## SECTION 6: THE EFFORT OF LOOKING AFTER YOUR HEALTH

6.1 We are interested in finding out about the effort you have to make to look after your health and how this impacts on your day-to-day life.

**Please tell us how much difficulty you have with the following:**
*(Please tick the box that most applies to you)*

| | Not difficult | A little difficult | Quite difficult | Very difficult | Extremely difficult | Does not apply |
|---|---|---|---|---|---|---|
| **1.** Taking lots of medications | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **2.** Remembering how and when to take medication | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **3.** Paying for prescriptions, over the counter medication or equipment | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **4.** Collecting prescription medication | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **5.** Monitoring your medical conditions *(e.g. checking your blood pressure or blood sugar, monitoring your symptoms etc.)* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **6.** Arranging appointments with health professionals | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **7.** Seeing lots of different health professionals | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **8.** Attending appointments with health professionals *(e.g. getting time off work, arranging transport etc)* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **9.** Getting health care in the evenings and at weekends | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **10.** Getting help from community services *(e.g. physiotherapy, district nurses etc)* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **11.** Obtaining clear and up-to-date information about your condition | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **12.** Making recommended lifestyle changes *(e.g. diet and exercise etc)* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |
| **13.** Having to rely on help from family and friends | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 0 |

## SECTION 7: YOUR CARE

**7.1 Is there one doctor you prefer to see at your GP surgery or health centre?**

No ☐ 0 Yes ☐ 1 There is only one doctor ☐ 2

**7.2 How often do you see the doctor you prefer to see at your GP surgery or health centre?**

Always or almost always ☐ 1 A lot of the time ☐ 2 Some of the time ☐ 3

Never or almost never ☐ 4 Not tried ☐ 5 Not applicable ☐ 6

**7.3 Who do you see most often in connection with your long-term conditions? Please tick one box**

GP ☐ 1 Practice Nurse ☐ 2 Community Matron ☐ 3

Hospital Doctor ☐ 4 Hospital Nurse ☐ 5 Other ☐ 6

**7.4 Do you have a written care plan, health plan or treatment plan?**

No ☐ 0 Yes ☐ 1 Don't Know ☐ 2

**7.5 Did you help put your written care plan together?**

No ☐ 0 Yes ☐ 1

**7.6 Do you use your written care plan to help you manage your health day today?**

No ☐ 0 Yes ☐ 1 Don't Know ☐ 2

**7.7 Does your GP, nurse or other health professional review your written care plan with you regularly?**

No ☐ 0 Yes ☐ 1 Don't Know ☐ 2

**7.8 Do you live in a care home or nursing home?**

No ☐ 0 Yes ☐ 1

## SECTION 8: SERVICES AND COSTS

**8.1 Have you stayed in an NHS hospital overnight in the last 6 months?**

No ☐ 0 Yes ☐ 1

*You may be contacted by researchers for further information.*

**8.2 Have you visited an NHS Accident and Emergency (Casualty) department in the last 6 months?**

No ☐ 0 Yes ☐ 1

*You may be contacted by researchers for further information.*

**8.3 How many times have you attended an NHS outpatient clinic or daycase appointment at hospital in the last 6 months?**

Please write the total number in the box *(write zero if none)*: ☐

*For each visit, please give details of the clinic attended and the reason:*

| | Clinic attended | Reason |
|---|---|---|
| Visit 1 | | |
| Visit 2 | | |
| Visit 3 | | |
| Visit 4 | | |
| Visit 5 | | |
| Visit 6 | | |

**8.4 During the last 6 months, have you had to take time off work to go to hospital appointments?**

No ☐ 0

Yes ☐ 1 → Number of days off work ☐

**8.5 Has anyone else had to take time off work to go to the hospital with you?**

No ☐ 0

Yes ☐ 1 → Number of days off work ☐

**8.6 How many times have you been taken to hospital in an ambulance in the last 6 months?**

Please write the total number of journeys in the box *(write zero if none)*: ☐

**8.7 Please tick if you have used any of the following NHS services in the last 6 months, and then tell us how often you've used each service**

| Name of person / service | I have used this service NO | YES | At surgery or clinic: number of visits | Home visit: number of visits | Phone consultation: number of calls |
|---|---|---|---|---|---|
| Occupational Therapy | ☐ 0 | ☐ 1 | | | |
| Speech and Language Therapy | ☐ 0 | ☐ 1 | | | |
| Physiotherapy | ☐ 0 | ☐ 1 | | | |
| Chiropody / Podiatry | ☐ 0 | ☐ 1 | | | |
| Community Mental Health Nurse | ☐ 0 | ☐ 1 | | | |
| Community / District Nurse | ☐ 0 | ☐ 1 | | | |
| NHS Counselling/Cognitive Behavioural Therapy | ☐ 0 | ☐ 1 | | | |
| NHS 111 (phone) | ☐ 0 | ☐ 1 | | | |
| NHS walk-in centre | ☐ 0 | ☐ 1 | | | |
| Out-of-Hours service | ☐ 0 | ☐ 1 | | | |
| Paramedic at home not involving a hospital visit | ☐ 0 | ☐ 1 | | | |
| Other (please specify) | ☐ 0 | ☐ 1 | | | |

**8.8 Please say how often you have used each of the following social services in the last 6 months and indicate if this is daily, weekly or monthly** *(write zero if none).*

| | |
|---|---|
| A carer visiting you at home | .........................times a day / week / month |
| Visiting a daycare centre | .........................times a day / week / month |
| Meals on wheels | .........................times a day / week / month |
| Social worker | .........................times a day / week / month |
| Other (please state) | |
| | |

**8.9 Have you been given any aids (e.g. zimmer frame) or adaptations (e.g. bath hoist, stairlift) to help with your health problems in the last 6 months?**

No ☐ 0

Yes ☐ 1 → Please state what you have been provided with:

**8.10 Over the last 6 months approximately how much have you spent on non-prescription medicine or therapies? This includes, for example, pain relief, flu remedies, dietary supplements, that you might have bought over-the-counter at the chemist or supermarket?** *(write zero if you have not bought anything).*

**£..................................**

**8.11 Have you used any private healthcare or therapies in the last 6 months?**

No ☐ 0

Yes ☐ 1 → If yes, approximately how much have you spent on these types of private healthcare in the last 6 months?

| | Number of visits | Approximate cost |
|---|---|---|
| Physiotherapy | | £ |
| Acupuncture | | £ |
| Counselling | | £ |
| Chiropractic | | £ |
| Other (please state) | | £ |
| | | £ |
| | | £ |

**8.12 This last question is about how things have changed over the last 15 months, since you started the study. For each of the activities listed below, has the amount of help that you rely on from other people increased, decreased or remained the same over the past 15 months?**

| | Increased | Remained the same | Decreased | Not applicable |
|---|---|---|---|---|
| Cooking | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Cleaning | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Shopping | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Jobs around the house *(e.g. changing light bulbs, putting the bins out)* | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Gardening | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Childcare | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Pet care *(e.g. dog walking)* | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Personal care *(e.g. washing yourself or getting dressed)* | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Laundry | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Social activities outside the home *(e.g. visiting friends/relatives)* | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Attending appointments *(e.g. at the doctor, dentist, optician)* | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Paperwork *(e.g. paying bills, banking)* | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Other (please specify) | | | | |
| | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |

***Thank you for taking time to complete this questionnaire.***

If you have any further comments please write them overleaf

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