**Hospital at Home Research Project**

**Thank-you for agreeing to take part in this project that can help to improve the service for users in the future.**

Your participation will improve the understanding of how the service works for people, who helps make it work and what the limitations are.

This questionnaire is very similar to the one you completed 12 weeks ago

The questionnaire has 6 sections; About you, your abilities to cope with or without support and information about you the people who help you.

How to complete the questionnaire:

* Please read the instructions and questions carefully.
* Fill in the answer which best describes how you feel at the moment (this may be different from when completed the previous questionnaire)
* Most questions will ask you to tick a box or circle a number.
* Please try to answer all the questions. If you do not wish to answer the question, please leave this blank.
* Do not spend too long on each question the first answer which comes to you is probably the best one.
* If there are no right or wrong answers. If you are unsure about how to answer a question please put the best answer you can.
* You may wish to take breaks whilst completing the questionnaire.
* The information you provide will remain strictly confidential and will not affect your future treatment.
* Please return your completed questionnaire in the FREEPOST envelope provided.

**Section 1: About you**

First of all we would like to get some information about you to help us understand your background and how this may have impacted on how the Hospital at Home service has worked for you

Please complete the form below with details about you and your household. Please leave any questions blank that you prefer not to answer.

Full name …………………………………………….

Date of Birth …………………………………………….

Employment status (please tick) Full time employment

Part-time employment

Self-employed

Unemployed

Student

Retired

Other (please state)

…………………………………………….

Household members (including yourself) 1

2

3

4

5+

**Section 2: Quality of Life**

This section asks how you feel about your quality of life including health and other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response. Please keep in mind your standards, hopes, pleasures and concerns.

We ask that you think about your life during Hospital at Home treatment. Please circle the most appropriate answer.

**During/since Hospital at Home treatment:**

1. **How would you rate your quality of life?**

Very good Good neither good or bad Bad Very bad

1. **How satisfied are you with your health?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

1. **To what extent do you feel that physical pain prevents you from doing what you need to do?**

Not at all a little a moderate amount very much extremely

1. **How much do you need any medical treatment to function in your daily life?**

Not at all a little a moderate amount very much extremely

1. **How much do you enjoy life?**

Not at all a little a moderate amount very much extremely

1. **To what extent do you feel your life to be meaningful?**

Not at all a little a moderate amount very much extremely

1. **How well are you able to concentrate?**

Not at all a little a moderate amount very much extremely

1. **How safe do you feel in your daily life?**

Not at all a little a moderate amount very much extremely

1. **How healthy is your physical environment?**

Not at all a little a moderate amount very much extremely

1. **Do you have enough energy for everyday life?**

Not at all a little a moderate amount mostly completely

1. **Are you able to accept your bodily appearance?**

Not at all a little a moderate amount very much extremely

1. **Have you enough money to meet your needs?**

Not at all a little a moderate amount very much extremely

1. **How available to you is the information that you need in your day-to-day life?**

Not at all a little a moderate amount very much extremely

1. **To what extent do you have the opportunity for leisure activities?**

Not at all a little a moderate amount very much extremely

1. **How well are you able to get around?**

Very poor poor Neither poor or well well very well

1. **How satisfied are you with your sleep?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

1. **How satisfied are you with your ability to perform your daily living activities?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

1. **How satisfied are you with your capacity for work?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

Dissatisfied

1. **How satisfied are you with yourself?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

1. **How satisfied are you with your personal relationships?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

1. **How satisfied are you with your sex life?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

1. **How satisfied are you with the support you get from your friends?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

1. **How satisfied are you with the conditions of your living place?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

1. **How satisfied are you with your access to health services?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

1. **How satisfied are you with your mode of transportation?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

1. **How often do you have negative feelings, such as blue mood, despair, anxiety, depression?**

Very Satisfied Satisfied neither satisfied or dissatisfied Very dissatisfied

dissatisfied

**Section 3: Self efficacy**

In this section, we would like to know how confident you are in doing certain activities. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly during Hospital at Home treatment. Please circle the correct number.

**1. How confident do you feel that you can keep the fatigue caused by your disease from interfering with the things you want to do?**

Not at all confident very confident

1 2 3 4 5 6 7 8 9 10

**2. How confident do you feel that you can keep the physical discomfort or pain of your disease from interfering with the things you want to do?**

Not at all confident very confident

1 2 3 4 5 6 7 8 9 10

**3. How confident do you feel that you can keep the emotional distress caused by your disease from interfering with the things you want to do?**

Not at all confident very confident

1 2 3 4 5 6 7 8 9 10

**4. How confident do you feel that you can keep any other symptoms or health problems you have from interfering with the things you want to do?**

Not at all confident very confident

1 2 3 4 5 6 7 8 9 10

**5. How confident do you feel that you can the different tasks and activities needed to manage your health condition to reduce your need to see a doctor?**

Not at all confident very confident

1 2 3 4 5 6 7 8 9 10

**6. How confident do you feel that you can do things other than just taking medication to reduce how much your illness affects your everyday life?**

Not at all confident very confident

1 2 3 4 5 6 7 8 9 10

**Section 4: Collective efficacy**

We would like you to think about the people around you that are important in helping you manage your everyday needs during treatment by the Hospital at Home team. This could include family members, friends, neighbours, colleagues, members of hobby and interest groups, health professionals (including Hospital at Home staff) and acquaintances.

Please answer each question by circling the answer (1, totally agree – 5, totally disagree) which you think is closest to your experiences over the last year. Don't spend too long thinking about each question; your first reaction to each item will probably be most accurate. If there is anything unclear or you would like to comment on a particular question, please feel free to make a note in the space below each question.

1. **With my health in mind, there are people around me who know how to support me**

1 2 3 4 5

1. **I do not ask for practical help from the people around me even when I need it**

1 2 3 4 5

1. **There are people around me who fully understand what I can and cannot do**

1 2 3 4 5

1. **Most of the people around me are able to see when I need help**

1 2 3 4 5

1. **I find it difficult to accept that I may need help from others**

1 2 3 4 5

1. **People around me help me to maintain a healthy lifestyle**

1 2 3 4 5

1. **In critical situations, I can rely on the people around me for help**

1 2 3 4 5

1. **People around me try to find solutions to the problems I am facing**

1 2 3 4 5

1. **People around me will work together if they think that I need help**

1 2 3 4 5

1. **I don’t expect support from people around me because they have problems of their own**

1 2 3 4 5

1. **I do not ask for emotional help from the people around me even when I need it**

1 2 3 4 5

12. **People around me are able to adapt when my needs change**

1 2 3 4 5

**Section 5: Loneliness**

This section also asks you to think about your social relationships whilst admitted to the Hospital at Home service. Think about all aspects of your life not only your health needs.

Please tick the appropriate box.

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | More or less | No |
| 1. I experience a general sense of emptiness |  |  |  |
| 1. There are plenty of people I can rely on when I have problems |  |  |  |
| 1. There are many people I can trust completely |  |  |  |
| 1. I miss having people around me |  |  |  |
| 1. There are enough people I feel close to |  |  |  |
| 1. I often feel rejected |  |  |  |

**Section 6: Your social network**

This section asks you to list all the people who have support you whilst you have been treated by the Hospital at Home service.

This can include anyone from friends, family and neighbours to healthcare staff, pets and members of social groups or teams.

We would like to know their gender, relationship to you, how often you see them and how far away they live from you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Network member number** | **Member name** (initials) | **Gender** (1 male, 2 female) | **Relationship** (e.g. daughter, cousin, GP, friend, pet) | **How often do you see them?**  1= at least once a week  2= at least once a month  3= every couple of months  4= less often | **How close do they live to you?**  Approx. in miles |
| example | PG | 1 | neighbour | 1 2 3 4 | 0 miles |
| 1 |  |  |  | 1 2 3 4 |  |
| 2 |  |  |  | 1 2 3 4 |  |
| 3 |  |  |  | 1 2 3 4 |  |
| 4 |  |  |  | 1 2 3 4 |  |
| 5 |  |  |  | 1 2 3 4 |  |
| 6 |  |  |  | 1 2 3 4 |  |
| 7 |  |  |  | 1 2 3 4 |  |
| 8 |  |  |  | 1 2 3 4 |  |
| 9 |  |  |  | 1 2 3 4 |  |
| 10 |  |  |  | 1 2 3 4 |  |
| 11 |  |  |  | 1 2 3 4 |  |
| 12 |  |  |  | 1 2 3 4 |  |
| 13 |  |  |  | 1 2 3 4 |  |
| 14 |  |  |  | 1 2 3 4 |  |
| 15 |  |  |  | 1 2 3 4 |  |
| 16 |  |  |  | 1 2 3 4 |  |
| 17 |  |  |  | 1 2 3 4 |  |
| 18 |  |  |  | 1 2 3 4 |  |
| 19 |  |  |  | 1 2 3 4 |  |
| 20 |  |  |  | 1 2 3 4 |  |

In relation to the network members you have just listed in the table above, we would now like to know what they have helped you with and how much. Think about this is relation to the time you have been treated by the Hospital at Home service.

There are three groups:

1. Health related support
2. Help with practical tasks and chores

|  |  |  |
| --- | --- | --- |
| **Rate the level in which each network member helps you with:**  (1= No help, 2= Some help, 3= A lot of help) | | |
| **Network member** (numbered from previous page) | **Information or tasks relating to your health** | **Practical tasks** (e.g. shopping, cleaning) | **Emotional support**  (e.g. company, talking about worries) |
| example | 1 2 3 | 1 2 3 | 1 2 3 |
| 1 | 1 2 3 | 1 2 3 | 1 2 3 |
| 2 | 1 2 3 | 1 2 3 | 1 2 3 |
| 3 | 1 2 3 | 1 2 3 | 1 2 3 |
| 4 | 1 2 3 | 1 2 3 | 1 2 3 |
| 5 | 1 2 3 | 1 2 3 | 1 2 3 |
| 6 | 1 2 3 | 1 2 3 | 1 2 3 |
| 7 | 1 2 3 | 1 2 3 | 1 2 3 |
| 8 | 1 2 3 | 1 2 3 | 1 2 3 |
| 9 | 1 2 3 | 1 2 3 | 1 2 3 |
| 10 | 1 2 3 | 1 2 3 | 1 2 3 |
| 11 | 1 2 3 | 1 2 3 | 1 2 3 |
| 12 | 1 2 3 | 1 2 3 | 1 2 3 |
| 13 | 1 2 3 | 1 2 3 | 1 2 3 |
| 14 | 1 2 3 | 1 2 3 | 1 2 3 |
| 15 | 1 2 3 | 1 2 3 | 1 2 3 |
| 16 | 1 2 3 | 1 2 3 | 1 2 3 |
| 17 | 1 2 3 | 1 2 3 | 1 2 3 |
| 18 | 1 2 3 | 1 2 3 | 1 2 3 |
| 19 | 1 2 3 | 1 2 3 | 1 2 3 |
| 20 | 1 2 3 | 1 2 3 | 1 2 3 |

1. Emotional support

**Thank-you for taking time to complete the questionnaire. The information you have shared will be very helpful to help answer the questionnaires that can be used to improve the service for the future.**

**Please return in the FREEPOST envelope provided.**