

Service Use Questionnaire

Introduction

This questionnaire is about how much you have used different services over the **last six months**. It includes:

1. Overnight stays in hospital
2. Visiting hospital for a few hours as an outpatient (but not staying overnight)
3. Visiting hospital for a day (but not staying overnight)
4. Using Accident and Emergency (A & E) services
5. Using primary care services e.g. GP surgery or walk-in centres
6. Using community based mental health and social support services

As you fill it in, please think about all the services you've used, for both your physical and mental health needs, as well as for any social support needs.

1. Use of hospital inpatient services

Have you had an overnight stay in hospital in the last 6 months? *(Please do not include any hospital outpatient appointments, day hospital appointments or accident and emergency services here, we will ask you for information about these in questions 2, 3 and 4).* If you don't know whether you have used a service, then please tick the "Don't know" box. Thank you.

a. Yes No Don't know

b. If you have had a hospital overnight stay please tell us about each **stay** you may have had in the last **6 months**.

Department - please give type of department or reason you were admitted	Name of Hospital	Admission date (month/year)	Days spent in hospital
		__ / ____	
		__ / ____	
		__ / ____	
		__ / ____	
		__ / ____	
		__ / ____	
		__ / ____	

2. Use of hospital outpatient appointments

Please tell us about any planned hospital outpatient appointments (lasting 4 hours or less) in the last 6 months. For example, a morning or afternoon visit to see a CPN, psychiatrist, psychologist, social worker or for diagnostic tests *(please do not include any hospital inpatient admissions, day hospital appointments or accident and emergency services here, we ask you for information about these in questions 1, 3 and 4, and if you received any home visits, these are covered in questions 5, 6a and 6b).*

If you don't know whether you have used a service, then please tick the 'Don't know' box. Thank you.

- a. Have you attended any hospital outpatient appointments which lasted for **4 hours or less** during the last 6 months?

Yes No Don't know

- b. If YES, please tell us about the department or specialty and the number of appointments which **lasted 4 hours or less**.

Department or specialty or reason for using the service e.g. to see CPN, psychiatrist, psychologist, social worker or for diagnostic test	Total number of visits during the last 6 months	Total number of visits during the last month
<i>Please list each type of department/clinic or specialty or reason for using the service separately and tell us the number of visits for this department/clinic or specialty</i>		

3. Use of day hospital appointments

Please tell us about any planned day hospital appointments (lasting more than 4 hours but not overnight) in the last 6 months. For example, a full day visit (but not overnight) for minor surgery, occupational therapy, assessment of mental health problems, acute mental health treatment (*please do not include any hospital inpatient or outpatient hospital appointments or accident and emergency services here, we ask you for information about these in questions 1, 2 and 4*).

If you don't know whether you have used a service, then please tick the 'Don't know' box. Thank you.

- a. Have you attended any hospital outpatient appointments which lasted for **more than 4 hours (but not overnight)** during the last 6 months?

Yes No Don't know

- b. If YES, tell us about the department or specialty and the number of appointments **more than 4 hours (but not overnight)**

Department or specialty or reason for using the service (e.g. minor surgery, occupational therapy, assessment of mental health problems, acute mental health treatment)	Total visits during the last 6 months	Total visits during the last month
<i>Please list each type of department/clinic or specialty or reason for using the service separately and tell us the number of visits for this department/clinic or specialty</i>		

4. Use of accident and emergency (A&E) services

Please tell us about any accident and emergency (A&E) services in the last 6 months (*please do not include any hospital inpatient admissions, hospital outpatient or day hospital appointments here, we ask you for information about these in questions 1, 2 and 3*).

If you don't know whether you have used a service, then please tick the 'Don't know' box. Thank you.

- a. Have you attended an Accident and Emergency (A&E) unit during the last 6 months?

Yes No Don't know

- b. Please tell us about the number of A & E visits you had which did **NOT** lead to a hospital admission.

Accident and Emergency visits not leading to inpatient admission	
Total number of visits during the last 6 months?	Total number of visits during the last month?

- c. Were you admitted into a hospital as an inpatient directly from the Accident and Emergency (A&E) unit during the last 6 months?

Yes No Don't know

- d. If yes, please tell us about the number of A & E visits you had which **did lead to** a hospital admission. Please tell us about the Accident and Emergency visit in the table below and put details of the inpatient stay in the table in question 3. Thank you.

Accident and Emergency visits leading to inpatient admission	
Total number of visits during the last 6 months?	Total number of visits during the last month?

5. Use of primary care health services

Please tell us whether and how much you have used any of the following services in the last 6 months.

If you have not used a service please tick column B of the tables below. If you don't know whether you have used a service, then please tick the 'Don't know' box. Thank you.

A. GP practice services	B. Not used the service	C. Total visits in the last 6 months?	D. Total visits in the last month?	E. Don't know
GP (at the surgery/practice)				
GP at your home				
Practice Nurse (at the surgery)				
Practice Nurse (at your home)				

A. Other physical care services (e.g. minor illness or injury, diagnostic test, blood sample)	B. Not used the service	C. Total visits in the last 6 months?	D. Total visits in the last month?	E. Don't know
Walk-in-centre				
Other (<i>please specify</i>)				
Other (<i>please specify</i>)				
Other (<i>please specify</i>)				

6a. Use of community based mental health services

Please tell us whether and how much you have used any of the following services in the last 6 months.

If you have not used a service please tick column B of the table below. If you don't know whether you have used a service, then please tick the 'Don't know' box (column E).

If any service involved a care planning meeting, please record this in column F. Thank you.

A. Mental health services	B. Not used the service	C. Total visits in the last 6 months?	D. Total visits in the last month?	E. Don't know	F. Did it involve care planning?
Community mental health team worker e.g. CPN or support worker visiting you at home or meeting you in the community (please specify type of CMHT worker)					
Community mental health team meeting					
Crisis team/emergency service					
Other (please specify)					
Other (please specify)					
Other (please specify)					
Other (please specify)					

6b. Use of community based social support services

Please tell us whether and how much you have used any community based social support services in the last 6 months. Please do not include any services you have told us about in the previous questions.

If you have not used a service please tick column B of the table below. If you don't know whether you have used a service, then please tick the 'Don't know' box (column E).

If any service involved a care planning meeting, please record this in column F. Thank you.

Social support services not reported in previous questions <i>(e.g. social worker, home help, care worker, occupational or physiotherapist) (please specify)</i>	B. Not used the service	C. Total visits in the last 6 months?	D. Total visits in the last month?	E. Don't know	F. Did it involve care planning?