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/clinic how did you travel?
   
   Own Car [ ]    Ambulance [ ]
   Taxi [ ]        Other, please describe [ ]
   Bus / train [ ] ........................................

2. If you travelled by bus, taxi, or train, what was the total fare both ways for you?
   £.............

3. Approximately how many miles from your home is the hospital/clinic?
   ...........miles

Dependants

4. Do you have any children or other dependants for whom you had to make care arrangements in order to be able to attend the hospital/clinic?
   Yes [ ]    No [ ]

5. If ‘Yes’, approximately how much did it cost you?
   £.............

Time spent by you

6. Did you take time off paid work to attend the hospital/clinic?
   Yes [ ]    No [ ]

7. If ‘Yes’, how much was your wage loss? (if none, enter ‘0’)
   £.............

8. Did someone accompany you for your appointment today?
   Yes [ ]    No [ ]
9. If ‘Yes, did they take time off paid work to attend the hospital/clinic?  
   Yes □   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 □   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 □   No □

14. If ‘Yes’, which costs?
   …………………………………………………………………………………

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?
   Employed Full Time □
   Employed Part Time □
   Self-employed □
   Unemployed □
   Retired/ Student □
   Other □

Thank you for completing this questionnaire