

OTCH Healthcare Resource Usage Questionnaire: 12 months

D	D	M	M	Y	Y
---	---	---	---	---	---

Pt ID:

<<	<<	<<	<<	<<	<<	<<	<<
----	----	----	----	----	----	----	----

Citrix entry: Participant Consultee

We would like to know how much use you have made of the health and social services over the last 6 months. If you are not exactly sure, we would rather have your best guess than no information at all.

1. Over the last 6 months, have you suffered from a fall that resulted in injury and/or medical attention?

No, please go to question 3

Yes, please give details:

a) Did you see your GP? No Yes How many times

Dates of fall (day/month/year):

1st fall ; please give details: _____

2nd fall ; please give details: _____

3rd fall ; please give details: _____

b) Were you seen by Ambulance Staff? No Yes How many times -

Dates of fall (day/month/year):

1st fall ; please give details: _____

2nd fall ; please give details: _____

3rd fall ; please give details: _____

2. Primary care and social services: over the last 6 months, have you used the services of any of the following: if yes, how many times,

Type of service	No	Yes	If yes: Number of visits
1. GP visit?			
2. District / Practice nurse?			
3. Physiotherapist?			
4. Social worker?			
5. Chiropodist visit?			
6. Speech or language therapist?			
7. Using hearing services / Audiologist visit?			
8. Optician visit?			
9. Dietician visit?			
10. Dentist visit?			
11. Psychiatrist visit?			
12. Community psychiatric nurse?			
13. Activity services?			
14. Day care outside home?			
15. Others (please specify)			

2a. Primary care and social services: over the last 12 months, have you used the services of an occupational therapist: if yes, how many times,

Type of service	No	Yes	If yes: Number of visits
1. Occupational Therapist			

3. Hospital Episodes: over the last 6 months have you been to hospital for any reason (include falls)?

No Yes, please give

details: _____

Outpatient visit (please go to 3a) or A & E (please go to 3b); In patient (please go to 3c)

3a. Hospital outpatients

Episode*	Name of Hospital	Reason for the Appointment	Speciality	Number of appointments*
1 st				
2 nd				
3 rd				

** episode means a visit or group of visits related to a particular problem. Please write down how many appointments you have had for each episode.*

3b. Accident & emergency (or A&E please include visits which took place immediately before any admissions to hospital).

Episode	Name of Hospital	Reason for visits	Is this because of a fall?
1 st			
2 nd			
3 rd			

3c. Hospital Inpatient

Episode	Name of hospital	Ward Speciality	Reasons for Admission	No. of nights*
1 st				
2 nd				
3 rd				

** If you were treated as a day patient (day case), then please write 0 under “number of nights” Being a day patient means needing a hospital bed for tests or surgery for a half day or full day, but not needing to stay overnight.*

4. In the last 6 months did you buy any aid or adaptation paid for by yourself or by a friends or relative? (E.g. walking frames, grab bars, stair lift, wheel chair)

List	Type of aid or adaptations	Cost to you (£s)
a		
b		
c		
d		

5. During the last 6 months, approximately how much additional money have you spent on travel (e.g. taxis, car park fees and public transport) because of your stroke’s disease?

None

Yes, I have spent £ _____

6. Do you have to pay for your stroke's disease medication?

No

Yes, I have spent £ _____ per month

7. If you would like to tell us about any other costs incurred because of your condition over the last 6 months, please write them here.

No

Yes, please give details: