

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.

Service/Treatment	Number of visits	Private or public	Total amount of money paid for this (€)	Reason for needing that service/treatment e.g. back pain, flu, stomach problems,
GP				
Practice nurse in GP practice				
Other physiotherapy outside of study				
Chiropractor				
Osteopath				
Massage therapist				
Physical Therapy				
Acupuncture				
Other alternative healthcare professionals e.g. reflexology, reiki, homeopathy, Chinese medicine				
Group-based activities e.g. yoga, pilates, mindfulness, tai chi etc...				
Surgeon				
Consultant for pain/pain medicine				
Other consultant for non-pain issues (e.g. for eyes, nose, throat, stomach, bowel, bladder, skin, joints or any other issues)				
Public health nurse				
Psychiatrist				
Psychologist				
Counsellor				
Social worker				

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.

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

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:

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.

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

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:

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.

Treatment/ service	Who took you to it?	Did you take off work to travel to treatment	Distance to treatment (km)	Number of trips	Reason for treatment

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