with a health care professional at your home**?

Yes ₁ No ₂

If **Yes**, please indicate what health care professional provided this **face to face consultation at your home** and approximately how many consultations in total you have had in the **past 6 months**. Please tick as many as apply.

Health Care Professional	Yes ₁	No ₂	Number of Consultations
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nurse (e.g. district/specialist nurse etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If **Other**, please provide details (*who did you see?*)

Q7. In the last 6 months have you had any telephone consultations with a health care professional?

Yes ₁ No ₂

If Yes, please indicate what health care professional provided this **telephone consultation** and approximately how many telephone consultations in total you have had in the past 6 months. Please tick as many as apply.

Health Care Professional	Yes ₁	No ₂	Number of consultations
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
NHS call centre (e.g. NHS 111)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

If Other, please provide details (*who did you see?*)

Q8. In the past 6 months have you paid for any private health care and/or personal care?

Yes ₁ No ₂

If Yes, please indicate what type of health care you have paid for in the past 6 months and what was the cost of this health care to you.

What health care have you paid for? What was the cost of this health care?

1. _____	£	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/> <input type="checkbox"/>	p
2. _____	£	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/> <input type="checkbox"/>	p
3. _____	£	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	.	<input type="checkbox"/> <input type="checkbox"/>	p

Continue to Section 3.

Section 3: Work Affected by illness

Please answer the following questions regarding your current employment status and the effect your ill health has on your employment status (if any).

Q9. What is your current employment status?

Full Employment <input type="checkbox"/>	Part-time Employment <input type="checkbox"/>
Student <input type="checkbox"/>	Retired <input type="checkbox"/>
Housework <input type="checkbox"/>	Caring for someone <input type="checkbox"/>
Unemployed, not actively seeking work <input type="checkbox"/>	Unemployed, actively seeking work <input type="checkbox"/>
Other <input type="checkbox"/> Please provided details: _____	

Q10. How many days off work or doing your usual activities (to the nearest ½ day) have you had in the past 6 months because of health problems?

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Days in total

Date of Questionnaire Completion: ___ / ___ / ___

If you wish to provide any further information, please do so below.

Thank you for taking the time to complete this questionnaire.

To be printed on local headed paper