**Costs analysis**

For all of these sections, please **only** name treatments and costs relating to the time since you completed your physiotherapy treatment with **XXXX**

**Treatments and tests received**

This table is designed to give us information about treatments you received from **other** health professionals/services since completing your physiotherapy. This will allow us to estimate the costs associated with your back pain and health.

<table>
<thead>
<tr>
<th>Service/Treatment</th>
<th>Number of visits</th>
<th>Private or public</th>
<th>Total amount of money paid for this (€)</th>
<th>Reason for needing that service/treatment e.g. back pain, flu, stomach problems,</th>
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</thead>
<tbody>
<tr>
<td>GP</td>
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<tr>
<td>Practice nurse in GP practice</td>
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<tr>
<td>Other physiotherapy outside of study</td>
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<tr>
<td>Chiropractor</td>
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<tr>
<td>Osteopath</td>
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<tr>
<td>Massage therapist</td>
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<tr>
<td>Physical Therapy</td>
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<tr>
<td>Acupuncture</td>
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<tr>
<td>Other alternative healthcare professionals e.g. reflexology, reiki, homeopathy, Chinese medicine</td>
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<tr>
<td>Group-based activities e.g. yoga, pilates, mindfulness, tai chi etc…</td>
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<tr>
<td>Surgeon</td>
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<tr>
<td>Consultant for pain/pain medicine</td>
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<td>Other consultant for non-pain issues (e.g. for eyes, nose, throat, stomach, bowel, bladder, skin, joints or any other issues)</td>
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<tr>
<td>Public health nurse</td>
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<td>Psychiatrist</td>
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<tr>
<td>Psychologist</td>
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<tr>
<td>Counsellor</td>
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<tr>
<td>Social worker</td>
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</table>
Have you received any other treatment (for back pain or any other health problems) that is not listed above since completing your physiotherapy? If so, please explain below:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

**Hospitalisations and tests**
This table is designed to give us information on costs associated with hospital visits and tests done since you completed your physiotherapy treatment. Please **only** name services since you completed your physiotherapy treatment.

<table>
<thead>
<tr>
<th>Service</th>
<th>Total number (of admissions, visits or tests for each)</th>
<th>Private or public</th>
<th>Total amount of money paid for this (€)</th>
<th>Reason for needing that service/treatment e.g. back pain, flu, stomach problems</th>
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</thead>
<tbody>
<tr>
<td>Hospital admission</td>
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<tr>
<td>Hospital outpatient</td>
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<tr>
<td>appointment</td>
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<td>Xray</td>
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<td>MRI</td>
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<td>CT scan</td>
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<tr>
<td>Other medical procedures</td>
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<td>(specify)</td>
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</table>

Have you completed any other medical tests not listed above (for back pain or any other health problems) since finishing treatment in the study? If so, please explain:

___________________________________________________________________________
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___________________________________________________________________________
**Medications**
This table is designed to give us information on changes and costs associated with your medication since you completed your physiotherapy treatment. You might find it helpful to check your drug payment scheme receipts but also include medications not covered by this. This includes anything for your back pain or general health taken in tablet, injection, liquid or any other form. Please **only** list medications used since you completed your physiotherapy treatment.

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Dose taken (e.g. 10mg, 20mg)</th>
<th>Amount taken per day</th>
<th>Cost (if paying privately)</th>
<th>Reason for use (pain or otherwise)</th>
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</tbody>
</table>
**Equipment, aids and informal care**

This table is designed to give us information on any equipment, aids or assistance/help with daily activities that you had to get due to your back pain since you completed your physiotherapy treatment. Please **only** name equipment/aids or help got since you completed your physiotherapy.

<table>
<thead>
<tr>
<th>Form of assistance</th>
<th>Private or public</th>
<th>Total amount of money paid for this (€)</th>
<th>Reason for needing assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Home help (per hour)</td>
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<td>Paid Carer (per hour)</td>
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<tr>
<td>Paid Babysitter (per hour)</td>
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<tr>
<td>Unpaid help from family/friends (per hour)</td>
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<tr>
<td>Walking aids</td>
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<td>Seating or seating supports</td>
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<tr>
<td>Changes to house (e.g. ramp, lifting, hoist, shower, kitchen, bathroom)</td>
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</tbody>
</table>

Have you got any other informal care or equipment aids (for back pain or any other health problems) not listed above since you completed your physiotherapy treatment? If so, please explain below:

___________________________________________________________________________
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___________________________________________________________________________

**Employment and Days off from work**

If you normally engage in some paid work, what kind of work/occupation is it:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How many days have you been absent from work owing to back pain or illness since you completed your physiotherapy treatment? ________________

**Reason(s) for missing days:**
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
**Travel costs**
This section is designed to give us information on money you have spent on travelling to services/treatment/hospital for your back pain and general health since you completed your physiotherapy treatment.

<table>
<thead>
<tr>
<th>Treatment/service</th>
<th>Who took you to it?</th>
<th>Did you take off work to travel to treatment</th>
<th>Distance to treatment (km)</th>
<th>Number of trips</th>
<th>Reason for treatment</th>
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</thead>
<tbody>
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</table>

THANK YOU FOR COMPLETING THESE QUESTIONNAIRES. WE WOULD APPRECIATE IF YOU COULD PLEASE POST THESE IN THE STAMP ADDRESSED ENVELOPE PROVIDED.