

TIC-P Adults

Questionnaire

Productivity & Health Research Group

NOT FOR SAMPLE DATA COLLECTION

**Questionnaire about your health care
use and work in the last 3 months**

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Researchers call this questionnaire the *TIC-P adults*.

September 2019 US version

Explanatory notes

Please read this first!

Who is this questionnaire for?

This questionnaire is for you. There are various possibilities:

- You received the questionnaire from your primary care physician or in the hospital.
- You received the questionnaire by mail and your name is on the envelope.

Are you unable to complete the questionnaire yourself?

If you are unable to complete the questionnaire yourself, perhaps someone can help you. A member of your family, for example.

What is the questionnaire about?

The questionnaire is about your health care use in the last 3 months and about work in the last 4 weeks. We will start with general questions. For example, about your gender and date of birth. Then we will ask questions about your appointments with health care providers. And about your work and the things you do at home.

How long does it take to complete the questionnaire?

It takes roughly 30 minutes to complete the questionnaire.

How should you complete the questionnaire?

- Start with the first question and follow the numbering.
- Check 1 box for each question, unless the question says that you can check more than 1 box.
- For some questions, you can enter a number or something else on the dotted line.
- There are no wrong answers.

Do you want to change an answer?

- Strike through the old answer.
- Enter a check next to a new answer.
- Put an arrow in front of the new answer.

☒ ~~old answer~~

→ ☒ new answer

What will happen with your answers?

Your answers will be used for research. Only the researchers will see your answers. So, nobody else will.

The researchers will not write down your name anywhere. And they will not tell anyone that you have taken part in the trial.

It is great that you want to complete the questionnaire for us!

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General questions

Question A1. On what date are you completing this questionnaire?

month	day	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Question A2. What is your date of birth?

month	day	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Question A3. What is your gender?

- ☐ Male
☐ Female

Question A4. What is your marital status?

- ☐ I am married, or I live with my partner
☐ I am not married, and I am not living with anyone
☐ I am divorced
☐ I am a widow

Question A5. What is the highest level of education you have completed? Look for your highest level of education and check the relevant box.

- ☐ I have not completed school or any education
- ☐ Elementary School
- ☐ High School Diploma
- ☐ Sub-bachelor or Vocational Diploma or Certificate
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ First Professional Degree
- ☐ Post-bachelor's Diploma/Certificate
- ☐ Master's Degree
- ☐ Doctorate or Advanced Professional Degree
- ☐ I completed a different course, namely

.....

Question A6. What is your occupation? Check the box for what best describes your primary occupation.

- ☐ I am at school, I study
- ☐ I am in paid employment
- ☐ I am self-employed
- ☐ I am a housewife/househusband
- ☐ I am unemployed
- ☐ I am disabled for working, for, ... % (bodily percentage)
- ☐ I am retired or have taken early retirement
- ☐ I do something else, namely

.....

Question A7. Do you have paid work?

- ☐ No
- ☐ Yes

Questions about your health

Question A8. What physical and psychological problems do you have? Check the box for the problems you currently have. Also check the box for the problems you have had in the last 12 months. You can therefore check more than 1 box.

Heart and blood vessels

- ☐ Consequences of heart attack
- ☐ Serious heart problems
- ☐ High blood pressure
- ☐ Consequences of a stroke

Gastrointestinal

- ☐ Stomach ulcer
- ☐ Duodenal ulcer
- ☐ Serious intestinal problems that have lasted more than 3 months

Gallbladder, liver and kidneys

- ☐ Gallstones or gallbladder inflammation
- ☐ Liver disease or cirrhosis of the liver
- ☐ Kidney stones
- ☐ Serious kidney disease

Bladder and womb

- ☐ Inflammation of the bladder that lasted more than 3 months or keeps recurring
- ☐ Womb prolapse

Lungs and sinuses

- ☐ Asthma, persistent bronchitis, or chronic non-specific lung disease
- ☐ Nasal sinusitis, frontal sinusitis, or maxillary sinusitis

The questionnaire continues on the next page.

Back and joints

- ☐ Hernia (slipped disc)
- ☐ Other back pain that has lasted more than 3 months
- ☐ Osteoarthritis of your knees, hips or hands. Osteoarthritis is wearing of your joints.
- ☐ Rheumatism in your hands or feet. In rheumatism, your joints are inflamed.
- ☐ Other rheumatism that lasted for more than three months

Nervous system

- ☐ Epilepsy
- ☐ Other nervous system disease. For example, Parkinson's disease or Multiple Sclerosis.
- ☐ Dizziness, which makes you fall frequently
- ☐ Migraines

Other diseases

- ☐ Cancer
- ☐ Diabetes
- ☐ Thyroid problems
- ☐ Eczema or skin disease that has lasted more than 3 months

Other physical problems

- ☐ Injuries, for example: *broken wrist, bruised rib, torn ankle ligament*

Psychological problems

- ☐ Being overstressed, burn-out
- ☐ Depression

Part 1: Questions about health care use

Explanatory notes

We would like to know the doctors with whom you have had an appointment in the last 3 months. These are appointments for yourself. Other care providers also count. For example, physiotherapists.

Which appointments count?

- Checks-ups
- Appointments because you had a physical or psychological complaint
- Appointments when the doctor came to your home
- Phone appointments
- Phone calls about prescriptions

What does not count?

- Appointments for someone else, for example your child
- Phone calls to make an appointment

Do you not know exactly how many appointments there were? Then enter roughly how many there were.

Question 1a. Have you had appointments with a primary care physician (PCP) or nurse practitioner in the last 3 months? Nurse practitioners are also known as “NPs”.

- ☐ No
☐ Yes

Have you checked the “Yes” box? Then answer question 1b.
Otherwise continue from question 2.

Question 1b. How many appointments have you had with your primary care physician (PCP) and/or nurse practitioner (NP) in the last 3 months?

- ☐ primary care physician (PCP) appointments
☐ nurse practitioner (NP) appointments

Question 2. In the last three months, how many appointments have you had with a social worker?

- ☐ No appointments at all
- ☐ appointments

Question 3. How many appointments have you had in the last 3 months with a physiotherapist, osteopath, chiropractor or other physical therapist? Add all appointments with these therapists together.

- ☐ No appointments at all
- ☐ appointments

Question 4. How many appointments have you had with an occupational therapist in the last 3 months?

- ☐ No appointments at all
- ☐ appointments

Question 5. How many appointments have you had with a speech therapist in the last 3 months?

- ☐ No appointments at all
- ☐ appointments

Question 6. How many appointments have you had with a dietician in the last 3 months?

- ☐ No appointments at all
- ☐ appointments

Question 7. In the last three months, how many appointments have you had with a homeopath? Or with an acupuncturist? Add all appointments with these care providers together.

- ☐ No appointments at all
- ☐ appointments

Question 8. How many appointments have you had at a Mental Health Care Institution in the last 3 months? Or at another mental health treatment facility? Add all these appointments together.

- ☐ No appointments at all
- ☐ appointments

Question 9. How many appointments have you had with a psychologist, psychotherapist or psychiatrist in the last 3 months? Here, we mean a psychologist, psychotherapist or psychiatrist having their own practice. Add all appointments with these care providers together.

- ☐ No appointments at all
- ☐ appointments

Question 10. In the last 3 months, how many appointments have you had with a psychologist, psychotherapist or psychiatrist at a hospital? This relates to appointments in the outpatient department. Add all appointments with these care providers together.

- ☐ No appointments at all
- ☐ appointments

Question 11. How many appointments have you had at a Drug or Alcohol Rehabilitation Center in the last 3 months? Or at another addiction treatment establishment?

- ☐ No appointments at all
- ☐ appointments

Question 12. In the last three months, how often have you attended a self-help group? For example, a self-help group for people with anorexia or depression. Or another discussion group for people with the same problems and experiences.

- ☐ Not once
- ☐ times

Question 13. How many appointments have you had with the company doctor in the last 3 months?

- ☐ No appointments at all
- ☐ appointments

Question 14a. In the last three months, have you had any help from home care?

- ☐ No
- ☐ Yes

Have you checked the "Yes" box? Then answer questions 14b to 14d. Otherwise continue with question 15.

Question 14b. What help have you had from home care in the last three months? You can check more than 1 box.

☐ Household help

For example: vacuuming, making the bed, shopping

☐ Personal care

For example: help showering or dressing

☐ Nursing

For example: putting on a dressing, give medicines, measuring blood pressure

Question 14c. For how many weeks did you have this home care? Add all the weeks in the last 3 months together.

Household help: ... weeks in the last 3 months

Personal care: ... weeks in the last 3 months

Nursing: ... weeks in the last 3 months

Question 14d. How many hours of home care did you receive during these weeks, on average?

Household help: on average ... hours a week

Personal care: on average ... hours a week

Nursing: on average ... hours a week

Question 15a. Have you taken any medicines in the last 3 months, including any that you bought from the pharmacist or drugstore?

☐ No

☐ Yes

Have you checked the "Yes" box? Then enter which medicines and how much under question 15b. Otherwise continue with question 16.

Question 15b. Which medicines have you used in the last 3 months? By medicines, we mean all medicines you have received on prescription and medicines you have bought from the pharmacist or drugstore. First, you will see 3 examples.

Note: look at the box or bottle! It says how much you needed to take each time. And how often you had to do so each day. ***Have you taken more or less than this? Then fill in how much you actually took.***

<i>What is this medicine called?</i>	<i>How much did you take each time?</i> <i>Look on the box or jar.</i>	<i>And how often did you do this each day?</i> <i>Look on the box or jar.</i>	<i>On how many days in the last 3 months did you take the medicine?</i>
<i>Example 1</i> Metoprolol (for high blood pressure)	<i>Example</i> 100 mg	<i>Example</i> 1 time	<i>Example</i> 90 days
<i>Example 2</i> Furosemide (diuretic)	<i>Example</i> 40 mg	<i>Example</i> 1 time	<i>Example</i> 26 days (2 x per week; 13 weeks)
<i>Example 3</i> Hydrocortisone cream	<i>Example</i>	<i>Example</i> 1	<i>Example</i> 14 days
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Question 16a. Have you had an appointment at the hospital outpatient department in the last 3 months? These are appointments with a doctor for you, yourself. For example, with a cardiologist, rheumatologist or neurologist.

Pay attention: appointments with a psychologist, psychotherapist or psychiatrist at the hospital do not count. You have already counted these appointments in question 10.

- ☐ No
☐ Yes

Have you checked the “Yes” box? Then enter what sort of doctors you have been to see under question 16b. And how often. There is an example in the first row. Otherwise continue with question 17.

Question 16b. What kinds of doctors have you been to see at the hospital in the last 3 months? And how often?

<i>What kind of doctor have you been to see in the hospital?</i>	<i>How often have you been to see this doctor in the last 3 months?</i>
<i>Example</i> Cardiologist	<i>Example</i> 2 times
.....	... times
.....	... times
.....	... times
.....	... times
.....	... times
.....	... times

Question 17a. In the last 3 months, have you been to the hospital during the day for some outpatient treatment? So, you did not remain overnight. For example, you came in for a blood transfusion, kidney dialysis, or chemotherapy.

- ☐ No
☐ Yes

Have you checked the "Yes" box? Then answer questions 17b and 17c.
Otherwise continue with question 18

Question 17b. What kind of treatment was this for? Was this for more than one type of treatment? Please fill in each type of treatment.

Treatment 1:

Treatment 2:

Treatment 3:

Question 17c. How many times have you had to go to the hospital for these treatments in the last 3 months?

..... time(s) for treatment 1

..... time(s) for treatment 2

..... time(s) for treatment 3

Question 18a. In the last three months, have you been treated anywhere else during the day? So, you did not remain overnight. For instance, you went to the day-care center of a residential home/care home or a psychiatric facility. Or to the day-treatment of a rehabilitation center.

- ☐ No
☐ Yes

Have you checked the "Yes" box? Then answer questions 18b and 18c.
Otherwise continue with question 19.

Question 18b. What type of institution was it? Check the box for the right answer. You can check more than 1 box.

- ☐ Residential home/care home
☐ Rehabilitation center
☐ Psychiatric facility
☐ Another institution, namely

.....

Question 18c. How often have you had to go there in the last 3 months? Did you check more than 1 box for question 18b? In that case, enter below how often you have been there, for each facility.

To the residential home/care home: time(s) in the last 3 months

To the rehabilitation center: time(s) in the last 3 months

To the psychiatric facility: time(s) in the last 3 months

To the other facility: time(s) in the last 3 months

Question 19. How often have you been in the hospital emergency room in the last 3 months? Another name for emergency room (ER) is emergency department (ED).

- ☐ Not once
☐ times

Question 20a. Have you been hospitalized in the last 3 months? So, you had to stay overnight. For example, because you had surgery and could not go home immediately.

- ☐ No
☐ Yes

Have you checked the "Yes" box? Then answer questions 20b and 20c. Otherwise continue with question 21.

Question 20b. How often have you been hospitalized in the last 3 months?

..... times in the last 3 months

Question 20c. How long have you been hospitalized for? Have you been hospitalized more than once in the last 3 months? Then add all those days together.

..... days in total in the last 3 months

Question 21a. Have you had to stay overnight anywhere else for your health in the last 3 months? For example, in a residential home/care home, psychiatric facility, or rehabilitation center.

- ☐ No
☐ Yes

Have you checked the "Yes" box? Then answer questions 21b and 21c.
Otherwise continue with the Questions about Work. *First, read the explanatory notes.*

Question 21b. What type of institution was it? You can check more than 1 box.

- ☐ Residential home/care home
☐ Rehabilitation center
☐ Psychiatric facility
☐ Another institution, namely

.....

Question 21c. How long did you stay in this institution? Did you check more than 1 box for question 21a? Then fill in below for each institution how long you were there.

Have you been anywhere more than once in the last 3 months? Then add all those days together.

In the residential home/care home: days in the last 3 months

In the rehabilitation center: days in the last 3 months

In the psychiatric facility: days in the last 3 months

In another institution: days in the last 3 months

Part II: Questions about work

The following questions are about the last 4 weeks.

You will first have questions about your job. So, about work for which you are paid. *Do you not have a paid job*? Then continue with question 10. First, read the explanatory notes above question 10.

Question 1. What is your occupation?

.....

Question 2. How many hours a week do you work? Add together all the hours for which you are paid.

..... hours

Question 3. How many days a week do you work?

..... days

Question 4. Have you been absent from your work in the last four weeks because you were sick?

☐ No

☐ Yes, I was absent for..... days

(Only count the working days in the last 4 weeks)

Have you checked the “Yes” box? Then answer question 5.
Otherwise continue with question 7.

Question 5. Have you been absent from your work because of being sick for longer than the entire period of 4 weeks? This refers to an uninterrupted period of absence from work.

- ☐ No
☐ Yes

Have you checked the "Yes" box? Then answer question 6.
Otherwise continue from question 7.

Question 6. When did you call in sick?

month	day	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue with question 10. *First, read the explanatory notes above question 10.*

Question 7. Have there been days in the last 4 weeks when you worked but suffered from physical or psychological problems during your work?

- ☐ No
☐ Yes

Have you checked the "Yes" box? Then answer questions 8 and 9.
Otherwise continue with question 10. *First, read the explanatory notes above question 10.*

Question 8. On how many working days have you suffered from physical or psychological problems during your work? Just count the working days in the last 4 weeks.

..... working days

Question 9. On the days when you were suffering from problems, perhaps you were not able to do as much work as normal. On those days, how much work could you do on average? Look at the numbers below. A 10 means that you were able to do just as much as normal on those days. A 0 means that you were not able to do anything on those days. Circle the right number.

I was not able
to do anything
on those days

I could do
around half

I was able
to do just as
much as
normal

0 1 2 3 4 5 6 7 8 9 10

Explanatory notes

You may also suffer from your physical or psychological problems during unpaid work. Sometimes you can do less as a result. For example, you cannot care properly for the children or do volunteer work. Or you may not be able shop or do gardening. That is what the next questions are about.

Question 10. Have there been any days on which you were able to do less unpaid work because of your physical or psychological problems? This relates to days in the last 4 weeks.

- ☐ No
☐ Yes

Have you checked the "Yes" box? Then answer questions 11 and 12. Otherwise go to the end of the questionnaire.

Question 11. On how many days was this the case? Only count the days in the last four weeks.

.... days

Question 12. Suppose that someone, for example your partner, a family member or an acquaintance, helped you on these days. And did all that unpaid work for you, that you could not do. How many hours, on average, was that person busy with it on these days?

On average hours on these days

That was the last question.

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Do you have questions or comments?

Perhaps you have some more questions or comments? If so, please enter them below.

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What should you do with the completed questionnaire?

Have you filled in everything? Then put the questionnaire in the envelope. You do not need to put a stamp on it. Please mail the envelope soon. In any event, before xxx.

Have you lost the envelope? In that case, you may send the questionnaire in a different envelope; no stamp required, to:

xxx
xxx
xxx

Thank you very much!