## **Attendance Costs**

The following questions are about how much it costs you to attend your hospital/clinic appointment today.

Please tick all the boxes that apply to you.

	•				
Travel					
1. For this visit to the hospital	l/clini	ic how did yo	ou trav	el?	
Own Car Taxi Bus / train		Ambulance Other, pleas			
If you travelled by bus, taxifor you?		train, what wa	as the	total far	e both ways
3. Approximately how many r	miles	from your ho	ome is	s the hos	pital/clinic?
		miles			
Dependants					
4. Do you have any children care arrangements in order to		•		•	
Yes		N	lo		
5. If 'Yes', approximately how	v mud	ch did it cost	you?		
	;	£			
Time spent by you					
6. Did you take time off paid	work	to attend the	e hosp	oital/clinic	?
Yes		N	lo		
7. If 'Yes', how much was you	ur wa	age loss? (if i	none,	enter '0'	)
	;	£			
8. Did someone accompany y	you f		ointme Io	nt today′ □	?

9. If 'Yes, did they take time off paid work to attend the hospital/clinic?							
Yes	; <u> </u>	No					
10. If 'Yes', how much was their wage loss? (if none, enter '0')							
£							
Other Costs							
11. Were there any other costs for this visit to the hospital/clinic (e.g. parking)?							
Yes	s 🗆	No					
12. If 'Yes', how much were	these costs in	total?					
£							
Reimbursement							
13. Were any of your attendance costs reimbursed by the hospital/clinic/someone else?							
Yes	s 🗆	No					
14. If 'Yes', which costs?							
To consequent of the section of		-1-!					
To assess whether the people taking part in this study are representative of people in the local population, we would like to ask you a few extra questions.							
The information given by you will remain confidential and will not be read by anyone else. It will only be used by the research team.							
15. What is your current Employment Status?							
Emplo Self-e Unem	oyed Full Time byed Part Time mployed ployed d/ Student		] [				

## Thank you for completing this questionnaire