

**Date:**

**Use of health and social-service questionnaire**

We would like to know whether you have had any contacts with the social services listed below, and, if so, the number of times you have had contacts with them in the last 6 months. Please put the number of times in the appropriate boxes. Please put '0' if you had no contact.

Type of service	Number of times <i>If '0' move down the table to the next question</i>	Time spent at the service
<i>General practice and community nursing services</i>		
<b>Number of times you <u>saw a GP at the surgery</u></b>		How many hours did you normally spend with each visit?  .....hours Did you have to take time off work? (please circle) YES NO  Did someone else have to take time off work to accompany you? (please circle) YES NO
<b>Number of times you <u>saw a GP at your home</u></b>		How many hours did you normally spend with each visit?  .....hours
<b>Number of times you <u>spoke to a GP on the telephone</u></b>		How many hours did you normally spend with each call?  .....hours
<b>Number of times you <u>saw a practice nurse at the surgery</u></b>		How many hours did you normally spend with each visit?  .....hours Did you have to take time off work? (please circle) YES NO  Did someone else have to take time off work to accompany you? (please circle) YES NO
<b>Number of times you <u>saw a district nurse at your home</u></b>		How many hours did you normally spend with each visit?  .....hours
<b>Number of times you <u>saw a counsellor at the surgery</u></b>		How many hours did you normally spend with each visit?  .....hours Did you have to take time off work? (please circle) YES NO  Did someone else have to take time off work to accompany you? (please circle) YES NO

<p><b>Number of contacts with <u>anyone else from the practice</u></b></p> <p><b>Who did you see?</b></p> <p>.....</p>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p> <p>Did you have to take time off work? (please circle) YES NO</p> <p>Did someone else have to take time off work to accompany you? (please circle) YES NO</p>
<i>Social Services</i>		
<p><b>Number of times you <u>saw a social worker</u></b></p> <p><b>Where did you see the social worker?</b></p> <p>.....</p>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p> <p>Did you have to take time off work? (please circle) YES NO</p> <p>Did someone else have to take time off work to accompany you? (please circle) YES NO</p>
<p><b>Number of times you <u>saw a home help</u></b></p>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p>
<p><b>Number of times you <u>saw a care assistant</u></b></p>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p>
<p><b>Number of times you <u>visited a Day Centre</u></b></p>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p> <p>Did you have to take time off work? (please circle) YES NO</p> <p>Did someone else have to take time off work to accompany you? (please circle) YES NO</p>
<p><b>Number of contacts with <u>anyone else from Social Services</u></b></p> <p><b>Who did you see?</b></p> <p>.....</p>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p> <p>Did you have to take time off work? (please circle) YES NO</p> <p>Did someone else have to take time off work to accompany you? (please circle) YES NO</p>

<b>Psychiatric Hospital and Community Services</b>		
<b>Number of times you <u>saw a psychiatrist at the hospital clinic</u></b>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p> <p>Did you have to take time off work? (please circle) YES NO</p> <p>Did someone else have to take time off work to accompany you? (please circle) YES NO</p>
<b>Number of times you <u>saw a psychiatrist at your home</u></b>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p>
<b>Number of times you <u>saw a psychologist</u></b>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p> <p>Did you have to take time off work? (please circle) YES NO</p> <p>Did someone else have to take time off work to accompany you? (please circle) YES NO</p>
<b>Number of times you <u>saw a community psychiatric nurse</u></b>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p> <p>Did you have to take time off work? (please circle) YES NO</p> <p>Did someone else have to take time off work to accompany you? (please circle) YES NO</p>
<b>Number of contacts with <u>anyone else from the psychiatric services</u></b>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p> <p>Did you have to take time off work? (please circle) YES NO</p> <p>Did someone else have to take time off work to accompany you? (please circle) YES NO</p>
<b>Who did you see?</b>		
.....		
<b>Other Services</b>		
<b>Number of times you <u>attended a Day Hospital</u></b>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p> <p>Did you have to take time off work? (please circle) YES NO</p> <p>Did someone else have to take time off work to accompany you? (please circle) YES NO</p>
<b>Number of times you <u>went to the Accident and Emergency Department</u></b>		<p>How many hours did you normally spend with each visit?</p> <p>.....hours</p> <p>Did you have to take time off work? (please circle) YES NO</p> <p>Did someone else have to take time off work</p>

		to accompany you? (please circle) YES NO
<b>Number of times you went to a hospital clinic</b>		How many hours did you normally spend with each visit?  .....hours Did you have to take time off work? (please circle) YES NO  Did someone else have to take time off work to accompany you? (please circle) YES NO
<b>Number of nights you spent on a hospital ward</b>		How many hours did you normally spend with each visit?  .....hours Did you have to take time off work? (please circle) YES NO  Did someone else have to take time off work to accompany you? (please circle) YES NO
<b>Number of contacts with anyone else from the hospital</b> <b>Who did you see?</b>  .....		How many hours did you normally spend with each visit?  .....hours Did you have to take time off work? (please circle) YES NO  Did someone else have to take time off work to accompany you? (please circle) YES NO
<b>Number of times you contacted NHS Direct</b>		How many hours did you normally spend with each call? .....hours
<b>Number of times you called for an Ambulance or paramedic</b>		
<b>Number of prescriptions you have received from a doctor in the last 6 months</b>		