



The Age of Blood Evaluation Study - ABLE

6 MONTH HEALTH SERVICE UTILISATION QUESTIONNAIRE

HOW TO FILL IN THIS QUESTIONNAIRE

Please try to complete the whole questionnaire. You may not be able to exactly remember the answer to some questions but please give your best estimate.

The questions relate to the time since you were discharged from the hospital where you were in intensive care. If you have not left hospital since you were in intensive care please answer questions 1 - 4 only.

Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details.

*Please print carefully within the boxes
like this*

2	7
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or like this

X

Please enter the date the questionnaire is being filled in

D	D	M	M	Y	Y
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THIS SET OF QUESTIONS IS ABOUT *YOUR EMPLOYMENT BEFORE* YOUR ADMISSION TO HOSPITAL

1. Were you in paid employment before your hospital admission?

Yes

No

If Yes, please give details below:

2. Have you returned to work?

Yes

No

3. Are you working

full time

part time

4. What is your occupation?

IF YOU HAVE NOT LEFT HOSPITAL SINCE YOU WERE IN INTENSIVE CARE THEN YOU HAVE COMPLETED THIS QUESTIONNAIRE AND DO NOT NEED TO ANSWER ANY FURTHER QUESTIONS

THIS SET OF QUESTIONS IS ABOUT ANY *UNPAID HELP* YOU HAVE RECEIVED FROM A FAMILY MEMBER (E.G. SPOUSE OR PARTNER) OR FRIEND SINCE HOSPITAL DISCHARGE

5. Have you received any unpaid help from a family member (e.g. spouse or partner) or friend?

Yes

No

(IF YOU ANSWERED NO THEN PLEASE MOVE ON TO QUESTION 11

If **Yes**, please give details about your main helper below:

6. Was your main helper in paid employment before the illness that caused your intensive care admission?

Yes

No

(IF YOU ANSWERED NO THEN PLEASE MOVE ON TO QUESTION 11)

If **Yes**, how many paid hours a week do they currently work?

0-5

6-15

16-25

26-35

over 35

7. Have they been given time off paid work to help you during your recovery?

Yes

No

8. Have they reduced their paid working hours to help you during your recovery?

Yes

No

9. Have they had to change their job to help you during your recovery?

Yes

No

10. Have they given up paid employment completely to help you during your recovery?

Yes

No

**THIS SET OF QUESTIONS IS ABOUT ANY APPOINTMENTS YOU HAVE
HAD WITH A GP SINCE HOSPITAL DISCHARGE**

11. Have you seen a GP for any reason since hospital discharge?

Yes

No

If Yes, please give details below:

12. How many times have you visited a GP?

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13. How many times have you had a GP visit you at home?

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14. How many times have you had a telephone conversation with a GP?

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THIS QUESTION IS ABOUT ANY *OTHER HEALTH CARE WORKERS* YOU HAVE SEEN SINCE HOSPITAL DISCHARGE

15. Since hospital discharge have you been seen by

A district nurse?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
A practice nurse?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
An NHS physiotherapist?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
An occupational therapist?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
A speech therapist?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
A dietitian?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
A homecare worker? (e.g. meals on wheels)	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
A social worker?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
A psychological therapist? (e.g. psychologist, psychiatrist, psychology counsellor)	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
A counsellor?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
A day hospital?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
An aids and adaptations worker? (a person who has provided aids or adaptations)	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
A substance misuse nurse?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
A Macmillan nurse?	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			
other (<i>please specify</i>)	Yes	X	If Yes, how many times?	<input type="text"/>	<input type="text"/>
	No	X			

THIS QUESTION IS ABOUT ANY ACCIDENT AND EMERGENCY VISITS YOU HAVE HAD SINCE HOSPITAL DISCHARGE

16. Have you been to accident and emergency since hospital discharge?

Yes

No

If Yes, how many times did you go?

<input type="text"/>	<input type="text"/>
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THIS QUESTION IS ABOUT ANY HOSPITAL APPOINTMENTS YOU HAVE HAD SINCE HOSPITAL DISCHARGE

17. Have you been to any hospital clinics since hospital discharge?

Yes

No

If Yes, how many appointments did you go to?

<input type="text"/>	<input type="text"/>
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THIS QUESTION IS ABOUT ANY HOSPITAL READMISSIONS YOU HAVE HAD SINCE HOSPITAL DISCHARGE

18. Have you been readmitted to hospital since your intensive care admission?

Yes

No

If Yes, please provide details of each readmission

Reason for re-admission	Did you have surgery?	How many times were you admitted to intensive care?	Total number of days spent in hospital
1. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
3. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**THIS QUESTION IS ABOUT ANY STAYS YOU HAVE HAD IN A
REHABILITATION HOSPITAL SINCE LEAVING INTENSIVE CARE**

19. Have you spent time in a rehabilitation hospital since leaving intensive care?

Yes

No

If Yes, please write down hospital names and days spent in each

Hospital name	Days spent in this hospital
_____	_____
_____	_____
_____	_____
_____	_____

**THIS QUESTION IS ABOUT ANY STAYS YOU HAVE HAD IN A
NURSING HOME, RESIDENTIAL CARE (OR SIMILAR) SINCE
HOSPITAL DISCHARGE**

20. Have you spent time in a nursing home, residential care (or similar) since hospital discharge?

Yes

No

If Yes, please write down hospital/home names and days spent in each

Hospital/home name	Days spent in this hospital/home
_____	_____
_____	_____
_____	_____
_____	_____

THIS QUESTION ASKS ABOUT ANY MONEY YOU HAVE HAD TO SPEND *OUT OF YOUR OWN POCKET* ON HEALTH CARE SINCE HOSPITAL DISCHARGE

21. Have you had to spend any of your own money on health care (for example on medications, or visits to private practitioners e.g. physiotherapists or complimentary therapists) since hospital discharge?

Yes

No

If Yes, please provide us with details and an approximate figure (to the nearest £)

_____ Cost in £ _____

THANK YOU

Thank you very much for your time and patience in filling in this questionnaire. Please post it back to us in the pre-paid envelope provided.

The information you have given us will be extremely useful in helping us carry out research. It will be treated with the strictest confidence and kept securely.

If you require any further information about the study please contact:

The ABLE Trial Office in Edinburgh

This study is taking place in centres across the UK but the questionnaires are being processed at the Edinburgh Clinical Trials Unit, Outpatients Building – Level 2, Western General Hospital, Crewe Road, Edinburgh EH4 2XU.



The Age of Blood Evaluation Study - ABLE

12 MONTH HEALTH SERVICE UTILISATION QUESTIONNAIRE

HOW TO FILL IN THIS QUESTIONNAIRE

Please try to complete the whole questionnaire. You may not be able to exactly remember the answer to some questions but please give your best estimate.

The questions relate to the time since the 6 month follow-up. If you have not left hospital since you were in intensive care please answer questions 1 and 2 only.

Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details.

Please print carefully within the boxes like this

2	7
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 or like this

X

Please enter the date the questionnaire is being filled in

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

THIS SET OF QUESTIONS IS ABOUT *YOUR EMPLOYMENT*

If you were in paid employment before your hospital admission, please answer the questions below. If not please go to question 3.

1. Have you returned to work?

Yes

No

2. Are you working

full time

part time

IF YOU HAVE NOT LEFT HOSPITAL SINCE YOU WERE IN INTENSIVE CARE THEN YOU HAVE COMPLETED THIS QUESTIONNAIRE AND DO NOT NEED TO ANSWER ANY FURTHER QUESTIONS

THIS SET OF QUESTIONS IS ABOUT ANY *UNPAID HELP* YOU HAVE RECEIVED FROM A FAMILY MEMBER (E.G. SPOUSE OR PARTNER) OR FRIEND SINCE THE 6 MONTH FOLLOW-UP

3. Have you received any unpaid help from a family member (e.g. spouse or partner) or friend?

Yes

No

(IF YOU ANSWERED NO THEN PLEASE GO TO QUESTION 9)

If Yes, please give details about your main helper below:

4. Was your main helper in paid employment before the illness that caused your intensive care admission?

Yes

No

(IF YOU ANSWERED NO THEN PLEASE GO TO QUESTION 9)

If Yes, how many paid hours a week do they currently work?

0-5

6-15

16-25

26-35

over 35

5. Have they been given time off paid work to help you during your recovery?

Yes No

6. Have they reduced their paid working hours to help you during your recovery?

Yes No

7. Have they had to change their job to help you during your recovery?

Yes No

8. Have they given up paid employment completely to help you during your recovery?

Yes No

THIS SET OF QUESTIONS IS ABOUT ANY APPOINTMENTS YOU HAVE HAD WITH A GP SINCE THE 6 MONTH FOLLOW-UP

9. Have you seen a GP for any reason since the 6 month follow-up?

Yes

No

If Yes, please give details below:

10. How many times have you visited a GP?

<input type="text"/>	<input type="text"/>
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11. How many times have you had a GP visit you at home?

<input type="text"/>	<input type="text"/>
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THIS SET OF QUESTIONS IS ABOUT ANY OTHER HEALTH CARE WORKERS YOU HAVE SEEN SINCE THE 6 MONTH FOLLOW-UP

12. How many times have you had a telephone conversation with a GP?

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13. Since the 6 month follow-up have you been seen by

A district nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
A practice nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
An NHS physiotherapist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
An occupational therapist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
A speech therapist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
A dietitian?	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
A homecare worker? e.g. meals on wheels	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
A social worker?	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
A psychological therapist? e.g. psychologist, psychiatrist, psychology counsellor	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
A counsellor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
A day hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
An aids and adaptations worker? (a person who has provided aids or adaptations)	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		
A substance misuse nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>	X <input type="checkbox"/> X <input type="checkbox"/>	If Yes, how many times?	<table border="1" style="width: 30px; height: 30px;"><tr><td></td><td></td></tr></table>		

A MacMillan nurse?

Yes

×

If Yes, how many times?

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No

×

other (*please specify*)

Yes

×

If Yes, how many times?

--	--

No

×

THIS QUESTION IS ABOUT ANY ACCIDENT AND EMERGENCY VISITS YOU HAVE HAD SINCE THE 6 MONTH FOLLOW-UP

14. Have you been to accident and emergency since the 6 month follow-up?

Yes

No

If Yes, how many times did you go?

<input type="text"/>	<input type="text"/>
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THIS QUESTION IS ABOUT ANY HOSPITAL APPOINTMENTS YOU HAVE HAD SINCE THE 6 MONTH FOLLOW-UP

15. Have you been to any hospital clinics since the 6 month follow-up?

Yes

No

If Yes, how many appointments did you go to?

<input type="text"/>	<input type="text"/>
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THIS QUESTION IS ABOUT ANY HOSPITAL READMISSIONS YOU HAVE HAD SINCE THE 6 MONTH FOLLOW-UP

16. Have you been readmitted to hospital since the 6 month follow-up?

Yes

No

If Yes, please provide details of each readmission

Reason for re-admission	Did you have surgery?	How many times were you admitted to intensive care?	Total number of days spent in hospital
1. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many times? _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many times? _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many times? _____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

THIS QUESTION IS ABOUT ANY STAYS YOU HAVE HAD IN A REHABILITATION HOSPITAL, SINCE THE 6 MONTH FOLLOW-UP

17. Have you spent time in a rehabilitation hospital since the 6 month follow-up?

Yes

No

If Yes, please write down hospital names and days spent in each

Hospital name	Days spent in this hospital
_____	_____
_____	_____
_____	_____

THIS QUESTION IS ABOUT ANY STAYS YOU HAVE HAD IN A NURSING HOME, RESIDENTIAL CARE (OR SIMILAR) SINCE THE 6 MONTH FOLLOW-UP

18. Have you spent time in a nursing home, residential care (or similar) since the 6 month follow-up?

Yes

No

If Yes, please write down hospital/home names and days spent in each

Hospital/home name	Days spent in this hospital/home
_____	_____
_____	_____

THIS QUESTION ASKS ABOUT ANY MONEY YOU HAVE HAD TO SPEND *OUT OF YOUR OWN POCKET* ON HEALTH CARE SINCE THE 6 MONTH FOLLOW-UP

19. Have you had to spend any of your own money on health care (for example on medications, or visits to private practitioners e.g. physiotherapists or complimentary therapists) since the 6 month follow-up?

Yes

No

If Yes, please provide us with details and an approximate figure (to the nearest £)

_____ Cost in £ _____

THANK YOU

Thank you very much for your time and patience in filling in this questionnaire. Please post it back to us in the pre-paid envelope provided.

The information you have given us will be extremely useful in helping us carry out research. It will be treated with the strictest confidence and kept securely.

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