Medical Consumption Questionnaire

Productivity & Health Research Group
Questionnaire about your use of care

Researchers call this questionnaire the iMTA MCQ (iMCQ).

July 2018 version
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.

olds old answer
→ 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.

☐ I have not finished school or training  ☐ Primary school or elementary school  ☐ Junior vocational education

☐ Lower general secondary school  ☐ Intermediate vocational education  ☐ Higher general secondary education

☐ School for higher vocational education  ☐ University  ☐ I have completed another training, namely ..........

☐ I am in school, I am studying
☐ I work in paid employment
☐ I am an independent entrepreneur
☐ I am a housewife, a houseman

☐ I am unemployed
☐ I am disabled, for... %
☐ I am retired or pre-retired
☐ I'm doing something else, namely ..........................................

........................................................................................................
Questions about healthcare use

Comment
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.

Question 1a. Have you consulted a general practitioner or nurse practitioner in the past 3 months?

☐ No
☐ Yes

Have you ticked "Yes"? Then answer question 1b. Otherwise, continue with question 2.

Question 1b. How many appointments did you have with your GP and/or nurse practitioner in the past 3 months?

☐ ...... appointments with a doctor
☐ ...... appointments with a nurse practitioner
Question 2. How many appointments did you have with a social worker in the past 3 months?

☐ No appointment
☐ …… appointments

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?

☐ No appointment
☐ …… appointments

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.

☐ No appointment
☐ ....... appointments

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?

☐ No appointment
☐ ....... 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.
Question 10b. What kind home care have you had in the past 3 months?
You can tick more than 1 box.

- 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.

Domestic help: ...... weeks in the past 3 months
Personal care: ...... weeks in the past 3 months
Nursing: ...... weeks in the past 3 months

Question 10d. 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 ...... hours a week
Nursing: on average ...... hours a week
Question 11a. Did you take any medication in the past 3 months?

☐ No  
☐ Yes

Have you ticked "Yes"? Then fill in question 11b listing which medications you used and how much.
Otherwise, continue with question 12.

Question 11b. What medication did you take in the past 3 months? By medication we mean all drugs that you have received on prescription and medication that you have bought at the pharmacy or drugstore. There are three examples below.

Pay attention: look at the package! It shows how much you had to take at each time. And how often you had to do so per day. *Have you used more or less? Then enter how much you have actually used.*

<table>
<thead>
<tr>
<th>What is the name of the medicine?</th>
<th>How much did you take at each time?</th>
<th>How many times did you take this per day?</th>
<th>On how many days in the past 3 months have you used the medication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>example 1 Metoprolol (against high blood pressure)</td>
<td>example 100 mg</td>
<td>example 1 time</td>
<td>example 90 days</td>
</tr>
<tr>
<td>example 2 Furosemide (diuretic)</td>
<td>example 40 mg</td>
<td>example 1 time</td>
<td>example 26 days (2 x per week, 13 weeks)</td>
</tr>
<tr>
<td>example 3 Hydrocortisone cream</td>
<td>example</td>
<td>example 1</td>
<td>example 14 days</td>
</tr>
</tbody>
</table>
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.

- No
- Yes

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

<table>
<thead>
<tr>
<th>Which type of doctor did you visit in the hospital?</th>
<th>How often have you been with this doctor in the past 3 months?</th>
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<tbody>
<tr>
<td>example cardiologist</td>
<td>example 2 times</td>
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<td>......................................................................</td>
<td>......times</td>
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Question 15a. Did you visit the hospital for day care treatment during the past 3 months? So you did not stay overnight. Examples of day care treatments are blood transfusions, renal dialysis or a chemo course.

☐ No  ☐ Yes

Have you ticked "Yes"? Then answer questions 15b and 15c. Otherwise, continue with question 16.

Question 15b. For what kind of treatment was this? Was this for more than one type of treatment? Then enter all types of treatments.

Treatment 1: ..................................................................................

Treatment 2: ..................................................................................

Treatment 3: ..................................................................................
Question 15c. How many times did you have to go to the hospital for these treatments in the past 3 months?

...... 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.

☐ Residential care centre or nursing home
☐ Rehabilitation centre
☐ Mental health institution
☐ Another institution, namely ..........................................

.................................................................
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 hospital for inpatient care in the past 3 months? So you had to stay overnight. For example, because you had surgery and could not go home immediately.

☐ No
☐ Yes

Have you ticked "Yes"? Then answer questions 17b and 17c. Otherwise, continue with question 18.

Question 17b. How often have you been admitted to the hospital for inpatient care in the past 3 months?

...... times in the past 3 months

Question 17c. How long have you stayed in the hospital? Have you been in the hospital more than once in the past 3 months? Then add all the days together.

...... days in total in the past 3 months
Question 18a. Have you been admitted elsewhere for your health in the past 3 months? For example in a residential/care centre, psychiatric institution or rehabilitation centre.

☐ No
☐ Yes

Have you ticked “Yes”? Then answer questions 18b and 18c. Otherwise, go to the end of the questionnaire.

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 institution? Have you ticked more than one box in question 18b? Then fill in for each setting below how long you have been there.

Have you been anywhere more than 1 time in the past 3 months? Then add all the days together.

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.

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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:

  x  x  x
  x  x  x
  x  x  x

Thank you!
Optional questions

For the researcher: 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

☐ 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
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.

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 ...... hours a week

Practical help: on average ...... hours a week

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