## Client Service Receipt Inventory for Adolescents with Chronic Pain- Parent report

We would like to find out a bit more about the financial impact that your child's pain has had on the family and about the services that your family have used because of your child's pain.

If you are unsure of anything, please feel free to write comments and details on this form.

It is **very important that you try to answer every question**. If you are unable to remember the exact answers, please try to estimate them as best you can.

All information will be treated confidentially and will only be used for the purposes of this research. The records are stored anonymously and do not form part of your hospital records.

1) Do your child and/or you receive any state benefits specifically <u>for your child's</u> pain?

Yes D No D
IF YES:
Which ones?
□ Incapacity benefit
Jobseekers allowance
Statutory sick pay
Disability living allowance
Other (describe)
How much do you receive altogether in these benefits <u>each week/ month</u> ?

f per week OR f per month

## Please tell us about the health care your child has received

2) If your child has stayed overnight in hospital<u>in the last 12 months for any</u> reason related to their pain, please give details below about each stay.

Please enter '0' in the first row if your child hasn't stayed in hospital in the last 12 months.

	Specialty of the ward you stayed in (e.g. general ward, surgical ward)	Number of nights for each stay
1 <sup>st</sup> admission		
2 <sup>nd</sup> admission		
3 <sup>rd</sup> admission		
4 <sup>th</sup> admission		
5 <sup>th</sup> admission		
6 <sup>th</sup> admission		

3) If your child has had any <u>hospital outpatient appointments in the last 12</u> <u>months for any reason related to their pain</u>, please give details below about each episode.

Please enter '0' in the first row if your child hasn't had any appointments in the last 6 months.

Outpatient department/ Consultant specialty (e.g. Rheumatology, Orthopaedic Surgeon, Pain clinic)	Number of appointments in last 12 months

4) How many times has your child visited a hospital accident and emergency department (A&E, casualty) in the last 12 months for any reason related to their pain?

Number of visits:

5) If your child has used any <u>other hospital services in the last 12 months for any</u> reason related to their pain, please give details below.

Please enter '0' in the first row if your child hasn't used any such services in the last 6 months.

	(e.g. ambulance, hospital transport, day hospital, day surgery)	Number of visits	Duration of visit (in hours)
1 <sup>st</sup> service			
2 <sup>nd</sup> service			
3 <sup>rd</sup> service			
4 <sup>th</sup> service			
5 <sup>th</sup> service			

6) Please list <u>all</u> the medications your child has taken in the last 12 months. Indicate what dose, how often it is taken, and for how many weeks your child took this medication/ has been taking it. Please list both over-thecounter and prescription medications.

Medication name	Dose (mg)	How many times per day	For how many weeks?

# 7) In the last <u>12 months</u>, which of these following community services has your child used <u>for any reason related to their pain</u> (not including hospital appointments recorded in Q3)?

If your child has used any other community health services or social services that are not listed here, please describe them on the lines marked 'other'.

	Tick No or Yes	Ticl Paid for pr No of	ivately?	Number appointments at clinic/ office/ school in the last 12 months	Number of appointments in your own home in the last 12 months	On average, how many <u>minutes</u> did you see/talk to them for each time?
General practitioner (GP)						
Clinical psychologist						
Educational psychologist						
Counsellor						
Psychiatrist						
Community psychiatric nurse (CPN)						
District nurse						
Practice nurse						
Occupational therapist						
Physiotherapist						
Social worker						
Home help / care worker						
Chiropractor						
Osteopath						
Homeopath						
Acupuncturist						
Home Tutor						
Special needs coordinator						
Classroom assistant						
Lawyer/solicitor						
Other (describe)						
Other (describe)						
Other (describe)						
Other (describe)						

### We would now like to know about what your child's pain has cost you, your family and your friends

8) Have you or any other friends or relatives stayed off work over the last 12 months to help your child due to his/her pain?

Include details about all people who have taken time off work to help your child.



#### IF YES:

What is your/their relationship to your child (eg. mother)?
How many days did you/they take off work in the last 12 months?
What is your/their occupation?

9) <u>In the last 12 months</u>, have you or other friends or relatives helped your child with tasks at home which they couldn't do <u>because of any reason related to</u> <u>their pain</u>, such as personal care, help moving around, transport?

(Only include care that is over and above normal living circumstances)

Yes	
No	[

#### **IF YES:**

What is their relationship to your child?
What tasks do they help your child with with?
On average, how many hours a week do they spend on these tasks?

# 10) <u>In the last 12 months</u>, have you, your relatives or friends paid for any of the following <u>for any reason related to your child's pain</u>?

	No	Yes	Average cost per month (£)	Tick if this was a one-off expense
Employing extra help (e.g. home tutor, home help)				
Details				
••••••				
Expenses for non-prescription medication				
Details				
Expenses for medical treatment (private or				
complementary treatments)				
Details				
Transport (e.g. to go to your GP surgery or hospital)				
Details				
Special equipment (e.g. wheelchair, changes to the home)				
Details				
•••••				
Special food or supplements				
Details				
•••••				
Other (please describe)				
••••••				
Other (please describe)				
••••••				

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

11) Apart from the services your child has used in relation to their pain, can you please list any services that you or other friends or family members have used in the last <u>12 months</u> as a result of your child having pain?

Details of service (eg. psychologist, social worker, or any other appointments with a professional) and give reasons	No. contacts in the last 12 months	Average duration of each contact (mins)

12) Finally, has your child or anybody else close to them had any other inpatient stays, regular outpatient appointments, contacts with professionals or medical tests <u>for any reason related to their pain</u> that was more than 12 months ago? If yes, please give details below.

Details of service (eg. hospital stay, appointments with a professional, medical test) and reason	How long ago was this (months)?	How many times was this service used and for how long?

Thank you for your time in completing this.