Interviewer: The following explains the purpose of this interview and in particular the reasons for economic questions. You may either read out the following or use your own words to convey to the patient the reasons for the interview. The same questionnaire can be used for all patients whether they are living at home or in residential/nursing home care.

- I’m sure that the time you were ill was very difficult for you and the people close to you in many ways.

- This questionnaire will help us to understand how much your illness, following your time in intensive care, has cost you and your family financially.

- We are also interested in whether your treatment affected your use of other health and community services.

- We are also interested to know about any health, community or voluntary services that you may have used since your discharge from hospital.

- If you cannot remember the exact details please give your best estimates.

- When you came home from hospital you were sent an Events Diary to help you to record details of health-related events and personal costs.

- Did you use this?

- Have you got it handy as it may help in completing this questionnaire?

- The information provided will be confidential to the researchers and used only to contribute to overall study results.
**Part One: Healthcare and Community Services**

1. **Transport**
   On the day you returned home after your stay in hospital, how did you travel home?
   - Ambulance
   - Voluntary car services
   - Own/family car
   - Other (please specify) ........................................

   Approximate distance (one-way): ................ miles. If you used a taxi please give the fare you paid: £....................

2. **General Practitioners**
   Since returning home from your time in hospital, have you consulted your GP?  YES  NO

   If NO, please go to QUESTION 3. If YES, please give details of the number of consultations you have had with your GP:
   - At the surgery
   - At home
   - By telephone* ........................................

   *Please exclude calls for arranging appointments and repeat prescriptions.

   How do you normally travel to see your GP? (e.g. Own car, taxi etc) ..............................................................

   If you usually travel by car or ambulance, please give approximate return mileage to your GP surgery: ......................miles

   If you usually travel by public transport or taxi please give the usual return fare per visit: £....................

3. **Other telephone advice**
   Since returning home from your time in hospital have you contacted any of the following by phone for advice about your health?

<table>
<thead>
<tr>
<th>Contact by telephone</th>
<th>If YES, how many times?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Direct</td>
<td>YES ☐ NO ☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>YES ☐ NO ☐</td>
</tr>
</tbody>
</table>

   CESAR study number ..........................
4. Nursing, Therapy and Social Services
Since returning home from your time in hospital, have you received any of the following services? YES □ NO □

If NO, please go to QUESTION 5. If YES, please give further details below.

<table>
<thead>
<tr>
<th>Service</th>
<th>Approx. number of visits</th>
<th>Location of visit (home, hospital, clinic etc)</th>
<th>Did you have to pay?</th>
<th>If yes, approx. cost per visit</th>
<th>Did you have private medical insurance to cover this cost?</th>
<th>If this involved travelling, please give type of transport used (own car, ambulance etc.) or write N/A</th>
<th>If travelled by car / ambulance please give approx. return mileage</th>
<th>If you travelled by public transport / taxi please give return fare per visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □ N/A</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Counselling or psychological treatments</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Social worker</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Home care worker or care attendant</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Health visitor</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>........................................</td>
<td>--------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interviewer: Please use this space to record any other services which could not be listed above.
5. Hospital care
Since returning home from your time in hospital:

**Part A**

Have you been admitted to hospital?  
**YES □  NO □**  
If NO, please go to QUESTION 5 PART B.  
If YES, how many times?  

Please complete the following table as far as you are able to (for day procedures give the same date for admission and discharge).

<table>
<thead>
<tr>
<th>Stay</th>
<th>Date admitted</th>
<th>Date discharged</th>
<th>Name of hospital and town</th>
<th>Please describe how you travelled to the hospital (car, ambulance etc.)</th>
<th>If you travelled by car / ambulance please give approx. return mileage</th>
<th>If you travelled by public transport or taxi please give return fare</th>
<th>Did you have private medical insurance to cover this stay?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y □  N □  N/A</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y □  N □  N/A</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y □  N □  N/A</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y □  N □  N/A</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y □  N □  N/A</td>
</tr>
</tbody>
</table>

**Part B**

Have you visited a hospital as an outpatient?  
**YES □  NO □**  
If NO, please go to QUESTION 6. If YES, please give further details below.

<table>
<thead>
<tr>
<th>Approx. number of visits</th>
<th>Did you have to pay?</th>
<th>If Yes, approx. how much per visit</th>
<th>Did you have private medical insurance to cover this cost?</th>
<th>Please describe how you travelled for these visits (own car, ambulance etc.)</th>
<th>If you travelled by car or ambulance please give approx. return mileage</th>
<th>If you travelled by public transport or taxi please give return fare per visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant clinic (with any doctor)</td>
<td>Y □  N □  N/A</td>
<td>£</td>
<td>Y □  N □  N/A</td>
<td>£</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>Visits to A &amp; E</td>
<td>Y □  N □  N/A</td>
<td>£</td>
<td>Y □  N □  N/A</td>
<td>£</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>Day care/ day hospital (e.g. for rehabilitation)</td>
<td>Y □  N □  N/A</td>
<td>£</td>
<td>Y □  N □  N/A</td>
<td>£</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>Y □  N □  N/A</td>
<td>£</td>
<td>Y □  N □  N/A</td>
<td>£</td>
<td>£</td>
<td></td>
</tr>
</tbody>
</table>
6. Nursing home or residential care
Since returning home from your time in hospital, have you been admitted to a nursing home or residential care?  
YES ☐ NO ☐
If NO, please go to QUESTION 7. If YES, please give further details below.

Interviewer: Please use separate sheet if there are more than 4 stays.

<table>
<thead>
<tr>
<th></th>
<th>Date admitted</th>
<th>Date discharged</th>
<th>Please tick type of care</th>
<th>Did you have to pay?</th>
<th>If yes, approx. cost per stay</th>
<th>Did you have private insurance to cover this cost?</th>
<th>Please describe how you travelled (taxi, ambulance etc.)</th>
<th>If you travelled by car / ambulance please give approx. return mileage</th>
<th>If you travelled by public transport or taxi please give return fare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay 1</td>
<td></td>
<td></td>
<td>Nursing home</td>
<td>Yes</td>
<td>£</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stay 2</td>
<td></td>
<td></td>
<td>Residential care</td>
<td>Yes</td>
<td>£</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stay 3</td>
<td></td>
<td></td>
<td>Nursing home</td>
<td>Yes</td>
<td>£</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stay 4</td>
<td></td>
<td></td>
<td>Residential care</td>
<td>Yes</td>
<td>£</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interviewer: Please use separate sheet if there are more than 4 stays.

Part Two: Patient's Personal Costs

7. Personal expenditure on medication
Part A  
Since returning home from hospital, have you taken any medication?  
YES ☐ NO ☐
If NO, please go to QUESTION 8. If YES, go to PART B
**Part B**

Was the medication provided by the hospital when you were discharged?

**YES** ☐  Please give details of any repeat prescriptions and any new medication in the tables below

**NO** ☐  Please give details of all medication taken in the tables below

<table>
<thead>
<tr>
<th>Prescription drugs from GP</th>
<th>Was the prescription NHS or private?</th>
<th>Approximately how long did you take this medication?</th>
<th>Approximate cost if paid for your medication including prescription charges</th>
<th>Are you currently taking this medication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Ampicillin</td>
<td></td>
<td>e.g. Twice daily for a month</td>
<td>e.g. £5.50</td>
<td></td>
</tr>
</tbody>
</table>
8. Personal expenditure on healthcare
Since returning home from your time in hospital, have you used any of the following services or items?  

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
</table>

(Interviewer: please read out list of items from the table below. Also include any item/adaptation that has been ordered/arranged but not yet received by patient.)

If NO, please go to QUESTION 9. If YES, please provide as many details as you can in the table on page 8.

### Table 2

<table>
<thead>
<tr>
<th>Non-prescription drugs i.e. over the counter medication</th>
<th>Approximately how long did you take this medication?</th>
<th>Approximate cost if paid for your medication including prescription charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Aspirin</td>
<td>e.g. Twice daily for a month</td>
<td>e.g. £3.00</td>
</tr>
<tr>
<td>A) Private medical care (e.g. any private treatment not included in Question 5B). Please specify:</td>
<td>Did you have to pay anything?</td>
<td>Approximate cost if known</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Yes ☐ No ☐ N/A ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B) Equipment (e.g. wheelchair). Please specify:  

Yes ☐ No ☐ N/A ☐  

Equipment was provided by:  

..................................................

Yes ☐ No ☐ N/A ☐  

N.B. If you used any equipment but did not pay for it please specify who arranged this for you (e.g. hospital, social services, voluntary sector etc.)

C) Childcare (any childcare arrangements you had to make due to your illness). Please specify:  

Yes ☐ No ☐ N/A ☐  

Yes ☐ No ☐ N/A ☐

D) Any adaptations to your home such as a ramp, stair lift, changes to the bathroom etc. Please specify:  

Yes ☐ No ☐ N/A ☐  

Yes ☐ No ☐ N/A ☐  

If you had any adaptations done to your home but did not pay for it please specify who provided this for you?  

Adaptations provided by:  

..................................................

E) Any other items of health care. Please specify.  

Yes ☐ No ☐ N/A ☐  

Yes ☐ No ☐ N/A ☐
Part Three: Employment

9. Employment before hospitalisation
Were you in employment before you were admitted to intensive care?  
Yes □  No □

If YES, was this:  
Paid employment  
Full time □  Part-time □

Unpaid employment (e.g. volunteer)  
Full time □  Part-time □

If NO, please choose one or more of the following categories that best described your status before your time in hospital and go to QUESTION 12.

Retired  □  Retired on medical grounds  □  Unemployed  □
Student  □  Housewife/househusband  □  Other (please specify) ………………………………….……

10. Employment after discharge

Part A  Please tell us your current employment status by ticking one of the following boxes.

Returned to paid work  □  Date returned to work  _ _ / _ _ / _ _ (dd/mm/yy)
Returned to unpaid work (volunteer)  □  Date returned to work  _ _ / _ _ / _ _ (dd/mm/yy)
Paid sick leave  □  Please go to Q.12
Unpaid sick leave  □  Please go to Q.12
Retired on medical grounds after discharge  □  Please go to Q.12
Unemployed  □  Please go to Q.12
Other (please specify)  □  Please go to Q.12

……………………………………………………………………………………………………………………………………………………..
If you returned to work:

Is this job: Full time [ ] Part-time [ ]
Is it the same employment that you had before your illness? YES [ ] NO [ ]

11. Time off work
If you have returned to work since returning home, have you had to take any time off work because of further illness?

YES [ ] NO [ ] Not Applicable [ ]
If NO, please go to question 12. If YES, how many days? [ ]

12. Benefits and allowances
(Interviewer: please remind and reassure patient that all data will be kept confidential)

Are you currently receiving any government benefits or allowances? YES [ ] NO [ ]
If YES, please give approximate date when you became eligible. _ _ / _ _ / _ _ (dd/mm/yy)
If NO, have you applied for any benefits or allowances since your discharge from hospital? YES [ ] NO [ ]

(Interviewer: The following list of benefits/allowances might help remind the patient/carer about any benefits they might have applied for: housing benefit, incapacity benefit, severe disablement allowance, invalid care allowance, attendance allowance and disability allowance)
13. **Employment - additional information**

Please give any comments on income, work etc. that were not covered in questions 9-12.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

14. **Healthcare from family and friends**

Since returning home from your time in hospital, have you received care from family members, relatives or friends as a result of illness?

If NO, please go to QUESTION 15. If YES, please complete the following:

1) Was this help from an unpaid carer?  YES ☐  NO ☐
2) Did your carer have to take this time off work?  YES ☐  NO ☐
3) Did your carer have to give up his/her employment?  YES ☐  NO ☐
4) Did your carer have to take up a different job or switch to a part-time job to care for you?  YES ☐  NO ☐

Please describe the frequency of involvement by carers since discharge in the table below:

<table>
<thead>
<tr>
<th>Total weekly hours of help (e.g. 2 hours help twice a week, total is 2x2 = 4)</th>
<th>Over what period did you receive this help? (e.g. 1 week)</th>
<th>Total hours of help</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any comments
5) Do you need regular daily help with things that fit and healthy people would normally do for themselves?  

   YES □  NO □

   (Interviewer: if YES please record carer details on checklist and issue a CSI if carer present)

15. Changes to family circumstances
Since you were admitted to intensive care, have there been any significant changes in your family circumstances?  

   YES □  NO □

If NO, please go to QUESTION 16. If YES, please provide (approximate) costs for the following:

   (Interviewer: Please try to establish any major changes and express costs as per month if possible, giving comments to explain if necessary. If patient is only able to give a total cost please make a note of this in the 'comments' column)

<table>
<thead>
<tr>
<th>Description</th>
<th>Approximate monthly additional cost, if known</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in residence (e.g. had to move to a different but own house, move to a relative's house etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other such as lost employment income through illness (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
16. Do you have any health related insurance policy/plan?  

YES ☐  NO ☐

If No please go to QUESTION 17, if YES, please tell us what it covers by ticking one or more of the following options:

1) Health care costs ☐  2) Income protection ☐  3) Any other (please specify) ......................... ☐

17. Do you have any other comments about the cost of your health care that you’d like me to record?  

YES ☐  NO ☐

(Interviewer: Please record any comments made by the patient or carer)

---------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------