

# Service and Care Pathway Questionnaire (SCPQ)

The following set of questions asks whether or not you have recently used any other services.

Some questions ask about the past 2 months and some ask about the last 2 weeks.

If you have used a service recently, please write the number of times you have used a service in the box provided.

Some of the questions ask you how long you were using a service for. Please write the number of days you were receiving this service in the box provided.

We are only interested in the services that you have used for your own support. We do not need to know about services that your spouse or other family member/s have used.

**Thank you**

## A 1.1. Section 1: Hospital Services

Over the past 2 months, have you attended an outpatient appointment? (includes mental health and consultant appointments in clinics or in GP practices)

Yes

→ If yes, how many times?

No

Over the past 2 months, have you had a planned (booked) hospital admission where you were discharged on the same day (Day Case)?

Yes

→ If yes, how many times?

No

Over the past 2 months, have you had a planned (booked) hospital admission with an overnight stay?

Yes

→ If yes, how many times?

No

→ If yes, how many nights did you stay in hospital?

3a. Were you transferred to another hospital to continue your recovery?

Yes

→ If yes, how many times?

No

→ If yes, how many nights did you stay in this hospital?

Over the past 2 months, have you had an unplanned hospital admission? (includes emergency admissions & non-emergency transfers from another hospital).

Yes

→ If yes, how many times?

No

→ If yes, how many nights did you stay in hospital?

4a. Were you transferred to another hospital to continue your recovery?

Yes

→ If yes, how many times?

No

→ If yes, how many nights did you stay in this hospital?

Over the past 2 months, have you been to hospital on other occasions not covered by the questions above?

Yes

→ If yes, how many times?

No

→ If yes, how many nights did you stay in hospital?

Over the past 2 months, have you attended an accident and emergency (A&E) unit or a NHS walk-in centre?

Yes

→ If yes, how many times?

No

Over the past 2 months, have you called 999?

Yes

→ If yes, how many times?

No

## A 1.2. Section 2: Other health services

In the past 14 days, have you had an appointment with a GP?

Yes

→ If yes, how many times?

No

In the past 14 days, have you had an appointment with a nurse?

Yes

→ If yes, how many times?

No

In the past 14 days, have you had an appointment with a nurse specialist?

Yes

→ If yes, how many times?

No

In the past 14 days, have you had an appointment with a therapist? (including occupational therapist, physiotherapist, speech therapist, chiroprapist, podiatrist)

Yes

→ If yes, how many times?

No

### A 1.3. Section 3: Social care services

Do you receive a direct payment (money from the local authority to purchase your own services)?	
Yes <input type="checkbox"/>	
No <input type="checkbox"/>	If yes, clarify that when we ask about their cost/contribution towards cost, we are not asking about what is paid for out of their direct payment but only from their own money?
In the past 14 days, have you received any home care from the council?	
Yes <input type="checkbox"/>	→ If yes, how many hours? <input type="text"/>
No <input type="checkbox"/>	→ Did you contribute to the cost of this? Yes <input type="checkbox"/> No <input type="checkbox"/>
→ If yes, how much did you pay?	<input type="text"/> Hour/day/week/month (delete as appropriate)
In the past 14 days, have you attended day care?	
Yes <input type="checkbox"/>	→ If yes, how many hours? <input type="text"/>
No <input type="checkbox"/>	→ Did you contribute to the cost of this? Yes <input type="checkbox"/> No <input type="checkbox"/>
→ If yes, how much did you pay?	<input type="text"/> Hour/day/week/month (delete as appropriate)
In the past 14 days, have you had meals provided? (e.g. via meals on wheels, luncheon club, etc.)	
Yes <input type="checkbox"/>	→ If yes, how many times? <input type="text"/>
No <input type="checkbox"/>	→ Did you contribute to the cost of this? Yes <input type="checkbox"/> No <input type="checkbox"/>
→ If yes, how much did you pay?	<input type="text"/> Hour/day/week/month (delete as appropriate)
In the past 14 days, have you had an appointment with someone from social services (e.g. a social worker or occupational therapist)?	
Yes <input type="checkbox"/>	→ If yes, how many times? <input type="text"/>
No <input type="checkbox"/>	→ Did you contribute to the cost of this? Yes <input type="checkbox"/> No <input type="checkbox"/>
→ If yes, how much did you pay?	<input type="text"/> Hour/day/week/month (delete as appropriate)
In the past 14 days, have you had a sitting service?	
Yes <input type="checkbox"/>	→ If yes, how many hours? <input type="text"/> Day/Night
No <input type="checkbox"/>	(delete as appropriate)

→ Did you contribute to the cost of this?

Yes  No

→ If yes, how much did you pay?

Hour/day/week/month  
(delete as appropriate)

In the past 14 days, have you used a local authority transport service/taxi vouchers, etc.?

Yes

→ If yes, how many times?

No

→ Did you contribute to the cost of this?

Yes  No

→ If yes, how much did you pay?

Hour/day/week/month  
(delete as appropriate)

In the past 14 days, have you used any other social services?

Yes

→ If yes,

No

Name of service	Hours used	Contribute to cost	If yes, how much?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

## A 1.4. Section 4: Services provided by voluntary organisations or charities

In the past 14 days, have you used a befriending service?	
Yes <input type="checkbox"/>	→ If yes, how many times? <input type="text"/>
No <input type="checkbox"/>	
	→ Did you contribute to the cost of this? Yes <input type="checkbox"/> No <input type="checkbox"/>
	→ If yes, how much did you pay? <input type="text"/>
	Hour/day/ week/month (delete as appropriate)
In the past 14 days, have you used a shopping service?	
Yes <input type="checkbox"/>	→ If yes, how many times? <input type="text"/>
No <input type="checkbox"/>	
	→ Did you contribute to the cost of this? Yes <input type="checkbox"/> No <input type="checkbox"/>
	→ If yes, how much did you pay? <input type="text"/>
	Hour/day/ week/month (delete as appropriate)
In the past 14 days, have you used a voluntary transport service?	
Yes <input type="checkbox"/>	→ If yes, how many times? <input type="text"/>
No <input type="checkbox"/>	
	→ Did you contribute to the cost of this? Yes <input type="checkbox"/> No <input type="checkbox"/>
	→ If yes, how much did you pay? <input type="text"/>
	Hour/day/ week/month (delete as appropriate)
In the past 14 days, have you used an advice service?	
Yes <input type="checkbox"/>	→ If yes, how many times? <input type="text"/>
No <input type="checkbox"/>	
	→ Did you contribute to the cost of this? Yes <input type="checkbox"/> No <input type="checkbox"/>
	→ If yes, how much did you pay? <input type="text"/>
	Hour/day/ week/month (delete as appropriate)



Section 5: Help from family or friends

In the past 14 days, have you had any care/support from a relative or friend?	
Yes <input type="checkbox"/> →	If yes, how many hours? <input type="text"/>
No <input type="checkbox"/>	

A 1.5. Section 6: Adaptations to your home

In the last 2 months, have you had any MAJOR adaptations to your home?

Yes  → If yes, what major adaptations  
 No

Major adaptation	Cost to you?
<input type="checkbox"/> Downstairs conversion for WC/washroom	
<input type="checkbox"/> Downstairs extension for bedroom	
<input type="checkbox"/> Downstairs extension for en suite bedroom	
<input type="checkbox"/> Downstairs extension for WC/washroom	
<input type="checkbox"/> Level access shower	
<input type="checkbox"/> Stair lift (straight)	
<input type="checkbox"/> Stair lift (complex)	
<input type="checkbox"/> Through floor lift	
Other	

In the last 2 months, have you had any MINOR adaptations to your home?

Yes  → If yes, what minor adaptations  
 No

Minor adaptation	How many?	Cost to you?
<input type="checkbox"/> Bed moved to downstairs room		
<input type="checkbox"/> Doorways widened for wheelchair access		
<input type="checkbox"/> External handrail fitted		
<input type="checkbox"/> Internal handrail fitted		
<input type="checkbox"/> New path laid		
<input type="checkbox"/> Outside lighting installed		
<input type="checkbox"/> Over bath shower fitted		
<input type="checkbox"/> Ramp to front/back door created		
<input type="checkbox"/> Raise/lower electrical/light switches		
<input type="checkbox"/> Step to front/back door created		
Other		



