



Cost of Trauma Instrument (COTI)

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INSTRUCTIONS:

Please read each question carefully and indicate your selection by ticking the appropriate circle ○

PERSONAL DETAILS

1 Surname:.....

2 First Name:.....

3 Marital Status?

- Single
- Married or De Facto
- Separated or Divorced

EDUCATION

4 Highest level of education achieved?

- Primary
- Secondary
- Technical or Further Educational Institution
- University or other Tertiary Institution
- Other (Please specify)

5 Were you undertaking any further education at the time of your hospitalisation in 2004?

- NO
- YES (Please specify):.....

If YES, were you unable to complete these studies due to your injury?

- YES
- NO

6 Are you currently undertaking any further education?

- NO
- YES (Please specify):.....

EMPLOYMENT

7 What is your current employment status?

Unemployed

If YES, were you unemployed as a result of your injury?

YES

NO

Not looking for work

Retired

Student

Employed

In what capacity are you employed?

Full-time

Part-time.....hrs/week

Casual.....hrs/week

If employed, what is your current occupation? (Please specify).....

When you returned to work after your hospitalisation did you undertake lower duties or occupational rehabilitation?

NO

YES (Please specify).....week/s

Due to your hospitalisation do you regularly require time off work?

NO

YES (Please specify, e.g. visiting doctor).....hrs/month

8 Prior to your hospital admission in 2004 what was your employment status?

- Unemployed
- Not looking for work
- Retired
- Student
- Employed (Please specify):.....

In what capacity are you employed?

- Full-time
- Part-time.....hrs/week
- Casual.....hrs/week

9 Was there a period of time after your hospitalisation where you were unable to work?

- NO
- YES (Please circle)
 - 1 week
 - 1 month
 - 3 months
 - 6 months
 - Permanently unable to work
 - Other (Please specify):.....

During this period, what type of leave arrangements were used?

- Sick leave
- Flexible hours
- Leave without pay
- Other (Please specify):.....

INCOME

10 Before tax is taken out, what is your current weekly income from employment?

- Negative/Nil income
- \$1 - \$39
- \$40 - \$79
- \$80 - \$119
- \$120 - \$159
- \$160 - \$199
- \$200 - \$299
- \$300 - \$399
- \$400 - \$499
- \$500 - \$599
- \$600 - \$699
- \$700 - \$799
- \$800 - \$999
- \$1,000 - \$1,499
- \$1,500 or more

11 Prior to your hospitalisation, what was your average weekly income (before tax) from your employment?

- Negative/Nil income
- \$1 - \$39
- \$40 - \$79
- \$80 - \$119
- \$120 - \$159
- \$160 - \$199
- \$200 - \$299
- \$300 - \$399
- \$400 - \$499
- \$500 - \$599
- \$600 - \$699
- \$700 - \$799
- \$800 - \$999
- \$1,000 - \$1,499
- \$1,500 or more

12 Do you currently receive any government or private financial benefits?

- Government Financial Benefits: (Please specify \$/week)
 - Newstart Allowance
 - Pension
 - Youth Allowance
 - Sole Parent Allowance
 - Worker's Compensation Benefits
 - Sickness Allowance
 - Carer's Benefit
 - Other
- Private Financial Benefits? (Please specify)
 - Employee disability and injury insurance:.....(\$/week)
 - Employee income protection:.....(% of income)
 - Other:.....(\$/week)

13 Did you receive any government or private benefits prior to your hospitalisation in 2004?

- NO
- YES
 - Government Financial Benefits: (Please specify \$/week)
 - Newstart Allowance
 - Pension
 - Youth Allowance
 - Sole Parent Allowance

- Worker's Compensation Benefits
- Sickness Allowance
- Carer's Benefit
- Other
- Private Financial Benefits: (Please specify)
 - Employee disability and injury insurance:.....(\$/week)
 - Income Protection:..... (% of income)
 - Other:.....(\$/week)

CONCESSIONS

14 Do you receive any concessions for health care costs?

- Pension card
- Department of Veteran Affairs
- Medicare Safety Net Card
- Private Health Insurance
- Other (Please specify):.....

DIRECT COSTS

- 15 Did your injury in 2004 result in any direct expenses related to property damage? (Please specify)

Nature of Expenses	Cost (\$)
e.g. Insurance expense for car repairs	\$400

- 16 As a result of your injury have you incurred additional health care and living expenses? (Please specify \$/week)

- Home carer
- Medications
- Mobility aides
- Dietary requirements
- Home renovations
- Community Nurse
- Allied Health Care
- Counselling
- Transport Costs
- Other

INDIRECT COSTS

17 If applicable, please specify

- Hours per week allocated by family/friends in assisting with your carehrs
- Are these family members/friends usually involved in paid employment?
 - NO
 - YES
 - Full-time
 - Part-time
 - Casual: hrs/week.....
- Before your family member/friend became your carer what was their average weekly income.....\$/week
- Age of family member/friend caring for you.....years
- What is the average weekly time you spend accessing health care services.....hrs/week
- Do you presently participate in volunteer work
 - NO
 - YES (Please specify)
 - Type of volunteer work
 - hrs/week.....

HEALTH STATUS

18 Did you suffer from any illness or disability prior to your hospitalisation?

- NO
- YES (Please specify):.....

19 Have you developed any secondary illness as a result of your injury in [insert year]?

- NO
- YES (Please specify):.....

20 Have you been readmitted to hospital since your initial hospital admission in [insert year]?

- NO
- YES (Please Specify)
 - Which hospital?
 - Date of admission:.....
 - Cause of admission:.....

21 In the last two weeks how many times have you used the following health services? (Please specify number of visits)

- Emergency Ward:
- General Practitioner:
- Specialist Doctor:
- Allied Health Practitioner (e.g Physiotherapist):
- Other (Please specify)