



**Improving the effectiveness of psychological
interventions for depression and anxiety in the
cardiac rehabilitation pathway.**

Economic Patient Questionnaire Baseline

Participant ID

Participant Initials

Site _____

Economic Patient Questionnaire – baseline assessment

Notes to researchers

This questionnaire asks for details about the range of services the participant may have used as part of their health and social care. The questionnaire should be completed by the researcher, with the participant at the baseline assessment. Service use data will be collected using postal questionnaires for the 4 month and 12 month follow up.

At baseline the questionnaire should be completed for any services used in the previous 3 months.

If a participant reports using hospital inpatient or outpatient service the hospital record form should also be completed, **by the researcher** from case notes.

If a participant does not know whether they have used a service, please record this as 'don't know'. If a participant knows they have used a service, but is unsure how many times in all, then give prompts to help them recall or estimate how much they have used the service (for example have you used the service in the last week or last month, and how many times).

1. Use of hospital inpatient services

Date questionnaire completed

DD MM YYYY

Please tell us about each **planned hospital overnight stay** you may have had in the last **3 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*).

a. Have you had any planned hospital overnight stays during the last **3 months**?

Yes No Don't know

b. **If YES**, please tell us about the department or specialty, the name of the hospital, your admission date and the number of days admitted in the box below. **Please record each admission on a separate line.**

Department – please give name/type of department or the reasons you were there.	Name of Hospital	Admission Date (MM/YYYY)	Number of inpatient days.	Don't know (please tick if unsure how many days)
e.g. Manchester Heart Centre	Manchester Royal Infirmary	<u>12</u> / <u>2014</u>	<u> 4 </u> days	
		<u>MM</u> / <u>YYYY</u>	<u> </u> days	
		<u>MM</u> / <u>YYYY</u>	<u> </u> days	
		<u>MM</u> / <u>YYYY</u>	<u> </u> days	
		<u>MM</u> / <u>YYYY</u>	<u> </u> days	
		<u>MM</u> / <u>YYYY</u>	<u> </u> days	
		<u>MM</u> / <u>YYYY</u>	<u> </u> days	
		<u>MM</u> / <u>YYYY</u>	<u> </u> days	
		<u>MM</u> / <u>YYYY</u>	<u> </u> days	

2. Use of hospital outpatient appointments (4 hours or less)

Please tell us about any **planned hospital outpatient** appointments (4 hours or less) in the last **3 months** (*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*).

If the participant has not used a service please Tick 'No'. If they don't know whether they have used a service, then please tick the 'Don't know' box. Thank you.

- c. Have you attended any hospital outpatient appointments which lasted for **4 hours or less** during the last **3 months**?

Yes No Don't know

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

Department or specialty	Total number of visits during the last <u>3 months</u>	Total number of visits during the <u>last month</u>
<i>Please list each type of department/clinic or specialty separately and tell us the number of visits for this department/clinic or specialty</i>		

3. Use of day hospital appointments (lasting more than 4 hours)

Please tell us about any **planned day hospital appointments** (lasting more than 4 hours but not overnight) in the last 3 months (*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 the participant has not used a service please Tick 'No'. If they don't know whether they have used a service, then please tick the '**Don't know**' box. Thank you.

- a. Have you attended any planned day hospital appointments which lasted for **more than 4 hours (but not overnight)** during the last **3 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 <i>(e.g. minor surgery, dialysis, chemotherapy, other diagnostic procedures)</i>	Total number of visits during the <u>last 3 months</u>	Total number of visits during the <u>last month</u>
<i>Please list each type of department/clinic or specialty 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) service use in the last 3 months *(please do not include any planned hospital inpatient admissions, hospital outpatient or day hospital appointments here, we ask you for information about these in questions 1, 2 and 3).*

If the participant has not used a service please Tick 'No'. If they don't know whether they 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 **3 months**?

Yes No Don't know

- b. **If yes**, 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 <u>3 months</u>?	Total number of visits during the <u>last month</u>?

- c. Were you admitted into a hospital as an inpatient directly from the Accident and Emergency (A&E) unit during the last **3 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 1. Thank you.

Accident and Emergency visits leading to inpatient admission	
Total number of visits during the last <u>3 months</u>?	Total number of visits during the <u>last month</u>?

5. Use of primary and community based health services

Please tell us whether and how much you have used any of the following services in the **last 3 months** (*this section continues on the next page*).

If the participant has not used a service please enter '0'. If they don't know whether they have used a service, then please tick the 'Don't know' box.

GP practice services	Total visits in the last 3 months?	Total visits in the last month?	Don't know
GP (at the surgery/practice)			
GP (at your home)			
Practice Nurse (at the surgery)			
Nurse (at your home)			
Community or primary care based cardiac unit			
Walk-in centre			
Counsellor or mental health worker			
Other (<i>please specify</i>)			
Other (<i>please specify</i>)			
Other (<i>please specify</i>)			

6. Social support services (accessed outside the hospital)

Please tell us whether and how much you have used any of the following social support services in the last **3 months**.

If the participant has not used a service please Tick 'No'. If they don't know whether they have used a service, then please tick the '**Don't know**' box.

Yes No Don't know

Other social support services <i>(e.g. social worker, home help, care worker, occupational or physiotherapist)</i> <i>(please specify)</i>	Total visits in the last <u>3 months</u>?	Total visits in the <u>last month</u>?	Don't know

7. Aids and equipment

Please tell us whether and how much you have used any aids or equipment as part of your health care in the last **3 months**. This section continues on next page.

If the participant has not used a service please Tick 'No'. If they don't know whether they have used a service, then please tick the '**Don't know**' box.

a. Have you used any aids or equipment during the last **3 months**?

Yes No Don't know

b. **If yes**, were they provided by others or bought by you?

Who provided or bought the aids or equipment used in the last 3 months	Yes	No	Don't know
Provided by health or social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borrowed from friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bought by you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. If you used any aids or equipment provided by **social service** in the **last 3 months**, please describe them in the box below

Type of aid or equipment provided by social services in the <u>last 3 months</u>	How much, if anything, did you contribute towards the cost (£'s)	Don't know
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

7. Aids and equipment (cont)

d. If you used any aids or equipment **bought by you or friends/ family** in the **last 3 months**, please describe them in the box below

Type of aid or equipment bought by you or friends/ family in the last 3 months	How much, if anything, did you contribute towards the cost (£'s)	Don't know

e. In the **last three months**, are there any other MAJOR (£50+) one-off expenses that you have had to meet because of your health problems? Please do not include any expenses that you have already told us about in questions a. to d.

Have you had any additional MAJOR (£50) one-off expenses because of your health problems in the last **3 months**?

Yes No Don't know

If yes, please describe the MAJOR (£50+) expenses that you have had to meet because of your health problem in the box below.

Description of the item	Cost to you in last 3 months , £'s	Don't know

