REMCARE: Reminiscence groups for people with dementia and their family care-givers: pragmatic 8-centre trial of: joint reminiscence and maintenance v. usual treatment

Service Use Questionnaire (Participant and Carer)

This booklet of questionnaires should be completed by a project researcher in an interview with the carer.

General Instructions to Interviewer

<u>Before</u> commencing with the interview, please ensure that the **Participant Identity Number** has been entered in the boxes below.

Subsequent processing of these questionnaires involves photocopying and the use of data scanning equipment. To ensure the smooth operation of the equipment, it would be appreciated if the following could be observed:

- Please complete the form using a **<u>black</u>** ballpoint pen.
- Please do not fold or crease the form.
- Please complete all the questions.
- Please enter your responses in the boxes/spaces provided, as instructed.
- Please use only a single line to delete mistakes and initial each such correction.

<u>At the end</u> of the interview please complete the remaining boxes to the right.

Thank you for your cooperation.

To be completed by the interviewer

Participant Identity Number:

Centre Name

Which assessment is this? *Please tick* **one** *box only.*

Baseline Assessment	☐
1st Follow-up	☐
2nd Follow-up	☐

Completed by (please print name):

Signed:

Interview date: ☐☐ / ☐☐ / ☐☐☐☐
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This section asks about the health and social care services that you and your relative have used over the past 3 months.

It also asks about the medications that you both use.

1.1 Community Based Service Use [PARTICIPANT]

Interviewer instructions: **Please complete the table to show the community based services that the PARTICIPANT has used over the last 3 months.**

Please do not include services provided by people employed directly by the accommodation facility in which the participant was living at the time.

Service [Used by PARTICIPANT]	Number of home visits	Number of visits to surgery or clinic	Provider agency (please tick)				Average duration of contact (minutes)
			NHS	Local authority	Voluntary organisation	Private organisation	
District nurse	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
General practitioner	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Practice nurse (GP clinic)	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Health visitor	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Community psychiatrist	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Psychologist	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Counsellor	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Community Psychiatric Nurse / Community Mental Health Nurse	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Physiotherapist	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Occupational health therapist	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Care manager	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Social worker	☐☐	☐☐	☐	☐	☐	☐	☐☐☐

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Service [Used by PARTICIPANT]	Number of home visits	Number of visits to surgery or clinic	Provider agency (please tick)				Average duration of contact (minutes)
			NHS	Local authority	Voluntary organisation	Private organisation	
Home care worker	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Care attendant	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Sitting scheme	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Carer's support worker	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Chiropodist	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Dietician	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Self-help group	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Meals on wheels	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Laundry service	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Other: e.g. dentist, optician, alternative medicine / therapist							
1.	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
2.	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
3.	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
4.	☐☐	☐☐	☐	☐	☐	☐	☐☐☐

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1.2 Day Service Use [PARTICIPANT]

Interviewer instructions: Please complete the table to show the day services that the PARTICIPANT has used over the last 3 months.

Please do not include any day service provided by the accommodation facility in which the participant was living at the time.

Service [Used by PARTICIPANT]	Name of centre/service	Unit of measurement	Number of units received per week	Total number of units received over the last 3 months
Day care – local authority social services department		Days		
Day care – voluntary organisation		Days		
Day care – NHS (not hospital)		Days		
Lunch club		Visits		
Social club		Visits		
Other (1)		Please specify:		
Other (2)		Please specify:		

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1.3 Hospital Service Use [PARTICIPANT]

Interviewer instructions: **Please complete the table to show the hospital services that the PARTICIPANT has used over the last 3 months.**

Service [Used by PARTICIPANT]	Name of ward, clinic, hospital or centre	Reason for using service (e.g. nature of illness, regular respite arrangement)	Unit of measurement	Total number of units received
Assessment/rehabilitation inpatient ward			Inpatient day	
Continuing care/respite inpatient ward			Inpatient day	
Medical inpatient ward			Inpatient day	
Other inpatient ward			Inpatient day	
Outpatient services			Appointment	
Accident and Emergency			Attendance	
Day hospital			Day attendance	
Other (1)			Please specify:	
Other (2)			Please specify:	
Other (3)			Please specify:	

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1.4 Medication [PARTICIPANT]

Interviewer instructions: Please record medications taken by the participant in the last 3 months for dementia (and associated conditions) in the following table, under the appropriate heading. Where possible, please use medicine labels and/or prescriptions. If in doubt as to whether to include, please record the details for checking later.

Mediciation [Taken By PARTICIPANT] (Tradename)	First Day (dd/mm/yyyy)	Last Day (dd/mm/yyyy)	Or Ongoing at date of completion (please tick)	Dose per unit	Number of units per day
Dementia drugs					
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
Sleeping medication					
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
Drugs for depression, anxiety, and / or mood					
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	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
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Mediciation [Taken By PARTICIPANT] (Tradename)	First Day (dd/mm/yyyy)	Last Day (dd/mm/yyyy)	Or Ongoing at date of completion (please tick)	Dose per unit	Number of units per day
Other drugs taken for associated conditions					
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	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐
	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐☐/☐☐/☐☐☐☐ d d m m y y y y	☐		☐☐

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2.1 Community Based Service Use [CARER]

Interviewer instructions: Please complete the table to show the community based services that the CARER has used over the last 3 months.

Please do not include services provided by people employed directly by the accommodation facility in which the carer was living at the time.

Service [Used by CARER]	Number of home visits	Number of visits to surgery or clinic	Provider agency (please tick)				Average duration of contact (minutes)
			NHS	Local authority	Voluntary organisation	Private organisation	
District nurse	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
General practitioner	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Practice nurse (GP clinic)	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Community psychiatrist	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Health visitor	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Psychologist	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Counsellor	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Community Psychiatric Nurse / Community Mental Health Nurse	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Physiotherapist	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Occupational health therapist	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Care manager	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Social worker	☐☐	☐☐	☐	☐	☐	☐	☐☐☐

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Service [Used by CARER]	Number of home visits	Number of visits to surgery or clinic	Provider agency (please tick)				Average duration of contact (minutes)
			NHS	**Local authority**	**Voluntary organisation**	**Private organisation**	
Home care worker	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Care attendant	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Sitting scheme	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Carer's support worker	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Chiropodist	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Dietician	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Self-help group	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Meals on wheels	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Laundry service	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
Other: e.g. dentist, optician, alternative medicine / therapist							
1.	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
2.	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
3.	☐☐	☐☐	☐	☐	☐	☐	☐☐☐
4.	☐☐	☐☐	☐	☐	☐	☐	☐☐☐

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2.2 Day Service Use [CARER]

<u>Interviewer instructions</u>: **Please complete the table to show the day services that the CARER has used over the last 3 months.**
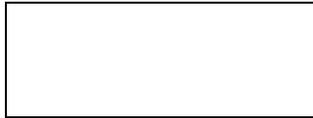
Please do <u>not</u> include any day service provided by the accommodation facility in which the carer was living at the time.

Service [Used by CARER]	Name of centre/service	Unit of measurement	Number of units received per week	Total number of units received over the last 3 months
Day care – local authority social services department		Days		
Day care – voluntary organisation		Days		
Day care – NHS (not hospital)		Days		
Lunch club		Visits		
Social club		Visits		
Other (1)		Please specifiy:		
Other (2)		Please specifiy:		

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2.3 Hospital Service Use [CARER]

__Interviewer instructions__: **Please complete the table to show the hospital services that the CARER has used over the last 3 months.**
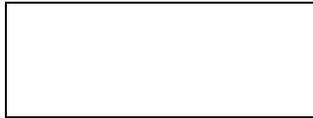
Service [Used by CARER]	Name of ward, clinic, hospital or centre	Reason for using service (e.g. nature of illness, regular respite arrangement)	Unit of measurement	Total number of units received
Assessment/rehabilitation inpatient ward			Inpatient day	
Continuing care/respite inpatient ward			Inpatient day	
Medical inpatient ward			Inpatient day	
Other inpatient ward			Inpatient day	
Outpatient services			Appointment	
Accident and Emergency			Attendance	
Day hospital			Day attendance	
Other (1)			Please specify:	
Other (2)			Please specify:	
Other (3)			Please specify:	

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2.4 Medication [CARER]

Interviewer instructions: Please record medications taken by the CARER in the past 3 months in the following table. Where possible please use medicine labels and/or prescriptions. If in doubt as to whether to include, please record the details for checking later.

Mediciation [Taken By CARER] (Tradename)	First Day (dd/mm/yyyy)	Last Day (dd/mm/yyyy)	Or Ongoing at date of completion (please tick)	Dose per unit	Number of units per day
	☐☐ / ☐☐ / ☐☐☐☐ d d m m y y y y	☐☐ / ☐☐ / ☐☐☐☐ d d m m y y y y	☐		☐☐
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Mediciation [Taken By CARER] (Tradename)	First Day (dd/mm/yyyy)	Last Day (dd/mm/yyyy)	Or Ongoing at date of completion (please tick)	Dose per unit	Number of units per day
	☐☐ / ☐☐ / ☐☐☐☐ d d m m y y y y	☐☐ / ☐☐ / ☐☐☐☐ d d m m y y y y	☐		☐☐
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