

Client Service Receipt Inventory

(Service Use Questionnaire for Health Economics Analysis)

Sections 1.0 – 2.0 (Hospital Service Use and Community Based Service Use) should be completed by a project researcher in an interview with the PATIENT.

General Instructions to Interviewer

Before commencing with the interview, please ensure that the **Patient Registration Number** has been entered in the boxes below. Subsequent processing of these questionnaires involves photocopying and the use of data scanning equipment. To ensure the smooth operation of the equipment, it would be appreciated if the following could be observed:

- Please complete the form using a **black** ballpoint pen.
- Please do not fold or crease the form.
- Please complete all the questions.
- Please enter your responses in the boxes/spaces provided, as instructed.
- Please use only a single line to delete mistakes and initial each such correction.

At the end of the interview please complete the remaining boxes to the right.

Thank you for your cooperation.

To be completed by the interviewer

Patient Registration Number:

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Patient Initials:

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Centre Name:

Which assessment is this? *Please tick the box*

Baseline

9 month follow-up

3 month follow-up

12 month follow-up

6 month follow up

Completed by (please print name):

Signed:

Interview date:

		/			/				
d	d		m	m		y	y	y	y

1.0 Hospital Service Use (Completed in the interview with the PATIENT)

Interviewer instructions: Please complete the table to show the hospital services that the PATIENT has used over the last 3 months.

Service	Name of ward, clinic, hospital or centre	Reason for using service (e.g. nature of illness, regular respite arrangement)	Unit of measurement	Total number of units received
Oncology inpatient ward			Inpatient day	<input type="text"/> <input type="text"/> <input type="text"/>
Medical inpatient ward			Inpatient day	<input type="text"/> <input type="text"/> <input type="text"/>
Continuing care/respite inpatient ward			Inpatient day	<input type="text"/> <input type="text"/> <input type="text"/>
Assessment/rehabilitation inpatient ward			Inpatient day	<input type="text"/> <input type="text"/> <input type="text"/>
Other inpatient ward			Inpatient day	<input type="text"/> <input type="text"/> <input type="text"/>
Intensive care inpatient ward			Inpatient day	<input type="text"/> <input type="text"/> <input type="text"/>
Inpatient consultations (including PAMs)			Appointment	<input type="text"/> <input type="text"/> <input type="text"/>
Outpatient visits (including consultations)			Appointment	<input type="text"/> <input type="text"/> <input type="text"/>
Accident and Emergency			Attendance	<input type="text"/> <input type="text"/> <input type="text"/>
Day hospital			Day attendance	<input type="text"/> <input type="text"/> <input type="text"/>
Other (1)			Please specify:	<input type="text"/> <input type="text"/> <input type="text"/>
Other (2)			Please specify:	<input type="text"/> <input type="text"/> <input type="text"/>
Other (3)			Please specify:	<input type="text"/> <input type="text"/> <input type="text"/>

This section asks about the health and social care services that you have used over the past 3 months.

2.0 Community Based Service Use (Completed in an interview with the PATIENT)

Interviewer instructions: Please complete the table to show the community based services that the PATIENT has used over the last 3 months.

Service	Number of home visits	Number of visits to surgery or clinic	Provider agency (please tick)				Average duration of contact (minutes)
			NHS	Local authority	Voluntary organisation	Private organisation	
Cancer nurse	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
General practitioner	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Practice nurse (GP clinic)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Community nurse	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Health visitor	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Psychologist	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Counsellor	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Physiotherapist	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Occupational health therapist	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Care manager	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Social worker	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Service	Number of home visits	Number of visits to surgery or clinic	Provider agency (please tick)				Average duration of contact (minutes)
			NHS	Local authority	Voluntary organisation	Private organisation	
Home care worker	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Care attendant	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Sitting scheme	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Carer's support worker	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Chiroprapist	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Dietician	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Self-help group	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Meals on wheels	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Laundry service	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Other: e.g. dentist, optician, alternative medicine / therapist							
1.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>