

Arthritis

PROJECT

Firstly, please tell us about the health care you have received for your arthritis

1) In the last 3 months, have you been to hospital because of your arthritis?

Note: Do not include physiotherapy or occupational therapy appointments

Please tick 'yes' or 'no' for each line. If you answer 'yes' to any of them, please tell us how many times you used the service.

	No	Yes		
Been to accident and emergency (casualty)	<input type="checkbox"/>	<input type="checkbox"/>	Total number of visits:
Stayed in hospital overnight	<input type="checkbox"/>	<input type="checkbox"/>	Total number of nights:
Had a hospital outpatient appointment	<input type="checkbox"/>	<input type="checkbox"/>	Total number of appointments:

2) In the last 3 months, have you used any of the services below because of your arthritis?

Please tick 'yes' or 'no' for each line. If you answer 'yes' to any of them, please tell us how many times you used the service, how long your contact with that person lasted (on average if more than once) and when applicable tick if the service was private.

	No	Yes	Number of times	On average, how many <u>minutes</u> did you see/talk to them for?
GP and practice nurse				
Saw GP at the surgery	<input type="checkbox"/>	<input type="checkbox"/>
Saw GP at home	<input type="checkbox"/>	<input type="checkbox"/>
Phoned GP for advice	<input type="checkbox"/>	<input type="checkbox"/>
Saw practice nurse	<input type="checkbox"/>	<input type="checkbox"/>
Phoned practice nurse for advice	<input type="checkbox"/>	<input type="checkbox"/>
Got a repeat prescription (without seeing doctor)	<input type="checkbox"/>	<input type="checkbox"/>	
Social services				
Got meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>
Home help came around	<input type="checkbox"/>	<input type="checkbox"/>
Saw social worker	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist				
			Private	
Saw at the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saw at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saw at the GP surgery or a clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapist				
Saw at the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saw at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saw at the surgery or a clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other services				
Arthritis self-management session	<input type="checkbox"/>	<input type="checkbox"/>	
Others (e.g. alternative therapies, voluntary services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would now like to know about what arthritis has cost you and others

3) In the last 3 months, what medicines have you used for your arthritis and how did you pay for them altogether? (Include homeopathic/herbal medicines)

List all arthritis medicines in this box
(copy name from the bottle/packet)

Please tick all that apply and fill in any relevant gaps

- I did not have any medicines
- I got free prescriptions in the last 3 months
- I used someone else's medicine
- I used a pre-payment certificate which cost me £..... for months
- I paid £..... for prescriptions in the last 3 months
- I paid £..... for non-prescription medicines in the last 3 months

4) In the last 3 months, have you, your relatives/friends, the NHS or social services paid for any of the following because of your arthritis?

Please tick 'yes' or 'no' for each line and tell us how much it cost

	No	Yes	How much has this cost altogether in the last 3 months?	Who paid for this?
Employing extra help (e.g. childcare or cleaning)	<input type="checkbox"/>	<input type="checkbox"/>
Transport to get healthcare (e.g. to go to your GP surgery or hospital)	<input type="checkbox"/>	<input type="checkbox"/>
Transport to get to arthritis self-management sessions	<input type="checkbox"/>	<input type="checkbox"/>
Changes to your home (e.g. moving bathroom downstairs, stairlift)	<input type="checkbox"/>	<input type="checkbox"/>
Special equipment	<input type="checkbox"/>	<input type="checkbox"/>
Any other costs due to arthritis.....	<input type="checkbox"/>	<input type="checkbox"/>
.....				

5) In the last 3 months, have you taken any time off work because of your arthritis?

Note: Include any time taken off because you were suffering with arthritis or using any health services such as those listed in questions 1 & 2.

- Yes **If yes:** Please give details below
- No
- I have not been employed in the last 3 months

Please tell us either the number of days or the number of hours you took off in the last 3 months

	No	Yes	Number of whole working days	Number of hours
Took sick leave from work	<input type="checkbox"/>	<input type="checkbox"/>
Used your paid holiday time from work	<input type="checkbox"/>	<input type="checkbox"/>
Took unpaid leave from work	<input type="checkbox"/>	<input type="checkbox"/>
Just made up the time at work	<input type="checkbox"/>	<input type="checkbox"/>
Other arrangement (please describe below)	<input type="checkbox"/>	<input type="checkbox"/>
.....				

Have you lost any pay because of this time off work?

Yes *If yes:* How much gross income you have lost in the last 3 months?
 £.....
 No

6) In the last 3 months, have friends and relatives helped you with tasks at home which you couldn't do because of your arthritis?

Yes *If yes:* Please tick below the tasks they helped you with and for how many hours per week.
 No

Did anyone help you with this task?	No	Yes	Typically, how many hours per week?
Personal care (<i>e.g. bathing, dressing</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>
Housework / laundry	<input type="checkbox"/>	<input type="checkbox"/>
Providing transport/taking you out	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Looking after pets	<input type="checkbox"/>	<input type="checkbox"/>
Generally providing support	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>Please describe below</i>)	<input type="checkbox"/>	<input type="checkbox"/>
.....			

7) In the last 3 months, have friends and relatives stayed off work to help you because of your arthritis?

Yes *If yes:* How many days did they take off work in the last 3 months?

No

Now please tell us something about yourself

8) Which of the following best describes your current situation?

Please read the whole list first and then write '1' in the box that applies. If other categories apply, write '2', '3' etc. to indicate the order that best describes your situation.

- Working full time (30 hours or more per week)
- Working part time (less than 30 hours per week)
- Unemployed and looking for work
- Volunteer
- Job training/apprentice
- Student
- At home and not looking for work
(*e.g. looking after home and/or family*)
- Unable to work What is the reason for this?
 Arthritis Other illness Other reason

Made redundant/took early retirement

What is the reason for this?

Arthritis Other illness Other reason

Retired

Other

Please describe

9) Do you receive any state benefits?

Yes *If yes:* Please tick below which benefits you get and tell us how much you get altogether
No

Income support

Invalidity allowance

Family credit

Disability working allowance

Jobseeker's allowance

Disability living allowance

Housing benefit

Incapacity benefit

Statutory sick pay

Attendance allowance

Others

(please

describe)

How much do you receive altogether in benefits each week?

£.....

**10) What is the total income of your household per week from all sources before taxes and deductions?
(Exclude housing benefit and council tax rebate)**

Note: a household is either one person living alone, or a group of people (who may or may not be related) living, or staying temporarily, at the same address, with common housekeeping.

Please tick one

£0 - £99

(£0 - £5199 per year)

£350 - £449

(£18,200 - 23,399 per year)

£100 - £149

(£5,200 - £7,799 per year)

£450 - £599

(£23,400 - £31,199 per year)

£150 - £249

(£7,800 - £12,999 per year)

£600 - £749

(£31,200 - £38,999 per year)

£250 - £349

(£13,000 - £18,199 per year)

£750 or more

(£39,000 or more per year)

11) What kind of accommodation do you live in at the moment?

Please tick one

Domestic housing (e.g. house, flat)

Residential home

Sheltered housing

Nursing home

12) If you live in domestic housing, how many people are there in your household?

Number of adults (including yourself)

Number of children under the age of 16

13) Which ethnic group do you consider yourself to belong to?

Please tick one

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Black other | |

Thank you for completing this questionnaire

Please return it in the stamped addressed envelope provided to:

XXXXXXXXXXXXXXXX