



Modular Resource-Use Measure

Your use of healthcare, social care, and other care services and resources

We would like you to answer some questions about healthcare, social care, and other care services you have used **since discharge from the first hospital you were taken to following your injury**.

Please **answer all the questions, even if your answer is zero**, as it is important for us to find out what services you have and have not used.

If you are unsure of an answer, please write your best guess.

Please do ask someone to help you complete this questionnaire if you would like to.

Please tick OR write the number of times

1	Since discharge from the first hospital you were taken to following your injury , how many times have you been to a hospital Accident and Emergency (A&E) department ?	0	1	2	3	4	How many?

2	Since discharge from the first hospital following your injury , how many times have you been to hospital for a day case (used a bed, but did not stay overnight)?	0	1	2	3	4	How many?

3	Since discharge from the first hospital following your injury , how many times have you been to hospital for an overnight stay ? (This includes if you were directly transferred to a different hospital from the first hospital you were taken to following your injury).	0	1	2	3	4	How many?

For each stay, please write the number of nights you stayed in hospital:

Stay	Number of nights spent in hospital	Stay	Number of nights spent in hospital
Stay 1		Stay 3	
Stay 2		Stay 4	
Other stays			

Since discharge from the first hospital following your injury, how many times have you been to **hospital for a face-to-face outpatient appointment** (e.g. to see a consultant or to have an x-ray, blood test, investigation etc)?

0	1	2	3	4	How many?

Outpatient appointment	Clinic type	Tests or surgical procedures performed (if applicable)
Example 1	Orthopaedics	X-ray
Example 2	Neurology	MRI
Appointment 1		
Appointment 2		
Appointment 3		
Appointment 4		
Appointment 5		
Appointment 6		

Since discharge from the first hospital following your injury, how many times have you had an **online or telephone hospital outpatient appointment** (e.g. with a consultant)?

0	1	2	3	4	How many?

Please tick OR write the number of times

6 Since discharge from hospital following your injury, how many times have you had an appointment with **a doctor (GP)** at a **GP surgery** or **health centre**? 0 1 2 3 4 How many?

7 Since discharge from hospital, how many times have you had an appointment with **a doctor (GP)** over the **telephone** or **online**? 0 1 2 3 4 How many?

8 Since discharge from hospital, how many times have you had an appointment with **a doctor (GP)** at **home**? 0 1 2 3 4 How many?

9 Since discharge from hospital, how many times have you had an appointment with **a nurse** at a **health centre**? 0 1 2 3 4 How many?

10 Since discharge from hospital, how many times have you had an appointment with **a nurse** over the **telephone** or **online**? 0 1 2 3 4 How many?

11 Since discharge from hospital, how many times have you had an appointment with **a nurse** at **home**? 0 1 2 3 4 How many?

12 Since discharge from hospital, how many times have you had an appointment with **a physiotherapist** at a **health centre**? 0 1 2 3 4 How many?

13 Since discharge from hospital, how many times have you had an appointment with **a physiotherapist** over the **telephone** or **online**? 0 1 2 3 4 How many?

14 Since discharge from hospital, how many times have you had an appointment with **a physiotherapist** at **home**? 0 1 2 3 4 How many?

15 Since discharge from hospital, how many times have you had an appointment with **an occupational therapist** at a **health centre**? 0 1 2 3 4 How many?

16 Since discharge from hospital, how many times have you had an appointment with **an occupational therapist** over the **telephone or online**? 0 1 2 3 4 How many?

17 Since discharge from hospital, how many times have you had an appointment with **an occupational therapist** at **home**? 0 1 2 3 4 How many?

18 Since discharge from hospital, how many times have you had an appointment with someone from a **community mental health team** at a **health centre**? 0 1 2 3 4 How many?

19 Since discharge from hospital, how many times have you had an appointment with someone from a **community mental health team** over the **telephone or online**? 0 1 2 3 4 How many?

20 Since discharge from hospital, how many times have you had an appointment with someone from a **community mental health team** at **home**? 0 1 2 3 4 How many?

21 Since discharge from hospital, how many times have you had an appointment with **social worker/care manager** over the **telephone or online**? 0 1 2 3 4 How many?

22 Since discharge from hospital, how many times have you had an appointment with a **social worker/care manager** at **home**? 0 1 2 3 4 How many?

23 Since discharge from hospital, how many times have you stayed in a **residential rehabilitation unit**? 0 1 2 3 4 How many?

For each stay, please write the number of nights you stayed in the rehabilitation unit:

Stay	Number of nights spent in the rehabilitation unit	Stay	Number of nights spent in the rehabilitation unit
Stay 1		Stay 3	
Stay 2		Stay 4	
Other stays			

Please tick OR write the number of times

24 Since discharge from hospital, how many times have you stayed in a **respite care facility/unit**? How many?

0 1 2 3 4

For each stay, please write the number of days you stayed in the respite care facility/unit:

Stay Number of days spent in the respite care facility/unit	Stay Number of days spent in the respite care facility/unit
Stay 1	Stay 3
Stay 2	Stay 4
Other stays	

25 Since discharge from hospital, have you received a **Personal Budget via a Direct Payment from the Local Council**? yes no

☐ ☐

If **yes**, please could you give an estimate of how much **Personal Budget** have you received since discharge from hospital?

26 Since discharge from hospital, have **friends or relatives helped you with tasks at home with which you had difficulty or could not do?** yes no

☐ ☐

If **yes**, please give an estimate of the **total number of hours** of help you have received from friends or relatives for these tasks since discharge from hospital.

27 Since discharge from hospital, **have friends or relatives stayed off work to help you?** yes no

☐ ☐

If **yes**, since discharge from hospital, approximately **how many days** did they take off work?

28

Since discharge from hospital, **have you personally paid for therapies, services, activities, or help with tasks due to your health?**

yes

☐

no

☐

29 If **yes**, since discharge from hospital approximately how much have you paid for the following?

Category of expense	Approximate total cost
Domestic support (e.g. housework, laundry, shopping)	
Private physiotherapy	
Private counselling	
Special equipment	
Other (please specify):	

30

Since discharge from hospital, have you needed to **stay off work because of health issues?**

yes

☐

no

☐

If **yes**, since discharge from hospital, **approximately how many days have you stayed off work?**

**Please check you have answered every question.
Thank you for completing the questionnaire.**