Cost Questionnaire

Study title: Ig PRx in AECOPD
Screening Number: _________________
Participant Study ID: ____________________ Participant Pseudo Initials ___-___-___
Study Start Date(yyyy/mmm/dd): ____________________
Call Date (yyyy/mmm/dd): ______________ Number of week of study: __________

Resource use
1. Could you please tell me how many times you have used any of the following services in the last 3 month?

<table>
<thead>
<tr>
<th>Service</th>
<th>Have you used this service? Please write Yes or No</th>
<th>If yes, how many times have you used this service in the last 3 months?</th>
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</thead>
<tbody>
<tr>
<td>GP or family physician visits</td>
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<td>Walk-in clinic</td>
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<td>Specialist office visits</td>
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<td>Home care nurse visits</td>
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<td>Social worker visits</td>
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<td>Other health visitor visits e.g. physiotherapist, occupational therapist, psychologist, etc.</td>
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<td>Home help such as personal support worker</td>
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<td>Any other professional visitor or service (please specify)</td>
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2. Have you been admitted to hospital in the last 3 month?
   ___ Yes                  How many times? ______
   ___ No   (go to question 4)

3. Think about your hospitalization(s)
   Stay #1
   a. When was date admitted? _____________
   b. When was date discharged? ___________
   c. Name of hospital and town ____________
   d. Were you admitted to ICU? ____________

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Stay #2
a. When was date admitted? ____________
b. When was date discharged? ____________
c. Name of hospital and town ______________
d. Were you admitted to ICU? ______________
e. If you were admitted to ICU, how many days were you in ICU? ______

Stay #3
a. When was date admitted? ____________
b. When was date discharged? ____________
c. Name of hospital and town ______________
d. Were you admitted to ICU? ______________
e. If you were admitted to ICU, how many days were you in ICU? ______

Stay #4
a. When was date admitted? ____________
b. When was date discharged? ____________
c. Name of hospital and town ______________
d. Were you admitted to ICU? ______________
e. If you were admitted to ICU, how many days were you in ICU? ______

Medication
1. Have there been any new prescription or non-prescription medications in the past month?
   ___ Yes
   ___ No

If yes, please fill in the table below

<table>
<thead>
<tr>
<th>Medication name and dosage</th>
<th>How much money did you pay from your own pocket?</th>
<th>How often do you take this medication?</th>
<th>Are you currently taking this medication?</th>
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</table>

2. Have there been any medications you stopped taking in the past month?
   ___ Yes
   ___ No

If yes, please list name and stopped date

_______________________________________________

_______________________________________________

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Employment

1. Do you do any work as an employee or on a government sponsored training scheme, as self-employed/freelance, or in your own/family business?
   ___ Yes, full time
   ___ Yes, part time
   ___ No

2. If no, are you
   ___ Retired?
   ___ Student?
   ___ Looking after home/family?
   ___ Permanently sick/disabled?
   ___ None of the above?

3. If you are in paid employment, how many days have you had off work in the last month on account of your health?
   ________________ days

Caregiver

1. Do you receive help with your daily activities from a relative or friend?
   ___ Yes
   ___ No (end of questionnaire)

2. If yes, on average, how much time per day/per week do they spend?
   ________________ hours/day
   ________________ days/week

3. What would that person have been doing as their main activity if they had not been helping and/or caring for you?
   ___ housework
   ___ childcare
   ___ caring for a relative or friend
   ___ voluntary work
   ___ leisure activities
   ___ attending school or university
   ___ on sick leave
   ___ paid work
   ___ other (please specify) ________________

4. What is your caregiver’s occupation?
   _______________________________

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