

Costs diary

This costs diary regards **week / month** * _____ of the year _____

Date: ____ / ____ / ____

Unique participation number: _____

Treatment group: **day-case surgery / inpatient surgery** *

* Delete as applicable

Question 1 and 2 will be filled in once, only preoperatively:

1. What is your highest completed educational training?

- 0 No school or training completed
- 0 Primary school
- 0 Preparatory vocational education / lower vocational education
- 0 Intermediate secondary education
- 0 Intermediate vocational education
- 0 Higher vocational education / pre-university education
- 0 University of Professional Education (UPE)
- 0 College
- 0 Other:

2. What do you do in everyday life?

- 0 I am in school/college
- 0 I work in paid employment
- 0 I am self-employed
- 0 I am housewife, -husband
- 0 I am unemployed
- 0 I am unfit for work
- 0 I am retired
- 0 Other:

Part A. Questions regarding work

3. Do you have paid employment?

0 No. *Proceed to question 13.*

0 Yes, I have paid employment. *Proceed to question 4.*

4. What is your profession?

5. How many hours a week do you work?

Only count the hours you are being paid for.

 hours

6. How many days a week do you work?

 days

7. Were you absent from work in the past 4 weeks due to illness?

0 No

0 Yes, I have been absent for _____ workdays

8. Were you absent from work longer than the duration of 4 weeks due to illness?

This concerns a continuous period of absence.

0 No

0 Yes

9. What date did you call in sick?

Date: ____ / ____ / ____

10. Were there days in the past 4 weeks on which you did attend work, but during which you suffered from psychiatric or physical distress during work?

0 No

0 Yes

11. On how many workdays did you suffer from psychiatric or physical distress during work?

Only count the workdays in the past 4 weeks

workdays

12. On the days that you suffered from these problems, it is possible that you performed your work less effectively than usual? Can you give an indication of this on the scale below?

Look at the numbers below. Number 10 indicates that on these days you were able to perform work as effectively as usual. Number 0 indicates that you could not perform your work at all on these days. Encircle the applicable number.

I could not perform
work on these days

I could perform approximately
half of work

I could perform work
as effective as usual

0 1 2 3 4 5 6 7 8 9 10

Also in unpaid work (for example: voluntary work, the housework, work in the garden, doing groceries) it is possible to suffer from psychiatric or physical distress

13. Were there days in the past 4 weeks on which you could perform less unpaid work due to psychiatric or physical distress?

0 No

0 Yes

14. How many days was this the case?

days

15. Suppose that someone, for example your partner, relative or an acquaintance, would have helped you on these days and would have performed the unpaid work that you were not able to do for you. How many hours would that person have had to work on average on these days?

_____ hours

Part B. Questions regarding care

16. What medication have you used in the past 4 weeks?

- 0 No medication
- 0 Medicine 1: name: _____
- 0 Medicine 2: name: _____
- 0 Medicine 3: name: _____
- 0 Medicine 4: name: _____
- 0 Medicine 5: name: _____
- 0 Medicine 6: name: _____
- 0 Medicine 7: name: _____
- 0 Medicine 8: name: _____

17. How many appointments have you had with your family doctor in the past 4 weeks?

- 0 No appointments
- 0 _____ appointments *during regular working hours on workdays*
- 0 _____ appointments *on workdays outside working hours or in the weekend*

18. Did you have an appointment at the outpatient clinic of the hospital in the past 4 weeks?

This concerns appointments with a doctor for yourself, not for a family member or friend. For example: cardiologist, rheumatologist, ENT specialist, neurologist.

- 0 No
 0 Yes

19. Which doctors have you visited in the past 4 weeks? And how often?

	<u>Doctor:</u>	<u>Number of times:</u>
For example:	<u>Cardiologist</u>	<u>2</u> times
1	_____	_____ times
2	_____	_____ times
3	_____	_____ times
4	_____	_____ times
5	_____	_____ times
6	_____	_____ times

20. Did you have an appointment with one or more of the caregivers mentioned below in the past 4 weeks? If so, how often?

	<u>Caregiver:</u>	<u>Number of times:</u>
0	Physiotherapist	_____ times
0	Occupational therapist	_____ times
0	Speech therapist	_____ times
0	Dietician	_____ times
0	Social worker	_____ times
0	Company doctor	_____ times
0	Audiologist	_____ times
0	Psychologist / psychotherapist	_____ times
0	Other, _____	_____ times

21. How many times have you visited the Emergency Room (ER) in the hospital in the past 4 weeks?

- 0 I have not visited the ER.
- 0 I have visited the ER _____ times.

22. Have you been admitted to the hospital in the past period?

During a hospital admission you sleep over in the hospital, for example if you are not allowed to leave the hospital after an operation.

A day-case admission is an admission whereby you do not sleep over in the hospital, for example when receiving chemotherapy treatment, dialysis or blood transfusions. This also includes a day of rehabilitation in a rehabilitation centre.

If you were admitted more than once for either hospital or day-case admission, sum up the total number of days.

0 No

0 Yes, for hospital admission

_____ days

0 Yes, for day-case admission

_____ days

23. Have you made costs this week for required extra help?

0 No

0 Yes:

0 Childcare, approximately € _____

0 Household, approximately € _____

0 Other costs, namely:

0 (reason) _____, approximately € _____

0 (reason) _____, approximately € _____

0 (reason) _____, approximately € _____

Thank you for completing this questionnaire!

You will receive notification when your next questionnaire is available.