

## 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	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
2. Remembering how and when to take medication	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
3. Paying for prescriptions, over the counter medication or equipment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
4. Collecting prescription medication	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
5. Monitoring your medical conditions (e.g. checking your blood pressure or blood sugar, monitoring your symptoms etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
6. Arranging appointments with health professionals	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
7. Seeing lots of different health professionals	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
8. Attending appointments with health professionals (e.g. getting time off work, arranging transport etc)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
9. Getting health care in the evenings and at weekends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
10. Getting help from community services (e.g. physiotherapy, district nurses etc)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
11. Obtaining clear and up-to-date information about your condition	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
12. Making recommended lifestyle changes (e.g. diet and exercise etc)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>
13. Having to rely on help from family and friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>0</sub>

**SECTION 7: YOUR CARE**

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

No <sub>0</sub>      Yes <sub>1</sub>

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

Always or almost always <sub>1</sub>      A lot of the time <sub>2</sub>      Some of the time <sub>3</sub>  
Never or almost never <sub>4</sub>      Not tried <sub>5</sub>      Not applicable <sub>6</sub>

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

GP <sub>1</sub>      Practice Nurse <sub>2</sub>      Community Matron <sub>3</sub>  
Hospital Doctor <sub>4</sub>      Hospital Nurse <sub>5</sub>      Other <sub>6</sub>

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

No <sub>0</sub>      Yes <sub>1</sub>      Don't Know <sub>2</sub>

**7.5 Who normally accompanies you when you visit your GP surgery? (Tick all that apply)**

No one <sub>1</sub>      Spouse/Partner <sub>2</sub>      Son/Daughter <sub>3</sub>      Parent <sub>4</sub>      Friend/ Neighbour <sub>5</sub>      Other <sub>6</sub>

If other please specify.....

**7.6 When you visit your GP does anyone else usually have to take time off work to accompany you?**

No <sub>0</sub>      Yes <sub>1</sub>

**7.7 When you visit your GP do you usually have to take time off work?**

No <sub>0</sub>      Yes <sub>1</sub>

## SECTION 8: HEALTHCARE COSTS

### 8.1 Do you normally pay a prescription charge for medication prescribed by your GP?

- No <sub>0</sub>
- Yes, I pay per item <sub>1</sub>
- Yes, I pay using a prescription prepayment certificate for 3 months <sub>2</sub>
- Yes, I pay using a prescription prepayment certificate for 12 months <sub>3</sub>

### 8.2 Do you currently receive any of the following?

	NO	YES
Disability Living Allowance (DLA)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
Personal Independence Payment (PIP)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
Attendance Allowance (AA)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
Constant Attendance Allowance (CAA)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
Personal Health Budget	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>
Personal Budget from the Council for Social Care	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>

### 8.3 Do you live in a care home or nursing home?

- No <sub>0</sub>      Yes <sub>1</sub>

### 8.4a Are you the main carer for someone else (e.g. for a child or relative)?

No <sub>0</sub> (if no please go to Question 8.5)

Yes <sub>1</sub>



### 8.4b If yes, do you usually have to make alternative care arrangements to allow you to attend your appointments at your GP surgery?

- No <sub>0</sub>
- Yes <sub>1</sub>

### 8.5 When you visit your GP surgery, do you usually travel by

Transport type		Additional information required
Car / van / motorbike / scooter	<input type="checkbox"/> <sub>1</sub>	a) How many miles is the <b>return journey</b> ? ..... miles b) For <b>each visit</b> approximately how much do you spend on parking? £ : p [enter zero if nothing]
Taxi / train / bus	<input type="checkbox"/> <sub>2</sub>	c) Approximately how much is the <b>return fare</b> ? £ : p [enter zero if nothing]
On foot / by bicycle	<input type="checkbox"/> <sub>3</sub>	No further information required
Transport provided by the surgery	<input type="checkbox"/> <sub>4</sub>	No further information required
I am housebound and never visit the surgery	<input type="checkbox"/> <sub>5</sub>	No further information required
I am in a carehome and the GP comes to me	<input type="checkbox"/> <sub>6</sub>	No further information required

### 8.6 Which of these activities do you rely on other people to help you with?

Please tick all that apply and indicate whether you pay for the service, whether it is provided by social services or whether friends, neighbours or relatives provide unpaid help.

	Not applicable or no help	Help paid for by you	Help provided by social services	Unpaid help (e.g. family & friends)
Cooking	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Cleaning	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Shopping	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Jobs around the house (e.g. changing light bulbs, putting the bins out)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Gardening	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Childcare	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Pet care (e.g. dog walking)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Personal care (e.g. washing yourself or getting dressed)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Laundry	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Social activities outside the home (e.g. visiting friends/relatives)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Attending appointments (e.g. at the doctor, dentist, optician)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Paperwork (e.g. paying bills, banking)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Other (please specify)	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**SECTION 9: GENERAL INFORMATION ABOUT YOU**

Finally, we would like to ask a few general questions. The following questions will help us to see how experiences vary between different groups of people.

**9.1 Which of the following statements best describes your situation**

- I am filling out this questionnaire by myself  <sub>1</sub>
- Someone is helping me to fill out this questionnaire (reading out the questions and marking my answers)  <sub>2</sub>
- I am filling out this questionnaire on behalf of someone else  <sub>3</sub>

Please make sure that the answers refer to the person who has been invited to take part in the study

**9.2 Are you male or female?** Male  <sub>1</sub> Female  <sub>2</sub>

**9.3 How old are you?** ..... years of age

**9.4 At what age did you leave full-time education?**

Please write your age in the box

**9.5 Which one of these best describes your current situation?**

*(Please tick one box only.)*

Full-time paid work, including self-employed (30 hours or more each week)	<input type="checkbox"/> <sub>1</sub>
Part-time paid work, including self-employed (under 30 hours each week)	<input type="checkbox"/> <sub>2</sub>
Full-time education at school, college or university	<input type="checkbox"/> <sub>3</sub>
Unemployed	<input type="checkbox"/> <sub>4</sub>
Unable to work due to long term illness/disability	<input type="checkbox"/> <sub>5</sub>
Unable to work due to carer responsibilities	<input type="checkbox"/> <sub>6</sub>
Fully retired from work	<input type="checkbox"/> <sub>7</sub>
Looking after the home	<input type="checkbox"/> <sub>8</sub>
Doing something else (please describe):	<input type="checkbox"/> <sub>9</sub>
.....	

**9.6 What is your ethnic group? (Please tick one box only.)**

White  <sub>1</sub>

Asian or Asian British  <sub>2</sub>

Black/African/Caribbean/Black  
British  <sub>3</sub>

Mixed/multiple ethnic groups  <sub>4</sub>

Other ethnic group (please specify)  <sub>5</sub>

.....

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

If you have any comments please write them here.