institute for Medical Technology Assessment

# **Medical Consumption Questionnaire**

Productivity & Health Research Group



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## Questionnaire about your use of care



Researchers call this questionnaire the iMTA MCQ (iMCQ).

July 2018 version

#### Comment

#### Please read this first!

#### Who is this questionnaire for?

This questionnaire is for you. There are various possibilities:

- You have received the list from your general practitioner or in the hospital
- You have received the list by mail and your name is on the envelope.

#### What is the questionnaire about?

The questionnaire is about your use of care in the past 3 months. We start with general questions. For example about your gender and date of birth. Then we ask questions about your use of care.

#### How long does it take to fill in the list?

It takes about 20 minutes to fill in the list.

#### How do you have to fill in the list?

- Start with the first question and follow the numbering.
- For each question, tick 1 box, except if the question states that you can tick more than 1 box.
- For some questions you can enter a number or something else on the dotted line.
- You can not give wrong answers.

#### Do you want to change an answer?

- Strike through the old answer.
- Tick a new answer.
- Put an arrow for the new answer.
  - **x** old answer
- → **x** new answer

#### What happens to your answers?

Your answers are used for research. Only the researchers will see your answers. So no one else.

Your data will be anonymised. This means that they are not traceable to you. The researchers do not tell anyone that you participated in the study.

#### Can not you fill in the list yourself?

If you cannot fill in the list yourself, someone might be able to help you. For example a family member.

Thank you for filling in the list for us!

## General questions

## Question A1. On what date did you fill in this questionnaire?

Day Month Year
Question A2. What is your date of birth?
Day Month Year
Question A3. What is your gender?
☐ Male ☐ Female
Question A4. What is the highest level of education you have completed? Find your highest level of education and tick the box for it.
completed: Find your highest level of education and tick the box for it.
☐ I have not finished school or training
<ul> <li>Primary school or elementary school</li> <li>Junior vocational education</li> </ul>
Lower general secondary school
Intermediate vocational eduction
Higher general secondary education
School for higher vocational education
University
☐ I have completed another training, namely

## Question A5. What do you do in daily life? Tick what you do most of the time.

<ul> <li>I am in school, I am studying</li> <li>I work in paid employment</li> <li>I am an independent entrepreneur</li> <li>I am a housewife, a houseman</li> </ul>	
☐ I am unemployed ☐ I am disabled, for % ☐ I am retired or pre-retired ☐ I'm doing something else, namely	
SANKA	
R-OR	

## Questions about healthcare use

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We would like to know which doctors you have consulted in the past 3 months. It is about consultations for yourself. Other healthcare providers also count. For example, the physiotherapist.

Which consultations count?

- Control visits
- Appointments because you had a physical or psychological complaint
- Appointments where the doctor came to your home
- Telephone appointments
- Phone calls with the recipe line

Which consultations do not count?

- · Appointments for another person, for example for your child
- Telephone calls to make an appointment

Are you unsure about the exact number of consultations? Please fill in how many consultations you have had approximately.

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Question 2. How many appointments did you have with a social worker in the past 3 months?
<ul><li>☐ No appointment</li><li>☐ appointments</li></ul>
Question 3. How many appointments did you have with a physiotherapist in the past 3 months? Or with a Caesar therapist, therapist Mensendieck or a manual therapist? Add up all appointments with these therapists.
☐ No appointment ☐ appointments
Question 4. How many appointments did you have with an occupational
therapist in the past 3 months?
☐ No appointment ☐ appointments
Question 5. How many appointments did you have with a speech therapist in
The past 3 months?
<ul><li>☐ No appointment</li><li>☐ appointments</li></ul>
Question 6. How many appointments did you have with a dietitian in the past 3
months?
☐ No appointment ☐ appointments

Question 7. How many appointments did you have with a homeopath in the past 3 months? Or with an acupuncturist? Add up all appointments with these healthcare providers.
<ul><li>☐ No appointment</li><li>☐ appointments</li></ul>
Question 8. How many appointments did you have with a psychologist in the past 3 months? Or with a psychotherapist or psychiatrist? Add up all appointments with these healthcare providers.
☐ No appointment ☐ appointments
Question 9 How many appointments did you have with the company doctor in the past 3 months?
appointments
Question 10a. Have you received home care in the past 3 months?
☐ No ☐ Yes
Have you ticked "Yes"? Then answer questions 10b through 10d.  Otherwise, continue with question 11.
40,

## ☐ Housekeeping and domestic help example: vacuuming, making bed, going for daily groceries ☐ Personal care example: help with bathing or dressing Nursing example: putting on a bandage, administering medication, measuring blood pressure Question 10c. How many weeks did you have this home care? Count up all weeks in the past 3 months. Note: a period of 3 months counts 13 weeks. ..... weeks in the past 3 months Domestic help: ..... weeks in the past 3 months Personal care: ..... weeks in the past 3 month Nursing: Question 10d. How many hours of home care did you receive on average in these weeks? on average ... Domestic help: . hours a week Personal care: on average ..... hours a week Nursing: on average ..... hours a week

Question 10b. What kind home care have you had in the past 3 months?

You can tick more than 1 box.

and now much.			
Otherwise, continue with question 12.			
O (	!aat!aa !!   tal		241 - O.D.
Question 11b. What med	•	•	
medication we mean all dr	•	·	
that you have bought at the	e pharmacy or drugs	store. There are thre	e examples below.
Pay attention: look at the pa	•	•	
how often you had to do so p you have actually used.	er day. <i>Have you us</i> e	ea more or less? Tr	nen enter now much
you have actually used.	•	<b>V</b> ( )	
What is the name of the	How much did	How many times	On how many days in
medicine?	you take at each	did you take this	the past 3 months
	time?	per day?	have you used the
	Look at the packaging	Look at the packaging	medication?
example 1	example	example	example
Metoprolol (against high blood pressure)	100 mg	1 time	90 days
example 2	example	example	example
Furosemide	40 mg	1 time	26 days
(diuretic)			(2 x per week, 13 weeks)
example 3	example	example	example
Hydrocortisone cream		1	14 days

Question 11a. Did you take any medication in the past 3 months?

Have you ticked "Yes"? Then fill in question 11b listing which medications you used

☐ No ☐ Yes

Question 12. How many times did you visit the emergency room of a hospital for the past 3 months?
☐ Not once ☐ times
Question 13. How many times have you been taken to the hospital with an ambulance in the past 3 months?
☐ Not once ☐ times
Question 14a. Did you have an appointment at the outpatient clinic of the hospital in the past 3 months? It is about appointments for yourself with a doctor. For example with the cardiologist, rheumatologist or neurologist.
Have you ticked "Yes"? Then fill in question 14b the types of doctors you have visited. And how often. There is an example in the first row.  Otherwise, continue with question 15.
Otherwise, continue with question 15.

# Question 14b. Which types of doctors have you been to in hospital for the past 3 months? And how often?

Which type of doctor did you visit in the hospital?	How often have you been with this doctor in the past 3 months?
example	example
cardiologist	2 times
	times
	times
	times
	times
	times
	times
	times
Question 15a. Did you visit the hospital	
months? So you did not stay overnight. Examtransfusions, renal dialysis or a chemo course.	
☐ No ☐ Yes	
Have you ticked "Yes"? Then answer ques Otherwise, continue with question 16.	tions 15b and 15c.
Question 15b. For what kind of treatment of treatment? Then enter all types of treatments	
Treatment 1:	
Treatment 2:	
Treatment 3:	

times for treatment 1
times for treatment 2
times for treatment 3
Question 16a. Did you go elsewhere for a day care treatment in the past 3 months? So you did not stay overnight. For example, you went to the day care treatment centre of a residential/care centre or a psychiatric institution. Or to the day care treatment centre of a rehabilitation centre.
☐ No ☐ Yes
Have you ticked "Yes"? Then answer questions 16b and 16c. Otherwise, continue with question 17.
Question 16b. What kind of institution was this? Tick the correct answer. You can
tick more than 1 box.
<ul> <li>Residential care centre or nursing home</li> <li>Rehabilitation centre</li> <li>Mental health institution</li> <li>Another institution, namely</li> </ul>

Question 15c. How many times did you have to go to the hospital for these

treatments in the past 3 months?

Question 16c. How many times did you have to go here in the past 3 months? Have you ticked more than one box in question 16b? Then enter the number of times you have been there for each institution below.

To a residential care or nursing home:	times in the past 3 months
To the rehabilitation centre:	times in the past 3 months
To the mental health institution:	times in the past 3 months
To the other institution:	times in the past 3 months
Question 17a. Have you been admitted to a past 3 months? So you had to stay overnight. F could not go home immediately.	
☐ No ☐ Yes	CO
Have you ticked "Yes"? Then answer question Otherwise, continue with question 18.	ns 17b and 17c.
Question 17b. How often have you been ad care in the past 3 months?	lmitted to the hospital for inpatient
times in the past 3 months	
Question 17c. How long have you stayed in hospital more than once in the past 3 months? The	
days in total in the past 3 months	

Question 18a. Have you been admitted elsewhe months? For example in a residential/care centre, psycentre.	•
☐ No ☐ Yes	
Have you ticked "Yes"? Then answer questions 18 Otherwise, go to the end of the questionnaire.	b and 18c.
Question 18b. What kind of institution was this	? You can tick more than 1 box.
Residential care centre or nursing home Rehabilitation centre Mental health institution Another institution, namely	
Question 18c. How long have you been in this in than one box in question 18b? Then fill in for each setting	
there.	ig action them tong you there accom
Have you been anywhere more than 1 time in the past 3 together.	3 months? Then add all the days
In the residential care centre or nursing home:	days in the past 3 months
In the rehabilitation centre:	days in the past 3 months
In the mental health institution:	days in the past 3 months
In the other institution:	days in the past 3 months

That was the last question.

Do you have questions or comments?  If you have any questions or comments, list them here.
What should you do with the completed questionnaire?
If everything is filled in correctly, place the questionnaire in the envelope. There is no
need to use a stamp. Please send it back to us quickly, before xxx.
If you have lost the envelope, you can send the questionnaire in another envelope
without a stamp to:
xxx
xxx
xxx
Thank you!

## **Optional questions**

<u>For the researcher</u>: questions 19 and 20 can be added to the questionnaire if you want to measure the costs of patients and family in a social perspective. Only do this if these questions are relevant!

Question 19a. Have you received help from a family member or acquaintance
due to your physical or psychological problems in the past 3 months?
□ No
☐ Yes
Have you ticked "Yes"? Then answer questions 19b through 19d.
Otherwise, continue with question 20.
Question 19b. What kind of help from family members or acquaintances have
you had in the past 3 months? You can tick more than 1 box.
☐ Domestic help
example: vacuuming, making bed, shopping, preparing food and drinks, taking care of children
☐ Personal care
example: help with showering or dressing, help with eating and drinking or giving medicines
medicines
☐ Practical help
example: support with walking, making trips or visits to acquaintances, visits to the general practitioner or the hospital, arranging help or arranging financial
affairs

Domestic help: ... ... weeks in the past 3 months Personal care: ... ... weeks in the past 3 months Practical help: ... ... weeks in the past 3 months Question 19d. How many hours of home care did you receive on average in these weeks? Domestic help: on average ..... hours a week Personal care: on average nours a week on average ..... hours a wee Practical help: Question 20a. What type of transport have you used to go from home to the hospital? Not applicable Pedestrian **Bicycle** Car Public transport Cab Otherwise, namely Question 20b. What was the one-way distance between your home and the hospital?

This distance was: ..... kilometres

Question 19c. How many weeks did you have this home care? Count up all the

weeks in the past 3 months. Note: a period of 3 months counts as 13 weeks.