

Cost Questionnaire

Study title: Ig PRx in AECOPD

Screening Number: _____

Participant Study ID: _____ Participant Pseudo Initials ____-____-

Study Start Date(yyyy/mm/dd): _____

Call Date (yyyy/mm/dd): _____ Number of week of study: _____

Resource use

1. Could you please tell me how many times you have used any of the following services in the last 3 month?

	Have you used this service? Please write Yes or No	If yes, how many times have you used this service in the last 3 months?
GP or family physician visits		
Walk-in clinic		
Specialist office visits		
Home care nurse visits		
Social worker visits		
Other health visitor visits e.g. physiotherapist, occupational therapist, psychologist, etc.		
Home help such as personal support worker		
Any other professional visitor or service (please specify)		

2. Have you been admitted to hospital in the last 3 month?

___ Yes How many times? ____

___ No (go to question 4)

3. Think about your hospitalization(s)

Stay #1

- a. When was date admitted? _____
- b. When was date discharged? _____
- c. Name of hospital and town _____
- d. Were you admitted to ICU? _____

- e. If you were admitted to ICU, how many days were you in ICU? _____
- Stay #2
- a. When was date admitted? _____
- b. When was date discharged? _____
- c. Name of hospital and town _____
- d. Were you admitted to ICU? _____
- e. If you were admitted to ICU, how many days were you in ICU? _____

- Stay #3
- a. When was date admitted? _____
- b. When was date discharged? _____
- c. Name of hospital and town _____
- d. Were you admitted to ICU? _____
- e. If you were admitted to ICU, how many days were you in ICU? _____

- Stay #4
- a. When was date admitted? _____
- b. When was date discharged? _____
- c. Name of hospital and town _____
- d. Were you admitted to ICU? _____
- e. If you were admitted to ICU, how many days were you in ICU? _____

Medication

1. Have there been any new prescription or non-prescription medications in the past month?
- ___ Yes
- ___ No

If yes, please fill in the table below

Medication name and dosage	How much money did you pay from your own pocket?	How often do you take this medication?	Are you currently taking this medication?

2. Have there been any medications you stopped taking in the past month?
- ___ Yes
- ___ No

If yes, please list name and stopped date

Employment

1. Do you do any work as an employee or on a government sponsored training scheme, as self-employed/freelance, or in your own/family business?
☐ Yes, full time
☐ Yes, part time
☐ No
2. If no, are you
☐ Retired?
☐ Student?
☐ Looking after home/family?
☐ Permanently sick/disabled?
☐ None of the above?
3. If you are in paid employment, how many days have you had off work in the last month on account of your health?
_____ days

Caregiver

1. Do you receive help with your daily activities from a relative or friend?
☐ Yes
☐ No (end of questionnaire)
2. If yes, on average, how much time per day/per week do they spend?
_____ hours/day
_____ days/week
3. What would that person have been doing as their main activity if they had not been helping and/or caring for you?
☐ housework
☐ childcare
☐ caring for a relative or friend
☐ voluntary work
☐ leisure activities
☐ attending school or university
☐ on sick leave
☐ paid work
☐ other (please specify) _____
4. What is your caregiver's occupation?
