

## 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.

Questions 1 to 3 ask about emergency healthcare: A&E and ambulance

Please tick OR write the number of times

1	In the last [X] months, how many times have you been to a <b>hospital Accident and Emergency (A&amp;E) department?</b>	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"/>

2	In the last [X] months, how many times have you received care from the <b>ambulance service and were taken to hospital?</b>	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 received care from the <b>ambulance service but were not taken to hospital?</b>	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"/>

Questions 4 to 7 ask about healthcare at hospitals: outpatients (at the hospital), outpatients (over the telephone or online), day case and overnight stays

Please tick OR write the number of times

4 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?

For each appointment, please complete the table below:

Outpatient appointment	Clinic type	Tests or surgical procedures performed (if applicable)	Reason for appointment
Example 1	[radiology]	[x-ray]	[x-ray for pain after a fall]
Example 2	[dermatology]	[removal of a skin lesion]	[mole removal]
<b>Appointment 1</b>			
<b>Appointment 2</b>			
<b>Appointment 3</b>			
<b>Appointment 4</b>			
<b>Appointment 5</b>			
<b>Appointment 6</b>			

If you need more space, please use the box on page 11.

Please tick OR write the number of times

5 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 style="width: 50px; height: 20px;" type="text"/>

For each appointment, please complete the table below:

Outpatient appointment	Clinic type	Reason for appointment
Example 1	[physiotherapy]	[update treatment plan and exercises]
Example 2	[rheumatology]	[routine arthritis check-up]
<b>Appointment 1</b>		
<b>Appointment 2</b>		
<b>Appointment 3</b>		
<b>Appointment 4</b>		
<b>Appointment 5</b>		
<b>Appointment 6</b>		

If you need more space, please use the box on page 11.

Please tick OR write the number of times

6 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?

For each appointment, please complete the table below:

Hospital day case	Department	Tests or surgical procedures performed (if applicable)	Reason for day case
Example	[gastroenterology]	[endoscopy with biopsy]	[stomach ache]
Day case 1			
Day case 2			
Day case 3			
Day case 4			
Day case 5			

If you need more space, please use the box on page 11.

Please tick OR write the number of times

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

0   
  1   
  2   
  3   
  4   

For each appointment, please complete the table below:

Hospital overnight stay	Number of nights spent in hospital	Department	Tests or surgical procedures performed (if applicable)	Reason for stay
Example	[4]	[orthopaedics]	[knee replacement]	[knee replacement]
Stay 1				
Stay 2				
Stay 3				
Stay 4				
Stay 5				

If you need more space, please use the box on page 11.

Questions 8 to 13 ask about GPs (doctors) and nurses, seen outside of hospitals. Questions 14 to 16 ask about any other NHS healthcare professionals or services seen outside of hospitals.

Please tick OR write the number of times

8 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?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

9 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?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

10 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?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

11 In the last [X] months, how many times have you had an [appointment/contact with] **[pre-specified healthcare professional or healthcare service] at a GP surgery, health centre or walk-in centre?**

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

12 In the last [X] months, how many times have you had an [appointment/contact with] **[pre-specified healthcare professional or healthcare service] over the telephone or online?**

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

13 In the last [X] months, how many times have you had an [appointment/contact with] **[pre-specified healthcare professional or healthcare service] at home?**

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

Please tick OR write the number of times

14 In the last [X] months, how many times have you had contact with **any other NHS healthcare professionals** (e.g. [community physiotherapist]) or **NHS healthcare services** at a **GP surgery, health centre or walk-in centre?**

0	1	2	3	4	How many?

For each **other healthcare professional seen and/or healthcare service** you have used, please complete the table below:

Healthcare professional or service	Healthcare professional seen or healthcare service used	Number of times
Example	[community physiotherapist]	[3]
Healthcare professional or service 1		
Healthcare professional or service 2		
Healthcare professional or service 3		
Healthcare professional or service 4		
Healthcare professional or service 5		

If you need more space, please use the box on page 11.

Please tick OR write the number of times

15 In the last [X] months, how many times have you had contact with **any other NHS healthcare professionals or NHS healthcare services** (e.g. [NHS 111 telephone call]) over the **telephone or online?**

0	1	2	3	4	How many?

For each **other healthcare professional seen and/or healthcare service**, please complete the table below:

Healthcare professional or service	Healthcare professional seen or healthcare service used	Number of times
Example	[NHS 111 telephone call]	[1]
Healthcare professional or service 1		
Healthcare professional or service 2		
Healthcare professional or service 3		
Healthcare professional or service 4		
Healthcare professional or service 5		

If you need more space, please use the box on page 11.



Please tick OR write the number of times

16 In the last [X] months, how many times have you had contact with **any other NHS healthcare professionals** (e.g. [health visitor]) or **NHS healthcare services** at home?

How many?

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

For each **other healthcare professional seen and/or healthcare service**, please complete the table below:

Healthcare professional or service	Healthcare professional seen or healthcare service used	Number of times
Example	[NHS chiropodist]	[3]
Healthcare professional or service 1		
Healthcare professional or service 2		
Healthcare professional or service 3		
Healthcare professional or service 4		
Healthcare professional or service 5		

If you need more space, please use the box on page 11.

Question 17 asks about prescribed medications

Please tick

17 In the last [X] months, have you picked up or received any **prescribed medications**?

yes  no

For each prescribed medication, please complete the table:

Prescribed medication	Name of prescribed medication If you don't know the name, please put the type of medication	Number of times the medication has been picked up and/or received
Example 1	[Tramadol / Painkiller]	[3]
Example 2	[Diprobase / Eczema cream]	[1]
Medication 1		
Medication 2		
Medication 3		
Medication 4		
Medication 5		
Medication 6		
Medication 7		
Medication 8		
Medication 9		
Medication 10		

If you need more space, please use the box on page 11.

**If you run out of space in the tables, please use the box below to write about the other healthcare you have used:**

SAMPLE

**Please check you have answered every question.**

**Thank you for completing the questionnaire.**