OSTEOARTHRITIS COSTS AND CONSEQUENCES QUESTIONNAIRE

For this form please mark the circles and squares – do not circle or cross out options. Please do not fold or bend pages!

CC0. Please fill in today's date: _ _ - _ _ - _ _ _ _
DD MM YYYY

CC1. Are the healthcare costs of your hip or knee osteoarthritis being covered by ACC? (*Mark ONE*)

- O Yes
- O No

CC2. Do you have any of the following? (*Mark ANY that apply*)

- ☐ Medical insurance
- ☐ Community Services card
- ☐ High User card / High User status

CC3. What is your source of income? (*Mark ANY that apply*)

- ☐ Wage work / Salary
- ☐ Self-employed
- ☐ Government superannuation / pension
- ☐ ACC
- ☐ Living off savings
- ☐ Other – Please specify: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Impact on Work

CC4. Are you in paid work? (*Mark ONE*)

- O Yes
- O No

*** The results of the Osteoarthritis Costs and Consequences Questionnaire are completely confidential.**

CC5. If you are no longer in paid work is this because of your arthritis? (*Mark ONE*)

- O Yes
- O No

IF YOU ARE NOT WORKING YOU MAY SKIP THE REMAINDER OF THIS PAGE

CC6. If you are in paid work, is this work: (*Mark ONE*)

- O Full time
- O Part time

CC7. Approximately how many hours do you work per week? (*Mark ONE*)

- ☐ 0 – 10 hours
- ☐ 11 – 25 hours
- ☐ 26 – 40 hours
- ☐ More than 40 hours

CC8. Approximately, what is the hourly pay rate for this work? (*Round to the nearest dollar*)

$ _ _ _ per hour

If you don't know the hourly rate, what is your salary per year? (*Approximately*)

$ _ _ _ _ _ _ per year

CC9. How has your work been affected by your arthritis in the past month? (*Mark ANY that apply*)

- ☐ I took time off work in the last month (*not including holidays*) because of my arthritis
  - ↳ How many days did you take off? _ _
- ☐ I worked fewer hours (*not including holidays*) because of my arthritis
  - ↳ How many hours less did you work? _ _
- ☐ I restricted my work because of my arthritis
  - ↳ In what way? Please specify _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
    _

CC9.1 Have you increased hours or responsibility at work as a result of participating in this research?

- O Yes
- O No

If yes, in what way? _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Hip or Knee Replacement

CC10. Before starting the present research project, have you had… (*Mark ANY that apply*)

- ☐ A right hip replacement?
- ☐ A left hip replacement?
- ☐ A right knee replacement?
- ☐ A left knee replacement?
- ☐ None of the above

CC11. Since starting the present research project, have you had… (*Mark ANY that apply*)

- ☐ A right hip replacement?
- ☐ A left hip replacement?
- ☐ A right knee replacement?
- ☐ A left knee replacement?
- ☐ None of the above

CC12. Since starting the present research project, have you been placed on a waiting list for… (*Mark ANY that apply*)

- ☐ A right hip replacement?
- ☐ A left hip replacement?
- ☐ A right knee replacement?
- ☐ A left knee replacement?
- ☐ None of the above

Hip or Knee Procedures

CC13. What procedures have you had because of your arthritis in the past three months? (*Mark ANY that apply)*

- ☐ A right hip joint injection?
- ☐ A left hip joint injection?
- ☐ A right knee joint injection?
- ☐ A left knee joint injection?
- ☐ Other injections for arthritis?
- ☐ Other procedure for arthritis? If so, please specify:

  _

- ☐ None of the above

Medications

CC14. In the lists below (A, B & C), please mark which medications you have taken **because of your arthritis** in the past week. For these medications, please – if possible – specify if they were prescribed by a doctor, what dose they are and how much they cost.

A. Please indicate what medications (including over-the-counter medications and herbal supplements) were taken in the past week for your **hip/knee arthritis**. (*Mark any that apply*)

Medication (*Mark ANY that apply*)		Doctor's prescription?	Dose (mg)?	How many per day?	Cost (if any)? in $s/ number of months e.g. ($75/3 mths)
I take no prescribed medication for my hip or knee problems	☐				
Aspirin (e.g. Disprin) • Do not report if only using as a blood thinner	☐	○ Yes ○ No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Paracetemol (e.g. Panadol)	☐	○ Yes ○ No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Codeine, Dihydrocodeine, Dextropropoxyphene	☐	○ Yes ○ No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Paracetemol & Codeine mix (e.g. Panadeine, Codalgin)	☐	○ Yes ○ No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
NSAID anti-inflammatories, e.g. Ibuprofen (e.g. Neurofen), Brufen, Diclofenac, Voltaren, Cataflam, Naproxen, Naprosyn, Infomethacin	☐	○ Yes ○ No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
COX-2 inhibitors, e.g. Celecoxib, Celebrex, Etoricoxib, Arcoxia, Lumirocoxib, Prexige, Parecoxib, Dynastat	☐	○ Yes ○ No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Supplements, e.g. Glucosamine, Chondroitin	☐	○ Yes ○ No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Any other painkillers? If so, please specify: ________________ ________________	☐	○ Yes ○ No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)

B. Please indicate what medications (including over-the-counter medications and herbal supplements) were taken <u>in the past week</u> for **gastric (stomach) protection**. (*Mark any that apply*)**.**

Medication (*Mark ANY that apply*)		Doctor's prescription?	Dose (mg)?	How many per day?	Cost (if any)? in $s/ number of months e.g. ($75/3 mths)
I take no prescribed medications for gastrointestinal disorders	☐				
Pantoprazole (Somac)	☐	O Yes, O No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Omeprazole (Losec, Omezol)	☐	O Yes, O No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Ranitidine (Zantac)	☐	O Yes, O No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Quickeeze	☐	O Yes, O No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Other? If so, please specify: ____________________ ____________________	☐	O Yes, O No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)

C. Please indicate what medications (including over-the-counter medications and herbal supplements) were taken <u>in the past week</u> to aid **sleep/mood**. (*Mark ANY that apply*)

Medication (*Mark ANY that apply*)		Doctor's prescription?	Dose (mg)?	How many per day?	Cost (if any)? in $s/ number of months e.g. ($75/3 mths)
I take no prescribed medications for help with my mood	☐				
Fluoxetine (Fluox)	☐	O Yes, O No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Paroxetine (Loxamine)	☐	O Yes, O No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Citalopram (Celepram)	☐	O Yes, O No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Amitriptyline (Amitrip)	☐	O Yes, O No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)
Other? If so, please specify: ____________ ____________	☐	O Yes, O No	_ _ _ _	_ _	$ _ _ _ / _ mth(s)

CC15. Has your use of medications **for your arthritis** changed in the past three months? (*Mark ONE*)

- ○ Using much more
- ○ Using somewhat more
- ○ Using about the same
- ○ Using somewhat less
- ○ Using much less
- ○ Not applicable, I don't take medication for my arthritis

CC16. Has your use of medications **for your gastric protection** changed in the past three months? (*Mark ONE*)

- ○ Using much more
- ○ Using somewhat more
- ○ Using about the same
- ○ Using somewhat less
- ○ Using much less
- ○ Not applicable, I don't take medication for gastrointestinal disorders

CC17. Has your use of medications **for sleep/mood** changed in the past three months? (*Mark ONE*)

- ○ Using much more
- ○ Using somewhat more
- ○ Using about the same
- ○ Using somewhat less
- ○ Using much less
- ○ Not applicable, I don't take medication for my mood

<u>Public Hospital Usage</u> (for all conditions)

CC18. Has an **ambulance** been called for you <u>in the past three months</u>? (*Mark ONE*)

- O No
- O Yes
  - ↳ If so, please specify how many times? __ __
  - ↳ How many times did the ambulance take you to hospital __ __

CC19. Have you been an **in-patient** (admitted to hospital overnight) in a public hospital <u>in the past three months</u>? (*Mark ONE*)

- O No
- O Yes
  - ↳ If so, please specify how many times? __ __
  - ↳ Please estimate the total number of days stayed: __ __

CC20. Have you been a **day patient** (admitted to hospital for one day only, NO nights) in a public hospital <u>in the past three months</u>? (*Mark ONE*)

- O No
- O Yes
  - ↳ If so, please specify how many times? __ __

CC21. Have you attended an **outpatient** (for an appointment at a hospital but not admitted) in a public hospital <u>in the past three months</u>? (*Mark ONE*)

- O No
- O Yes
  - ↳ If so, please specify how many times? __ __

CC22. Have you visited an **accident & emergency department (A&E, or ED)** of a public hospital for your treatment <u>in the past three months</u>? (*Mark ONE*)

- O No
- O Yes
  - ↳ If so, please specify how many times? __ __

CC23. Have you seen **radiography / x-ray** staff in a public hospital <u>in the past three months</u>? (*Mark ONE*)

- O No
- O Yes
  - ↳ If so, please specify how many times? __ __

Private Hospital Usage (for all conditions)

CC24. Have you been an **in-patient** (admitted to hospital overnight) in a private hospital in the past three months? (*Mark ONE*)

- O No
- O Yes
  - ↳ If so, please specify how many times? __ __
  - ↳ Please estimate the total number of days stayed: __ __

CC25. Have you been a **day patient** (admitted to hospital for one day only, NO nights) in a private hospital in the past three months? (*Mark ONE*)

- O No
- O Yes
  - ↳ If so, please specify how many times? __ __

CC26. Have you attended an **outpatient** (for an appointment at a hospital but not admitted) in a private hospital in the past three months? (*Mark ONE*)

- O No
- O Yes
  - ↳ If so, please specify how many times? __ __

CC27. Have you seen **radiography / x-ray** staff in a private hospital in the past three months? (*Mark ONE*)

- O No
- O Yes
  - ↳ If so, please specify how many times? __ __

Specialist Health Services

CC28. How many visits have you made to an orthopaedic surgeon **because of your arthritis**, in the past three months? (Please place a zero if you had none) __ __

CC29. How many visits have you made to a rheumatologist **because of your arthritis**, in the past three months? (Please place a zero if you had none) __ __

Community Services

CC30. Please indicate if you have used any of the following services because of your arthritis in the past three months and if so, how many times. (*Mark ANY that apply*)

	Mark any that apply:	No. of visits?	Cost to you per visit (if any) in dollars
District Nurse	☐	_ _	$ _ _ _
Health visitor	☐	_ _	$ _ _ _
Home help / Carer	☐	_ _	$ _ _ _
House cleaner	☐	_ _	$ _ _ _
Meals on wheels	☐	_ _	$ _ _ _
Social worker	☐	_ _	$ _ _ _
Day care / Rehabilitation	☐	_ _	$ _ _ _
Helper from a voluntary organisation	☐	_ _	$ _ _ _
Other	☐	_ _	$ _ _ _
I do not use any health related community services	☐		

Continue on page 11

Other Medical Services

CC31. Please indicate if you have visited any of the following services because of your arthritis in the past three months and if so, how many times and the cost per visit. (*Mark ANY that apply*)

	Mark any that apply:	No. of visits?	Cost to you per visit (if any) in dollars
General practitioner (GP) - Including routine visits	☐	_ _ _	$ _ _ _
Practice nurse/ Specialist nurse	☐	_ _ _	$ _ _ _
Physiotherapist*	☐	_ _ _	$ _ _ _
Occupational therapist	☐	_ _ _	$ _ _ _
Osteopath	☐	_ _ _	$ _ _ _
Chiropractor	☐	_ _ _	$ _ _ _
Massage therapist	☐	_ _ _	$ _ _ _
Rest home care / respite care	☐	_ _ _	$ _ _ _
Complimentary / alternative health care workers (e.g. Homeopath, Naturopath, Feldenkrais teacher, Alexander technique teacher, Herbalist, Aromatherapist, Traditional Chinese medicine practitioner, Spiritual leader, Maori traditional healer i.e. Rongoa or Tohunga, Pacific traditional healer.)	☐	_ _ _	$ _ _ _
Other? If so, please specify: ______________________ ______________________	☐	_ _ _	$ _ _ _
I do not use any medical services for osteoarthritis	☐		

* Please only report physiotherapist visits attended outside of this trial, i.e. NOT as a trial participant.

Aids and Adaptations

CC32. Have you purchased or been prescribed aids (bath/toilet aids, walking sticks etc.) to help with your arthritis in the past 3 months? (*Mark ANY that apply*)

☐ Walking sticks

☐ Walker (walking frame)

☐ Reacher (helping hand)

☐ Toilet grab bar / toilet frame

☐ Shower chair

☐ Sock aide

☐ Other. If so, please specify:

_ _

_ _

☐ No, none purchase or prescribed

CC33. Have you made adaptations to your **home or lifestyle** (stopping paid work, more frequent taxi usage, installing chair lifts etc.) because of your arthritis in the past 3 months? (Mark ONE)

○ No

○ Yes

↳ If so, please indicate what adaptation(s) you have made and the estimated cost:

_ _

_ _

_ _

Personal and friends or family costs associated with your arthritis

CC34. Have **you** incurred personal costs (time off work, car parking fees etc.) associated with hospital or health professional visits in the past 3 months? Please do not include travel costs.

○ No

○ Yes

↳ If so, please describe what these costs are (time off work, car parking fees etc.):

_ _

_ _

↳ Please estimate the cost to you per visit: $ _ _ _

CC35. Have **you** incurred travel costs (mileage, public transport etc.) associated with hospital or health professional visits in the past 3 months?

- ○ No
- ○ Yes

↳ If so, please estimate the cost to you per visit (a return trip): $ _ _ _

↳ If using a car, please give the approximate return mileage: _ _ _ km

CC36. Have **your friends or family** incurred costs (time off work, car parking fees etc.) associated with accompanying you on hospital or health professional visits in the past 3 months? Do not include travel costs.

- ○ No
- ○ Yes

↳ If so, please describe what these costs are:

_ _

_ _

↳ Please estimate the cost to your friends or family per visit: $ _ _ _

CC37. Have **your friends or family** incurred travel costs associated with accompanying you on hospital or health professional visits in the past 3 months?

- ○ No
- ○ Yes

↳ If so, please estimate the cost to your friends and family per visit (a return trip): $ _ _ _

↳ If using a car, please give the approximate return mileage: _ _ _ km

CC38. If there are other costs or consequences of your arthritis, or if you have any comments you would like to share with us regarding any aspect of the Management of Osteoarthritis research project, please provide them in the space below.

_ _

_ _

_ _

_ _

_ _

Thank you for filling in this questionnaire and participating in our programme.

Please return your completed questionnaire in the postage-paid envelope provided.
Please do not fold or bend pages.