



Your use of healthcare services

We would like you to answer some questions about the healthcare you have used [because of X/for any reason], [in the last X months/since X]. We only want you to **include healthcare you have used as an NHS patient**. Please do not include any healthcare your family or dependants have used.

Please **answer all the questions, even if your answer is zero**, as it is important for us to find out what healthcare you have and have not used. If you are unsure of an answer, please write your best guess.

Please tick OR write the number of times

1 In the last [X] months, how many times have you been to a **hospital Accident and Emergency (A&E) department**?

0	1	2	3	4	How many?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 In the last [X] months, how many times have you been to **hospital for a face-to-face outpatient appointment** (e.g. [to see a consultant or hospital physiotherapist, or to have an x-ray])?

0	1	2	3	4	How many?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 In the last [X] months, how many times have you had an **online or telephone hospital outpatient appointment** (e.g. [with a consultant])?

0	1	2	3	4	How many?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 In the last [X] months, how many times have you been to **hospital for a day case** (used a bed, but did not stay overnight)?

0	1	2	3	4	How many?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 In the last [X] months, how many times have you been to **hospital for an overnight stay**?

0	1	2	3	4	How many?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each stay, please write the number of nights you stayed in hospital:

Stay	Number of nights spent in hospital	Stay	Number of nights spent in hospital
Stay 1		Stay 3	
Stay 2		Stay 4	

Please tick OR write the number of times

6 In the last [X] months, how many times have you had an appointment with a **doctor (GP)** at a **GP surgery, health centre or walk-in centre**? 0 1 2 3 4 How many?

7 In the last [X] months, how many times have you had an appointment with a **doctor (GP)** over the **telephone or online**? 0 1 2 3 4 How many?

8 In the last [X] months, how many times have you had an appointment with a **doctor (GP)** at **home**? 0 1 2 3 4 How many?

9 In the last [X] months, how many times have you had an appointment with **any other NHS healthcare professionals** (e.g. [nurse or community physiotherapist]) or **NHS healthcare services** at a **GP surgery, health centre or walk-in centre**? 0 1 2 3 4 How many?

10 In the last [X] months, how many times have you had an appointment with **any other NHS healthcare professionals** or **NHS healthcare services** (e.g. [NHS 111]) over the **telephone or online**? 0 1 2 3 4 How many?

11 In the last [X] months, how many times have you had an appointment with **any other NHS healthcare professionals** (e.g. [health visitor, NHS chiropodist]) or **NHS healthcare services** at **home**? 0 1 2 3 4 How many?

Please check you have answered every question.

Thank you for completing the questionnaire.