

We would like to know how much use you have made of the health and social services over the last 3/6 *deleted as appropriate* months. If you are not exactly sure, we would rather have your best guess than no information at all.

Please answer every question, even if the answer is 'No'.

1 Over the last 3/ 6 *deleted as appropriate* months, if, and how many times, have you used the services of any of the following:

Type of service	No	Yes	If yes: Number of visits
a. A GP? At home?			
In the surgery?			
b. A practice nurse? At home?			
In the surgery?			
c. A Parkinson's Disease Nurse Specialist?			
d. A health visitor?			
e. A social worker?			
f. A physiotherapist?			
g. An occupational therapist?			
h. A speech or language therapist?			
i. A private practitioner such as an acupuncturist			
j. Other (please specify)			

2. Over the last 3 / 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):

1<sup>st</sup> fall \_\_\_\_\_; please give details: \_\_\_\_\_

2<sup>nd</sup> fall \_\_\_\_\_; please give details: \_\_\_\_\_

3<sup>rd</sup> fall \_\_\_\_\_; please give details: \_\_\_\_\_

**b) Were you seen by Ambulance Staff?** No  Yes  How many times \_\_\_\_\_

Dates of fall (day/month/year):

1<sup>st</sup> fall \_\_\_\_\_; please give details: \_\_\_\_\_

2<sup>nd</sup> fall \_\_\_\_\_; please give details: \_\_\_\_\_

3<sup>rd</sup> fall \_\_\_\_\_; please give details: \_\_\_\_\_

3. Over the last 3 / 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 of Department	Number of appointments*
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				

\*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 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

**3c. Hospital Inpatient**

Episode	Name of hospital	Ward Speciality	Reasons for Admission	No. of nights*
---------	------------------	-----------------	-----------------------	----------------

1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				

*\*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.*

4a. Are you currently in paid employment?

No  (please go to question 4c) Yes  (please go to question 4b)

4b If yes, due to your Parkinson's disease have you had to reduce the number of hours per week you work due to your Parkinson's disease over the last 3/6 *deleted as appropriate* months? (Please tick only one).

No, I work the same hours. Please state how many hours this is

Yes, I have had to reduce my working hours by  working hours per- week.

4c If you are not employed:

In the last 3/6 *deleted as appropriate* months have you had to stop work completely due to your Parkinson's disease

No  Yes

In the last 3/6 *deleted as appropriate* months have you had to reduce the number of hours per week you spend carrying out your normal daily activities?

No

Yes I have had to reduce them by  hours per week. (eg gardening, housework, social activity).

5 Over the last 3/6 *deleted as appropriate* months has a relative or friend taken time off work to look after you?

No

Yes, how many hours

Yes, had to stop work completely

6 In the last 3/6 *deleted as appropriate* months did you make regular use of the following?

Name of service	No	Yes	If yes: Number of times on average per week?
a. Home care/home help			How many home visits?
b. Meals on wheels			How many meals?
c. Day centre			How many days?
d. Luncheon Club			How many meals?
e. Sitting Service			How many days?
f. Other ( please specify)			

7. Have you moved into institutional care (i.e. a residential or nursing home)?

No

Yes, date admitted (month/ year): \_\_\_\_\_

Type of home:  Nursing  Residential

Address of Home \_\_\_\_\_  
\_\_\_\_\_

8 In the last 3/6 *deleted as appropriate* months did you buy any aid or adaptation paid by yourself or by a friends or relative? Eg, walking frames, grab bars, stair lift, wheel chair

Type of aid or adaptations	No	Yes	Cost to you (£'s)
a			
b			
c			
d			

9. In the last 3/6 *deleted as appropriate* months, approximately how much additional money have you spent on travel (taxi car park fees and public transport because of your Parkinson's disease

None

Yes, I have spent £ \_\_\_\_\_

10. Do you have to pay for your Parkinson's disease medication?

No

Yes, I have spent £ \_\_\_\_\_ per month

11. Do you receive benefits?

No

Yes,

Low  Medium  High

12. If you would like to tell us about any other costs incurred because of your Parkinson's disease over the last 3/6 ~~deleted as appropriate~~ months, please write them here.

No

Yes, please give details: .....

**Thank you for your help.**

*Version 9, 11th June 2010*