University of BRISTOL

Hip replacement
Participant Resource Use Log: 0 to 3 months

Thank you for agreeing to take part in the APEX study. After you have been in the study for three months you will be sent a questionnaire. In this questionnaire we will ask you some questions about the services you have used and anything you have had to buy because of your recent **hip** replacement. We are doing this to find out whether the type of anaesthetic you had during surgery alters the cost of treatment.

We know that it can be difficult to remember all the events that may occur over the next 3 months. This form is designed for you to record these events. Please do not include details of any visits to Southmead Hospital as we have this information and please only include events relating to your **hip** replacement. Using this form will help you complete the questionnaire you will be sent three months after your operation.

Please record here all **non** Southmead Hospital (SMH) NHS services you have used **since your initial discharge from the Avon Orthopaedic Centre (AOC) for reasons relating to your hip replacement**.

Tick the relevant boxes to keep count of how many times you use each service.

I had an appointment with the GP at the GP practice

Visit 01 ☐	Visit 02 ☐	Visit 03 ☐	Visit 04 ☐	Visit 05 ☐	Visit 06 ☐
Visit 07 ☐	Visit 08 ☐	Visit 09 ☐	Visit 10 ☐	Visit 11 ☐	Visit 12 ☐
Visit 13 ☐	Visit 14 ☐	Visit 15 ☐	Visit 16 ☐	Visit 17 ☐	Visit 18 ☐

I had a GP visit me at home

Visit 01 ☐	Visit 02 ☐	Visit 03 ☐	Visit 04 ☐	Visit 05 ☐	Visit 06 ☐
Visit 07 ☐	Visit 08 ☐	Visit 09 ☐	Visit 10 ☐	Visit 11 ☐	Visit 12 ☐
Visit 13 ☐	Visit 14 ☐	Visit 15 ☐	Visit 16 ☐	Visit 17 ☐	Visit 18 ☐

I phoned the GP for advice

Call 01 ☐	Call 02 ☐	Call 03 ☐	Call 04 ☐	Call 05 ☐	Call 06 ☐
Call 07 ☐	Call 08 ☐	Call 09 ☐	Call 10 ☐	Call 11 ☐	Call 12 ☐

I visited the GP practice nurse at the GP practice

Visit 01 ☐	Visit 02 ☐	Visit 03 ☐	Visit 04 ☐	Visit 05 ☐	Visit 06 ☐
Visit 07 ☐	Visit 08 ☐	Visit 09 ☐	Visit 10 ☐	Visit 11 ☐	Visit 12 ☐
Visit 13 ☐	Visit 14 ☐	Visit 15 ☐	Visit 16 ☐	Visit 17 ☐	Visit 18 ☐

I phoned the GP Practice Nurse for advice

Call 01 ☐	Call 02 ☐	Call 03 ☐	Call 04 ☐	Call 05 ☐	Call 06 ☐
Call 07 ☐	Call 08 ☐	Call 09 ☐	Call 10 ☐	Call 11 ☐	Call 12 ☐

I got a repeat prescription (without seeing the doctor)

Prescription 1 ☐	Prescription 2 ☐	Prescription 3 ☐	Prescription 4 ☐	Prescription 5 ☐

A District nurse visited me at home

Visit 01 ☐	Visit 02 ☐	Visit 03 ☐	Visit 04 ☐	Visit 05 ☐	Visit 06 ☐
Visit 07 ☐	Visit 08 ☐	Visit 09 ☐	Visit 10 ☐	Visit 11 ☐	Visit 12 ☐
Visit 13 ☐	Visit 14 ☐	Visit 15 ☐	Visit 16 ☐	Visit 17 ☐	Visit 18 ☐
Visit 19 ☐	Visit 20 ☐	Visit 21 ☐	Visit 22 ☐	Visit 23 ☐	Visit 24 ☐

An Occupational therapist visited me at home

Visit 01 ☐	Visit 02 ☐	Visit 03 ☐	Visit 04 ☐	Visit 05 ☐	Visit 06 ☐

I visited an Occupational therapist at GP surgery/non SMH clinic visit

Visit 01 ☐	Visit 02 ☐	Visit 03 ☐	Visit 04 ☐	Visit 05 ☐	Visit 06 ☐

A Community Physiotherapist visited me at home

Visit 01 ☐	Visit 02 ☐	Visit 03 ☐	Visit 04 ☐	Visit 05 ☐	Visit 06 ☐
Visit 07 ☐	Visit 08 ☐	Visit 09 ☐	Visit 10 ☐	Visit 11 ☐	Visit 12 ☐
Visit 13 ☐	Visit 14 ☐	Visit 15 ☐	Visit 16 ☐	Visit 17 ☐	Visit 18 ☐
Visit 19 ☐	Visit 20 ☐	Visit 21 ☐	Visit 22 ☐	Visit 23 ☐	Visit 24 ☐

I visited a Community Physiotherapist at the GP surgery/non SMH clinic

Visit 01 ☐	Visit 02 ☐	Visit 03 ☐	Visit 04 ☐	Visit 05 ☐	Visit 06 ☐

Use of Other Non SMH services which are provided by the NHS

Please specify type of service and record each time you visit
……………………………………………………………………………………

Visit 01 ☐	Visit 02 ☐	Visit 03 ☐	Visit 04 ☐	Visit 05 ☐	Visit 06 ☐
Visit 07 ☐	Visit 08 ☐	Visit 09 ☐	Visit 10 ☐	Visit 11 ☐	Visit 12 ☐
Visit 13 ☐	Visit 14 ☐	Visit 15 ☐	Visit 16 ☐	Visit 17 ☐	Visit 18 ☐
Visit 19 ☐	Visit 20 ☐	Visit 21 ☐	Visit 22 ☐	Visit 23 ☐	Visit 24 ☐

Please record here if you become an inpatient in any **non** Southmead Hospital or rehabilitation unit, or become resident in a nursing or residential home following **your initial discharge from the AOC for reasons relating to your hip replacement**.

Name of Hospital/ rehabilitation unit/ residential home/ nursing home	Total number of nights spent here since your initial discharge from the AOC following your hip replacement
	☐☐
	☐☐
	☐☐
	☐☐
	☐☐
	☐☐
	☐☐

Please record here any visits to an outpatient department in any **non** Southmead Hospital or Accident and Emergency (A&E) Department following **your initial discharge from the AOC for reasons relating to your hip replacement**.

	Name of Hospital	Name of Outpatient Department (if visited A&E put A&E)
Visit 1		
Visit 2		
Visit 3		
Visit 4		
Visit 5		
Visit 6		
Visit 7		

Use of Social services for reasons relating to your hip replacement

Please record here if changes were made to your home (e.g grip rails, stair lift) or special equipment provided (e.g. commode, Toilet frame, Toilet seat, trolley) **since your initial discharge from the AOC for reasons relating to your hip replacement**

Changes to your home/ special equipment	Was this provided by social services	If you had to pay for this or contribute to the cost record approximately how much?
	Yes ☐ No ☐	£
	Yes ☐ No ☐	£
	Yes ☐ No ☐	£
	Yes ☐ No ☐	£
	Yes ☐ No ☐	£
	Yes ☐ No ☐	£

Please record number of Care Worker (Home help) visits following your initial discharge

Week since discharge	Number of visits	Week since discharge	Number of visits
1	☐☐	2	☐☐
3	☐☐	4	☐☐
5	☐☐	6	☐☐
7	☐☐	8	☐☐
9	☐☐	10	☐☐
11	☐☐	12	☐☐

Please record number of meals from Food at Home service (meals on wheels) following your initial discharge			
Week since discharge	Number of meals	Week since discharge	Number of meals
1	☐☐	2	☐☐
3	☐☐	4	☐☐
5	☐☐	6	☐☐
7	☐☐	8	☐☐
9	☐☐	10	☐☐
11	☐☐	12	☐☐

Record number of visits from a social worker following your initial discharge					
Visit 01 ☐	Visit 02 ☐	Visit 03 ☐	Visit 04 ☐	Visit 05 ☐	Visit 06 ☐

Record number of phone calls to a social worker following your initial discharge					
Call 01 ☐	Call 02 ☐	Call 03 ☐	Call 04 ☐	Call 05 ☐	Call 06 ☐
Call 07 ☐	Call 08 ☐	Call 09 ☐	Call 10 ☐	Call 11 ☐	Call 12 ☐

Record number of phone calls from a social worker following your initial discharge					
Call 01 ☐	Call 02 ☐	Call 03 ☐	Call 04 ☐	Call 05 ☐	Call 06 ☐
Call 07 ☐	Call 08 ☐	Call 09 ☐	Call 10 ☐	Call 11 ☐	Call 12 ☐

If you are having to pay for a home care worker, please note how much per visit

£………………….

If you are having to pay for food at home service, please note how much per midday meal and evening meal

£…………………

£…………………

Time off work and normal activities

If you are in paid work, please note how many days you have taken off paid work for **reasons relating to your hip replacement**.

Admission to hospital for your hip replacement ☐☐ days

Days off work you have had since discharge from hospital

Week since discharge	Number of days	Week since discharge	Number of days
1	☐☐	2	☐☐
3	☐☐	4	☐☐
5	☐☐	6	☐☐
7	☐☐	8	☐☐
9	☐☐	10	☐☐
11	☐☐	12	☐☐

Since your initial discharge from the AOC please note here how much time you have lost from your normal activities e.g. Caring duties, Voluntary work, Leisure, hobbies and social events, which you would normally do but couldn't do for **reasons relating to your hip replacement.**

Week since discharge	Number of hours lost per week	Week since discharge	Number of hours lost per week
1	☐☐	2	☐☐
3	☐☐	4	☐☐
5	☐☐	6	☐☐
7	☐☐	8	☐☐
9	☐☐	10	☐☐
11	☐☐	12	☐☐

Since your initial discharge from the AOC please note here how much time friends and relatives helped you with tasks at home (eg. Bathing, dressing, shopping, gardening), which you would normally do but couldn't do for **reasons relating to your hip replacement**.

Week since discharge	Number of hours they helped you per week	Week since discharge	Number of hours they helped you per week
1	☐☐	2	☐☐
3	☐☐	4	☐☐
5	☐☐	6	☐☐
7	☐☐	8	☐☐
9	☐☐	10	☐☐
11	☐☐	12	☐☐

If you visit a GP or Southmead Hospital during these 3 months, please note, the distance if travelling by car, or the costs of a return journey if travelling by bus/taxi, also how much you pay for car parking.

Car mileage to GP……………….return. Cost of car parking £…………………

Car mileage to SMH……………..return. Cost of car parking £…………………

Return Fare to GP £……………………

Return Fare to SMH £……………………

Use of Medications

Tick the relevant boxes to keep count of the number of prescriptions received **since your initial discharge from the AOC for reasons relating to your hip replacement**

Prescription 1 ☐	Prescription 2 ☐	Prescription 3 ☐	Prescription 4 ☐	Prescription 5 ☐
Prescription 6 ☐	Prescription 7 ☐	Prescription 8 ☐	Prescription 9 ☐	Prescription 10 ☐

Please record any prescribed medications or preparations (prescribed for you by a doctor) taken **since your initial discharge from the AOC for reasons relating to your hip replacement**

Name or brand of medicine or preparation and its strength *(copy name from the bottle/packet)* **e.g Tramadol 100mg**		**What was the daily dose (e.g. number of tablets or spoonfuls of syrup per day)?**	**Date you began this medication**	**Date you stopped this medication**
	mg			
	mg			
	mg			
	mg			
	mg			
	mg			
	mg			
	mg			

Please record here costs of non-prescribed (over the counter) medications you have purchased **since your initial discharge from the AOC for reasons relating to your hip replacement**

Cost of item 1		Cost of item 2	
Cost of item 3		Cost of item 4	
Cost of item 5		Cost of item 6	
Cost of item 7		Cost of item 8	
Cost of item 9		Cost of item 10	