QB 4

CSRI: Service Use Questionnaire

Sheet **1**

iCST: Individual Cognitive Stimulation Therapy for People with Dementia

This booklet of questionnaires should be completed by the researcher in an interview with the carer.

General Instructions to Interviewer
Before commencing the interview, please ensure that the **Participant Identity Number** has been entered in the boxes below.

Subsequent processing of these questionnaires involves photocopying and the use of data scanning equipment.
To ensure the smooth operation of the equipment, it would be appreciated if the following could be observed:

- Please complete the form using a **black** ballpoint pen.
- Please do not fold or crease the form.
- Please complete all the questions.
- Please enter your responses in the boxes/spaces provided, as instructed.
- Please use only a single line to delete mistakes and initial each such correction.

At the end of the interview please complete the remaining boxes below.
Your cooperation is very much appreciated.

To be completed by the interviewer

Participant Identity Number: | | | | | | | | | | | | |

Centre Name: _____

Which assessment is this? *Please tick* **one** *box only.*

- Baseline Assessment ☐
- 1st Follow-up ☐ *(13 weeks after baseline)*
- 2nd Follow-up ☐ *(26 weeks after baseline)*

Completed by (please print name): _____

Signed: _____

Interview date: | | | / | | | / | | | | |
d d m m y y y y

CSRI: Service Use Questionnaire

Section 1: Participant

1. **How many people are there in your relative's (participant's) household?**

	Number
Number of adults including service user	☐☐
Number of children under the age of 16	☐☐

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

Council-rented housing	☐
Housing-association rented housing	☐
Private rented housing	☐
Owner-occupied housing	☐
Other housing	☐
Please describe	☐

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

Yes ☐

No ☐

4. **Has your relative (participant) lived anywhere else during <u>the last 3 months</u>? (excluding hospital stays)**

Yes ☐ → ***Go to Q5***

No ☐ → ***Go to Q6***

5. What type of accommodation did your relative (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 you 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	☐	☐			☐☐	☐	☐	☐
Nursing home	☐	☐			☐☐	☐	☐	☐
Other - please describe using 'Name of home' box	☐	☐			☐☐	☐	☐	☐

*[*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 your relative (participant) used any of the services below?** [SHOW CARD 1]

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

Service	No	Yes	Number of home visits	Number of clinic or office visits	Average duration of contact (minutes)
GP	☐	☐	☐☐	☐☐	☐☐☐
Practice nurse (at GP surgery)	☐	☐	☐☐	☐☐	☐☐☐
Community/District Nurse	☐	☐	☐☐	☐☐	☐☐☐
Community psychiatric/Community Mental Health Nurse	☐	☐	☐☐	☐☐	☐☐☐
Psychiatrist	☐	☐	☐☐	☐☐	☐☐☐
Social worker or care manager	☐	☐	☐☐	☐☐	☐☐☐
Psychologist	☐	☐	☐☐	☐☐	☐☐☐
Physiotherapist	☐	☐	☐☐	☐☐	☐☐☐
Occupational therapist	☐	☐	☐☐	☐☐	☐☐☐
Dietician	☐	☐	☐☐	☐☐	☐☐☐
Counsellor	☐	☐	☐☐	☐☐	☐☐☐
Mental health team worker	☐	☐	☐☐	☐☐	☐☐☐
Specialist nurse (e.g. Admiral Nurse, palliative care nurse, respiratory nurse)	☐	☐	☐☐	☐☐	☐☐☐
please describe:	☐				

CSRI: Service Use Questionnaire

7. In the last 3 months, has your relative (participant) used any of the services below? [SHOW CARD 2]

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	Number of clinic or office visits	Average duration of contact (minutes)	Participant or family contribution	
						No	Yes
Home care/home help	☐	☐	☐☐	▨▨	☐☐☐	☐	☐
Home care/home help - Additional organisation	☐	☐	☐☐	▨▨	☐☐☐	☐	☐
Home care/home help – Additional organisation	☐	☐	☐☐	▨▨	☐☐☐	☐	☐
Cleaner	☐	☐	☐☐	▨▨	☐☐☐	☐	☐
Meals on wheels	☐	☐	☐☐	▨▨	▨▨▨	☐	☐
Laundry service	☐	☐	☐☐	▨▨	▨▨▨	☐	☐
Sitting service (e.g. Crossroads)	☐	☐	☐☐	▨▨	☐☐☐	☐	☐
Carer's support worker	☐	☐	☐☐	▨▨	☐☐☐	☐	☐
Optician	☐	☐	☐☐	☐☐	▨▨▨	☐	☐
Chiropodist	☐	☐	☐☐	☐☐	▨▨▨	☐	☐
Dentist	☐	☐	☐☐	☐☐	▨▨▨	☐	☐
Other health or social care services:							
1. ……..	☐	☐	☐☐	☐☐	☐☐☐	☐	☐
2. ……..	☐	☐	☐☐	☐☐	☐☐☐	☐	☐

Day services

8. In the <u>last 3 months</u>, has your relative (participant) used any of the day services below? [SHOW CARD 3]

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)	Participant or family paid or contributed		Provider (*see note**)
						No	Yes	
Day centre	☐	☐	☐☐	☐☐☐		☐	☐	☐
Lunch club	☐	☐	☐☐	☐☐☐		☐	☐	☐
Patient education group (e.g. reminiscence) *please describe:* ……	☐	☐	☐☐	☐☐☐		☐	☐	☐
Other health or social care day services:								
1. ……	☐	☐	☐☐	☐☐☐		☐	☐	☐
2. ……	☐	☐	☐☐	☐☐☐		☐	☐	☐

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

Direct Payments

9. Has your relative **(participant)** been in receipt of direct payments, individual budget or personal budget* **in the last 3 months**?

Direct payments/Personal Budgets	No	Yes	Total weekly value in £
Direct payments	☐	☐	
Individual budget / Personal budget	☐	☐	

**see Q9 definitions card*

CSRI: Service Use Questionnaire

Use of Hospital services

10. <u>In the last 3 months</u>, has your relative (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	Number of days/ attendances	NHS Trust code*
Accident & Emergency Department (A&E)	☐	☐			Attendance	☐☐	☐
Inpatient ward admission 1	☐	☐			Inpatient day	☐☐	☐
Inpatient ward admission 2	☐	☐			Inpatient day	☐☐	☐
Inpatient ward admission 3	☐	☐			Inpatient day	☐☐	☐
Inpatient ward admission 4	☐	☐			Inpatient day	☐☐	☐
Inpatient ward admissions 5	☐	☐			Inpatient day	☐☐	☐
Outpatient Department (OPD) Attendance 1	☐	☐			Appointment	☐☐	☐
OPD Attendance 2	☐	☐			Appointment	☐☐	☐
OPD Attendance 3	☐	☐			Appointment	☐☐	☐
OPD Attendance 4	☐	☐			Appointment	☐☐	☐
OPD Attendance 5	☐	☐			Appointment	☐☐	☐
Day hospital Attendance 1	☐	☐			Day attendance	☐☐	☐
Day hospital Attendance 2	☐	☐			Day attendance	☐☐	☐

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

Equipment and adaptations

11. In the last 3 months, has your relative (participant) had any adaptations or equipment to meet their needs? [SHOW CARD 4]

Yes ☐

No ☐

If yes, *tick the box for each type of change or equipment that the participant has had and ask* 'who or which organisation paid for these'.

Type of adaptation or equipment	Tick if yes	Who/Which organisation paid for this? Council	NHS	Self	Voluntary /charity	Other
Outdoor railing	☐	☐	☐	☐	☐	☐
Outdoor ramp	☐	☐	☐	☐	☐	☐
Grab rail/Stair rail	☐	☐	☐	☐	☐	☐
Walk-in shower/shower cubicle replacing bath	☐	☐	☐	☐	☐	☐
Over-bath shower	☐	☐	☐	☐	☐	☐
Walking stick	☐	☐	☐	☐	☐	☐
Walking frame	☐	☐	☐	☐	☐	☐
Wheelchair	☐	☐	☐	☐	☐	☐
Hoist	☐	☐	☐	☐	☐	☐
Kitchen trolley	☐	☐	☐	☐	☐	☐
Kitchen stool	☐	☐	☐	☐	☐	☐
Toilet frame/raised seat	☐	☐	☐	☐	☐	☐
Commode	☐	☐	☐	☐	☐	☐
Bed lever/rail	☐	☐	☐	☐	☐	☐
Bath seat	☐	☐	☐	☐	☐	☐
Continence pads	☐	☐	☐	☐	☐	☐

12. Any other adaptations or equipment in the last 3 months: please describe.

If yes, *tick the box for each type of adaptations or equipment that the participant has had and ask* 'who or which organisation paid for these'*.*

Type of adaptation or equipment	Tick if yes	Who/which organisation paid for this?				
		Council	NHS	Self	Voluntary	Other
1._____	☐	☐	☐	☐	☐	☐
2. _____	☐	☐	☐	☐	☐	☐
3. _____	☐	☐	☐	☐	☐	☐
4. _____	☐	☐	☐	☐	☐	☐

Medications

13. Has your relative (participant) taken any medications for his/her condition <u>over the last 3</u> months?

Tradename	First day	Last day (if applicable)	Ongoing (if applicable)	Dose	Medication unit code	Frequency code	Medication code*
DEMENTIA DRUGS	dd/mm/yyyy	dd/mm/yyyy					
	__/__/__	__/__/__	☐	☐☐☐	☐☐	☐☐	☐☐
	__/__/__	__/__/__	☐	☐☐☐	☐☐	☐☐	☐☐
	__/__/__	__/__/__	☐	☐☐☐	☐☐	☐☐	☐☐
	__/__/__	__/__/__	☐	☐☐☐	☐☐	☐☐	☐☐
	__/__/__	__/__/__	☐	☐☐☐	☐☐	☐☐	☐☐
OTHER MENTAL HEALTH DRUGS							
	__/__/__	__/__/__	☐	☐☐☐	☐☐	☐☐	☐☐
	__/__/__	__/__/__	☐	☐☐☐	☐☐	☐☐	☐☐
	__/__/__	__/__/__	☐	☐☐☐	☐☐	☐☐	☐☐
	__/__/__	__/__/__	☐	☐☐☐	☐☐	☐☐	☐☐
	__/__/__	__/__/__	☐	☐☐☐	☐☐	☐☐	☐☐

*[*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"

Benefits

14. <u>Over the past 3 months</u> has your relative (participant) received any of the following state benefits? *(include payments made jointly to others in household)* [SHOW CARD 5]

	Service User (participant) (tick as many as apply)	Other member of household (1.Spouse/partner 2. Child 3. Other)	How long has service user (participant) received this benefit (in weeks, over the last 3 months)
State Retirement (old age) Pension	☐	☐	☐☐
Widow's or War Widow's Pension	☐	☐	☐☐
Pension Credit	☐	☐	☐☐
War Disablement Pension	☐	☐	☐☐
Winter fuel payment	☐	☐	☐☐
Income Support/Minimum Income Guarantee (MIG)	☐	☐	☐☐
Severe Disablement Allowance	☐	☐	☐☐
Disability Living Allowance Care Component	☐	☐	☐☐
Disability Living Allowance Care Component rate: 1. high 2. medium 3. low	☐		
Disability Living Allowance, Mobility Component	☐	☐	☐☐
Disability Living Allowance Mobility Component rate: 1. high 2. low	☐		
Attendance Allowance	☐	☐	☐☐
Housing Benefit	☐	☐	☐☐
Council Tax Benefit (discount)	☐	☐	☐☐
Incapacity Benefit	☐	☐	☐☐
Any other state benefit not listed (please state)_____	☐	☐	☐☐
Any other state benefit not listed (please state)_____	☐	☐	☐☐
Any other state benefit not listed (please state)_____	☐	☐	☐☐

Tick if participant does not receive any state benefits ☐

Section 2: Carer

1. Do you live with your relative (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)	☐☐
Number of children under the age of 16	☐☐

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

Council-rented housing ☐

Housing-association rented housing ☐

Private rented housing ☐

Owner-occupied housing ☐

Other housing ☐

Please describe ☐

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 ☐ →
- 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)* ☐

Go to Q8

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 ☐☐

If carer is unemployed/unable to work/at home/retired:

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

☐☐ mm ☐☐ y y

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 your relative?

- Yes, given up work ☐ → ***Go to Q11***
- Yes, cut down ☐ →
- No ☐ → ***Go to Q13***

If carer gave up or cut down work*:*

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

☐☐ mm ☐☐ yy

12. **If carer cut down on work**:
By how much did you cut down on work each week? Hours per week ☐☐

If the carer lives with the service user/participant, ask Q13
If the carer does <u>not</u> live with the service user/participant, ask Q14

13. On a typical day, how much time do you spend looking after/providing help for your relative? (*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 your relative? *(If the carer does <u>not</u> 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 your relative?

Yes ☐

No ☐

17. **If yes,** thinking about an average week, and about all such carers, for how many hours do they help/provide care for your relative? (If no, *write 0 in boxes and* go to next question)

Hours per week ☐☐

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

Yes ☐

No ☐

19. **If yes,** can you estimate the total number of days relatives/friends have taken off work over the last 3 months to help/provide care for your relative? *(If no, write 0 in boxes and go to next question)*

Total days ☐☐☐

TRAVEL COSTS

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

Yes ☐ → ***Go to Q21***

No ☐ → ***Go to Q28***

21. **If yes, over the last 3 months**, how many times did you accompany your relative?

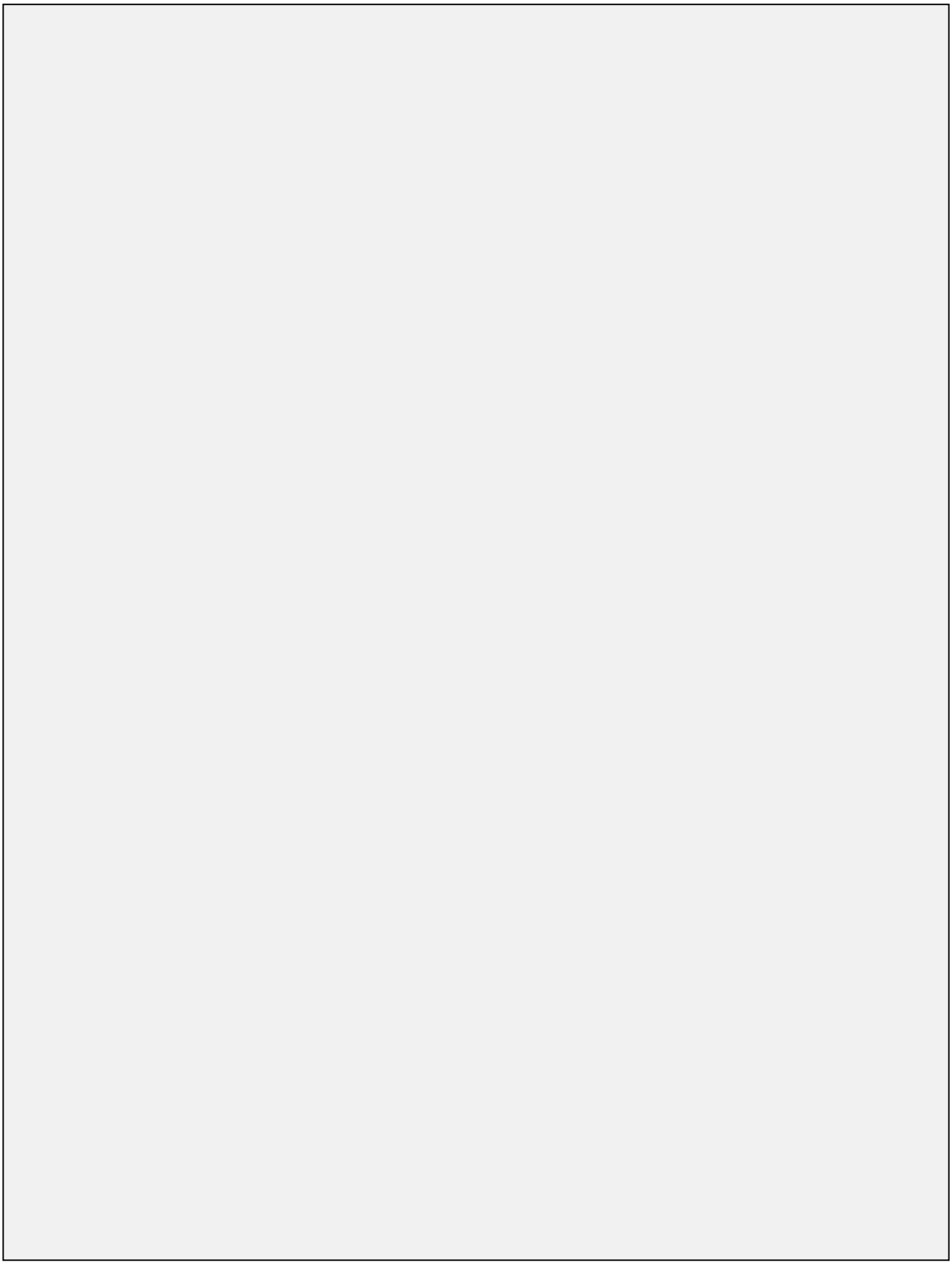
	Number of times per week	**Number of times in last 3 months**
Accompanied respondent	☐☐	☐☐

22. **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		



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

	Hours	Minutes
Number of	☐☐	☐☐

24. 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	☐☐	☐☐

25. 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	☐☐	☐☐

26. 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 ☐☐☐

27. If you normally travelled by car, if you had to pay for parking, how much did you pay?

	£	pence
Expenditure on parking	☐☐	☐☐

Benefits

28. Over the past 3 months have you received any of the following state benefits? (include payments made jointly to others in household) [SHOW CARD 6]

	Carer (tick as many as apply)	Other member of carer's household (1.Spouse/partner 2. Child 3. Other)	How long has carer received this benefit (in weeks, over last 3 months)
State Retirement (old age) Pension	☐	☐	☐☐
Widow's or War Widow's Pension	☐	☐	☐☐
Pension Credit	☐	☐	☐☐
War Disablement Pension	☐	☐	☐☐
Winter fuel payment	☐	☐	☐☐
Income Support/Minimum Income Guarantee (MIG)	☐	☐	☐☐
Severe Disablement Allowance	☐	☐	☐☐
Direct Payments from Social Services	☐	☐	☐☐
Disability Living Allowance Care Component	☐	☐	☐☐
Disability Living Allowance Care Component rate: 1. high 2. medium 3. low	☐		
Disability Living Allowance Mobility Component	☐	☐	☐☐
Disability Living Allowance Mobility Component rate: 1. high 2. low	☐		
Attendance Allowance	☐	☐	☐☐
Carer's Allowance	☐	☐	☐☐
Housing Benefit	☐	☐	☐☐
Council Tax Benefit (discount)	☐	☐	☐☐
Incapacity Benefit	☐	☐	☐☐
Job Seeker's Allowance	☐	☐	☐☐
Child Benefit	☐	☐	☐☐
Working Tax Credit	☐	☐	☐☐
Any other state benefit not listed (please state)	☐	☐	☐☐
Any other state benefit not listed (please state)	☐	☐	☐☐

Tick if carer does not receive any state benefits ☐