

**Patient reported resource use data collection form**

**MIR**

**Mirtazapine for treatment-resistant depression in  
primary care**

12 month economic questionnaire

Thank you for answering this questionnaire. As you know, MIR is comparing two treatments (mirtazapine and placebo) for depression to see how it affects your well-being. As part of this we are interested in seeing whether the treatment you receive affects the health services you use, and the care and extra support you receive.

We would like to know a bit about how much extra help you have had, how often you have used services and the cost of this to you and others.

We understand that some of the questions can seem quite personal so we would like to remind you that you don't have to answer anything that you don't want to. We always compare the two treatment groups anonymously as a whole rather than looking at an individual patient's data.

Thanks.

Patient Study ID \_\_\_\_\_  
Date of birth \_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_\_  
Gender male / female  
Today's date \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

# 1. NHS hospital care

<b>1(a)</b> During the past 6 months, have you been admitted to hospital for an overnight stay for any reason?	<b>Yes</b> <input type="checkbox"/> <sub>1</sub> Please give more details below	<b>No</b> <input type="checkbox"/> <sub>0</sub> Please go to 1(b)
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i) How many separate stays in hospital have you had?	..... stays
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For each separate stay in hospital, how many nights did you stay, what was the main reason for your stay and what treatment did you receive?

Stay	Number of nights	Reason for stay <small>(e.g. psychotic episode, hysterectomy)</small>	Did you have surgery?	Name of hospital
1			Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>	
2			Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>	
3			Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>	
4			Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>	
5			Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>	
6			Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>	

**1(b)** During the past 6 months, have you been to A&E (Casualty) **for any reason?**

**Yes** <sub>1</sub>  
Please give more  
details below

**No** <sub>0</sub>  
Please go  
to 1(c)

i) How many separate visits to A&E have you made?

..... visits

For each separate visit, what was the main reason you attended A&E?

<b>Visit</b>	<b>Reason attended A&amp;E</b> ( <i>e.g.</i> psychotic episode, broken limb)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	

**1(c)** During the past 6 months, have you attended an NHS hospital outpatient clinic for any reason?

**Yes** <sub>1</sub>  
Please give more details below

**No** <sub>0</sub>  
Please go to 2(a)

i) How many different clinics have you been to?

..... clinics

For each separate location you attended, what was the name of the clinic, how many visits did you make, and what was the reason for attending?

<b>Clinic</b>	<b>Name of clinic</b> <i>(e.g. Psychiatry, Dermatology)</i>	<b>Number of visits</b>	<b>Reason attended clinic</b> <i>(e.g. diabetes, depression)</i>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			

## 2. Paid-for healthcare

2(a) During the past 6 months, have you had any over-the-counter medication, prescription charges or other paid-for or private healthcare <b>because of your mental health?</b>		Yes <input type="checkbox"/> <sub>1</sub> Please give more details below	No <input type="checkbox"/> <sub>0</sub> Please go to 3(a)
Type of healthcare		Approximately how much have you spent on this healthcare?	
i) Hospital inpatient	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	:
ii) Hospital outpatient	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	:
iii) Counselling	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	:
iv) Home care	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	:
v) Prescription charges	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	:
vi) Over-the-counter treatments or remedies	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	:
vii) Complementary therapy (e.g. acupuncture, hypnotherapy)	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	:
viii) Other paid-for healthcare (please specify) .....	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	:

### 3. GP or community-based NHS care *(i.e. care outside of a hospital)*

3(a) During the past 6 months, have you received any community services provided free by the NHS or charities <b>because of your mental health?</b>		Yes <input type="checkbox"/> <sub>1</sub> Please give more details below	No <input type="checkbox"/> <sub>0</sub> Please go to 4(a)
		<b>Number of visits, sessions or calls</b>	<b>Where were these visits/sessions held?</b> <i>(e.g. Brislington, home)</i>
i) GP visits at surgery	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
ii) Counselling (or talking therapy)	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
iii) Face to face cognitive behavioural therapy (CBT)	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
iv) Computer-based cognitive behavioural therapy (CBT)	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
v) Mental health clinic	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
vi) Exercise or physical activity scheme or "Exercise on prescription"	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
vii) NHS Direct or "Call 111"	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
viii) NHS walk-in centres	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
ix) Other (please specify) .....	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		

## 4. Home visits

<b>4(a)</b> During the past 6 months, have you had any home visits from NHS healthcare workers <b>because of your mental health?</b>		<b>Yes</b> <input type="checkbox"/> <sub>1</sub> Please give more details below	<b>No</b> <input type="checkbox"/> <sub>0</sub> Please go to 5(a)
<b>Type of home visit</b>		<b>Number of visits</b>	
i)	Have you had any home visits from a mental health nurse (CPN)?	<b>Yes</b> <input type="checkbox"/> <sub>1</sub>	<b>No</b> <input type="checkbox"/> <sub>0</sub>
ii)	Have you had any home visits from an occupational therapist?	<b>Yes</b> <input type="checkbox"/> <sub>1</sub>	<b>No</b> <input type="checkbox"/> <sub>0</sub>
iii)	Have you had any home visits from a social worker?	<b>Yes</b> <input type="checkbox"/> <sub>1</sub>	<b>No</b> <input type="checkbox"/> <sub>0</sub>
iv)	Have you had any home visits from a GP?	<b>Yes</b> <input type="checkbox"/> <sub>1</sub>	<b>No</b> <input type="checkbox"/> <sub>0</sub>
v)	Have you had any other home visits from healthcare professionals? (please specify)  .....	<b>Yes</b> <input type="checkbox"/> <sub>1</sub>	<b>No</b> <input type="checkbox"/> <sub>0</sub>



## 5. Additional help

5(a) During the past 6 months, have you received additional help from a home help or home care worker or attended any groups <b>because of your mental health?</b>		Yes <input type="checkbox"/> <sub>1</sub> Please give more details below	No <input type="checkbox"/> <sub>0</sub> Please go to 6(a)
Type of additional help		Approximately how much have you spent on using this help?	
i) Have you received additional help from a home help or home care worker?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	: [zero if nothing]
ii) Have you been to a day centre/drop-in/social club?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	: [zero if nothing]
iii) Have you been to a self-help group?	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> 0	£	: [zero if nothing]

## 6. Informal unpaid help

6(a) During the past 6 months, have friends or relatives given you any extra help <b>because of your mental health?</b>		Yes <input type="checkbox"/> <sub>1</sub> Please give more details below	No <input type="checkbox"/> <sub>0</sub> Please go to 7(a)
Type of help		<b>Approximately how many hours of ADDITIONAL help have they given per week?</b> (i.e. help that has <i>only</i> been given because of your mental health)	
i) Extra childcare	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
ii) Extra help around the house (e.g. cooking, cleaning)	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
iii) Extra help outside the house (e.g. shopping, transport)	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		
iv) Any other extra help (please specify) .....	Yes <input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>0</sub>		

## 7. Employment and benefits

<b>7(a)</b> During the past 6 months, have you done any paid work as an employee, on a government-sponsored training scheme, as a self-employed/freelance or in your own/family business?		<b>Yes</b> <input type="checkbox"/> <sub>1</sub> Please give more details below	<b>No</b> <input type="checkbox"/> <sub>0</sub> Please go to 7(b)
i) How many hours have you worked per week?		..... hours	
<b>7(b)</b> During the past 6 months, have you had any time off work <b>because of your mental health</b> ?		<b>Yes</b> <input type="checkbox"/> <sub>1</sub> Please give more details below	<b>No</b> <input type="checkbox"/> <sub>0</sub> Please go to 7(c)
i) Approximately how many days have you had off work in the past 6 months (including work time lost because of reduced working hours)?		..... days	
ii) How much income (if any) have you lost in total?		£	: [zero if nothing]
<b>7(c)</b> During the past 6 months, has someone else has had time off work to care for you <b>because of your mental health</b> ?		<b>Yes</b> <input type="checkbox"/> <sub>1</sub> Please give more details below	<b>No</b> <input type="checkbox"/> <sub>0</sub> Please go to 7(d)
i) Approximately how many days has he/she taken off work in the past 6 months?		..... days	
<b>7(d)</b> During the past 6 months, have you received any disability payments? (e.g. Disability Living Allowance, Employment Support Allowance or Incapacity Benefit)		<b>Yes</b> <input type="checkbox"/> <sub>1</sub>	<b>No</b> <input type="checkbox"/> <sub>0</sub>

**Please add anything else that you think might help us:**

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**Many thanks for completing this questionnaire.**