

This questionnaire should be completed by the researcher in an interview with the carer of the person with dementia (PwD).

Section 1: PwD

1. How many people are there in the participant's household?

	Number
Number of adults including study participant	<input type="text"/> <input type="text"/>
Number of children under the age of 16 years	<input type="text"/> <input type="text"/>

2. What kind of accommodation does the study participant live in at the moment? (*tick one box*)

Council-rented housing	<input type="checkbox"/>
Housing-association rented housing	<input type="checkbox"/>
Private rented housing	<input type="checkbox"/>
Owner-occupied housing	<input type="checkbox"/>
Other housing (please describe in box)	<input type="checkbox"/> <input type="text"/>

3. Is the participant's accommodation "sheltered" housing (has a warden or scheme manager on-site)?

Yes

No

4. Has the participant lived anywhere else during the last 3 months (excluding hospital stays)?

Yes → *Go to Q5*

No → *Go to Q6*

5. What type of accommodation did the participant stay in at that time?

If participant reports a stay in a care/nursing home or other location, complete the questions in that row.

For 'Participant or family contribution', ask: 'Did the participant or a family member pay for this accommodation?' and tick yes if the person reports having paid all or part of the costs

Service	No	Yes	Reason for using service (e.g. respite)	Name of home (not to be entered into database)	Number of days		Participant or family contribution		Provider (see note*)
							No	Yes	
Care home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - please describe using 'Name of home' box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*[*Note: Use the "Name of home" information to complete the Provider box, using WHO codes, after the interview]*

WHO codes

1	Local authority/Social Services/Council
2	NHS
3	Voluntary/charitable organisation
4	Private company or insurance company
5	Self or family members
6	Other
7	Researcher unable to classify response
8	Not completed

Community health and social services

6. In the last 3 months, has the study participant used any of the services below?
[SHOW CARD 1 in the Response Book]

Note: please tick the 'no' box if participant has not used the service

Service			No. of		No. clinic or		Average duration of		
	No	Yes	home	visits	office	visits	contact (minutes)		
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice nurse (at GP surgery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community/District Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community psychiatric / Community Mental Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social worker or care manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health team worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist nurse (e.g. Admiral Nurse, palliative care nurse, respiratory nurse) - please describe in box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; width: 100%; height: 50px;"></div>									

7. In the last 3 months, has the participant used any of the services below?

[SHOW CARD 2 in the Response Book]

Note: please tick the 'no' box if participant has not used the service

For 'Participant or family contribution', ask: 'Did you or a family member pay for this service?' and tick yes if the person reports having paid all or part of the costs

Service	No	Yes	Number of home visits	No. of clinic / office visits	Average duration of contact (minutes)	Participant or family contribution	
						No	Yes
Home care/home help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home care/home help: additional organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home care/home help: additional organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting service (e.g. Crossroads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer's support worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropodist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health or social care services:							
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Day services

8. In the **last 3 months** has the participant used any of the day services below?

[SHOW CARD 3 in the Response Book] Note: please tick the 'no' box if participant has not used the service. For 'Participant or family contribution', ask: 'Did you or a family member pay for this service?' and tick yes if the person reports having paid all or part of the costs

Service	No		Yes		Number of times per week	Number of times in last 3 months	Name of service (not to be entered into database)	Did participant or family pay or contribute		Provider (see note*)
								No	Yes	
Day centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient education group (e.g. reminiscence) <i>please describe:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health or social care day services:										
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[*Note: Use the "Name of service" information to complete the Provider box, using WHO codes, after the interview]

Direct Payments

9. Has the participant been in receipt of direct payments, individual budget or personal budget* in the last 3 months? (* see Q9 definitions card in the Response Book)

Direct payments / Personal Budgets	No	Yes	Total weekly value in £
Direct payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Individual budget / Personal budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Hospital services

10. In the last 3 months has the participant used any of the following hospital services?

Note: please tick the 'no' box if participant has not used the service

Service	No	Yes	Name of ward, clinic hospital or centre	Reason for using service (condition, specialty)	Unit of measurement	No. of days/attend	NHS Trust code*
Accident & Emergency Department (A&E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Attendance	<input type="text"/> <input type="text"/>	<input type="text"/>
Inpatient ward admission 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Inpatient day	<input type="text"/> <input type="text"/>	<input type="text"/>
Inpatient ward admission 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Inpatient day	<input type="text"/> <input type="text"/>	<input type="text"/>
Inpatient ward admission 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Inpatient day	<input type="text"/> <input type="text"/>	<input type="text"/>
Inpatient ward admission 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Inpatient day	<input type="text"/> <input type="text"/>	<input type="text"/>
Inpatient ward admissions 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Inpatient day	<input type="text"/> <input type="text"/>	<input type="text"/>
Outpatient Department (OPD) Attendance 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Appointmen	<input type="text"/> <input type="text"/>	<input type="text"/>
OPD Attendance 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Appointmen	<input type="text"/> <input type="text"/>	<input type="text"/>
OPD Attendance 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Appointmen	<input type="text"/> <input type="text"/>	<input type="text"/>
OPD Attendance 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Appointmen	<input type="text"/> <input type="text"/>	<input type="text"/>
OPD Attendance 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Appointmen	<input type="text"/> <input type="text"/>	<input type="text"/>
Day hospital Attendance 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Day attendance	<input type="text"/> <input type="text"/>	<input type="text"/>
Day hospital Attendance 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Day attendance	<input type="text"/> <input type="text"/>	<input type="text"/>

*[*Note: Use 'name of hospital' information to assign NHS Trust code after the interview]*

Medications

13. Has the participant taken any medications for his/her condition over the last 3 months?

Tradename DEMENTIA DRUGS	First day dd/mm/yy	Last day (if applies) dd/mm/yy	Ongoing (if applies)	Dose	Medicat'n unit code	Frequency code	Medication code*
_____	__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
OTHER MENTAL HEALTH DRUGS							
_____	__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	__/__/__	__/__/__	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

[*Note: Use 'Tradename' information to assign medication code after the interview]

Tick if participant does not take any medications for his/her condition

Medication unit codes

1	Mg	7	Drops
2	microgram	8	Sprays (spray)
3	Gram	9	Bottles
4	ML	10	Packs
5	Tubs/tubes	11	IU (injections)
6	Puffs (inhalers)	99	Other – give details

Medication frequency codes

1	Once daily	7	Once a week
2	Twice daily	8	Once every two weeks
3	Three times daily	9	Once every three weeks
4	Four times daily	10	Once every four weeks
5	Three times a week	11	Once every five weeks
6	Twice a week	88	As required / "PRN"

Section 2: Carer

1. Do you live with the study participant (the service user/participant)?

Yes → Go to Q5
No → Go to Q2

2. How many people are there in your household?

	Number
Number of adults (including responder)	<input type="text"/> <input type="text"/>
Number of children under the age of 16	<input type="text"/> <input type="text"/>

3. What kind of accommodation do you live in at the moment? (tick *one* box)

Council-rented housing	<input type="checkbox"/>
Housing-association rented housing	<input type="checkbox"/>
Private rented housing	<input type="checkbox"/>
Owner-occupied housing	<input type="checkbox"/>
Other housing	<input type="checkbox"/>
Please describe	<input type="text"/>

4. Is your accommodation “sheltered” housing (has a warden or scheme manager on-site)?

Yes
No

Employment

5. Which of the following best describes your current employment situation?

(Tick the one box that applies best to carer's situation)

In paid employment



Go to Q6

Retired



Go to Q8

Unable to work



Unemployed and looking for work



At home and not looking for work (e.g. housewife/husband)



Doing voluntary work



Student (full or part-time)



Other (Please describe)



If carer is employed:

6. What is your current job(s)/occupation(s)?

7. Number of hours you work per week in all the jobs you do



Go to Q10

If carer is not in paid employment:

8. When were you last employed? (Month/Year)

mm

yy

9. What was/were your most recent job(s)/occupation(s)?

10. Have you given up or cut down on work in order to provide care for the study participant?

Yes, given up work



Go to Q11

Yes, cut down



Go to Q13

No



If carer gave up or cut down work:

11. When did this happen? (Month/Year)

mm

yy

If carer cut down on work:

12. By how much did you cut down on work each week? Hours per week

If the carer lives with the study participant, ask Q13

If the carer does not live with the study participant, ask Q14

13. On a typical day, how much time do you spend looking after/providing help for the study participant? (*Tick if yes*)

- Provides no help in a typical day
- Less than 1 hour
- More than 1 hour and up to 2 hours
- More than 2 hours and up to 3 hours
- More than 3 hours and up to 5 hours
- More than 5 hours and up to 10 hours
- More than 10 hours, but not overnight
- More than 10 hours *and/including* overnight
- Other, describe:

14. How many hours do you spend each week looking after/providing help to the study participant?

(*If the carer does not live with the service user*)

Hours per week

15. On a typical day, what tasks do you usually help your relative with? (*Tick as many as apply*)

- Personal care
- Helping with finances
- Practical help
- Taking the person to appointments
- Medications
- Keeping the person company
- Making sure the person is safe (supervision)
- Other, describe:

Other carers

16. Other than yourself, do other friends or relatives regularly help/provide care for the study participant?

Yes → **Go to Q17**

No → **Go to Q19**

17. Thinking about an average week, how many such carers help/provide care for the study participant?

18. Thinking about an average week, and about all such carers, for how many hours do they help/provide care for the study participant?

Hours per week

19. Have any **friends and relatives** taken time off paid work over the last 3 months to help/provide care for the study participant?

Yes

No

20. If **yes**, can you estimate the total number of days that relatives/friends have taken off work over the last 3 months to help/provide care for the study participant? (If no, write 0 in boxes)

Total days

Travel Costs

21. **In the last 3 months**, have you accompanied your relative (the study participant) to any clinic, hospital, or day services for his/her condition?

Yes → **Go to Q22**

No → **No further questions**

22. If **yes**, over the last 3 months, how many times did you accompany your relative (the study participant)?

	Number of times per week	Number of times in last 3 months
Accompanied respondent	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

23. How did you normally travel to get to the services your relative used (e.g. to go to your GP surgery or hospital)? If you used more than one form of transport please say how you travelled for the main/longest part of your journey.

[use TRANSPORT code]

TRANSPORT codes

1	Walked	7	Took hospital transport
2	Cycled	8	Went by ambulance
3	Took the bus	9	Other
4	Took the train		
5	Took a taxi		
6	Drove the car		

24. How long did it normally take to travel there from home?

	Hours	Minutes
Number of	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

25. If you normally travelled by public transport, what was the cost of the fare in one direction (cost of a one-way ticket)?

	£	pence
Cost of one-way fare	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

26. If you normally travelled by taxi, what was the cost of the fare in one direction (cost of a one-way journey)?

	£	pence
Cost of one-way fare	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

27. If you normally travelled by car, how many miles/kilometres did you travel to get there (one-way journey)? (*write in underlined space whether using miles or kilometres*)

Number of _____ one-way	<input type="text"/> <input type="text"/> <input type="text"/>
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28. If you normally travelled by car, if you had to pay for parking, how much did you pay?

	£	pence
Expenditure on parking	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>