

# HEALTH CARE UTILISATION QUESTIONNAIRE

Version 2.0 dated 20/03/2019

## EMPOWER: EMesis in Pregnancy - Ondansetron With mEtocloPRamide

Health Care Utilisation Questionnaire – this can be completed via telephone interview or you can complete the questionnaire yourself and return to the EMPOWER trial office in the reply paid envelope.

Please complete this questionnaire with details of your use of medical treatments and primary care over the last 10 days.

Please tick (✓) the appropriate boxes and answer the more detailed questions where relevant.

**Q1. In the last 10 days** have you attended an **A&E/casualty** department but were *not* admitted overnight?

Yes

If 'Yes' go to Q1B.

No

If 'No' go to Q2.

**Q1B. Approximately how many times in total did you attend the **A&E/casualty** department in the last 10 days?**

Enter number of times attended the **A&E/casualty** department

**Q2. In the last 10 days, have you had any face to face consultations with a health care professional at their practice?**

Yes

If 'Yes' go to Q2B.

No

If 'No' go to Q3.

**Q2B.** if yes, please indicate what health care professional provided this face to face consultation at their practice and approximately how many consultations in total you have had in the last 10 days.

Health Care Professional	Yes	No	Number of Consultations
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nurse (e.g. district/specialist nurse etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**If there are any other,** please provide details (*who did you see/where?*)

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**Q3.** In the **last 10 days**, have you had any face to face consultations with a health care professional at your home?

Yes  If 'Yes' go to Q3B.

No  If 'No' go to Q4.

**Q3B. if yes,** please indicate what health care professional provided this face to face consultation at your home and approximately how many consultations in total have you had in the last 10 days.

Health Care Professional	Yes	No	Number of Consultations		
GP	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Nurse (e.g. district/specialist nurse etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		
Other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td><td></td></tr></table>		

**If there are any Other,** please provide details (*who did you see/ where?*)

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**Q4. In the last 10 days have you had any telephone consultations with a health care professional?**

**Yes**  If 'Yes' go to Q4B.

**No**  If 'No' go to Q5.

**Q4B.** If yes, please indicate what health care professional provided this **telephone consultation** and approximately how many telephone consultations in total have you had in the last 10 days.

**Health Care Professional**

**Yes No Number of Consultations**

GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse (e.g. district/specialist nurse etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If there are any Other,** please provide details (*who did they see/where?*)

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**Q5. In the last 10 days** have you paid for any **private health care and/or personal care?**

**Yes**  If 'Yes' go to Q5B and then move onto Section 3.

**No**  If 'No' go to section.

**Q5B.** What type of health care you have paid for in the last 10 days and what was the cost of this health care to you.

**What heath care have you paid for? What was the cost of this health care?**

1. \_\_\_\_\_ £  .  p

2. \_\_\_\_\_ £  .  p

3. \_\_\_\_\_ £  .  p

### **Section 3: Work Affected by illness**

Please answer the following questions regarding your current employment status and the effect your ill health has on your employment status (if any).

#### **Q6. What is your current employment status?**

Full Employment <input type="checkbox"/>	Part-time Employment <input type="checkbox"/>
Long term Sick leave from Full Employment (off work for more than 4 consecutive weeks) <input type="checkbox"/>	Long terms Sick leave from Part-time Employment (off work for more than 4 consecutive weeks) <input type="checkbox"/>
Student <input type="checkbox"/>	Caring for someone <input type="checkbox"/>
Housework <input type="checkbox"/>	Unemployed, actively seeking work <input type="checkbox"/>
Unemployed, not actively seeking work <input type="checkbox"/>	Other <input type="checkbox"/> <b>Please provided details:</b> _____

#### **Q7. How many days (if any) have you been unable to work or carry out usual activities over the last 10 days?**

Total number of days:

<b>Date of Questionnaire Completion:</b> ___ / ___ / ___
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**Thank you for taking the time to complete this questionnaire.**