HEALTH ECONOMICS QUESTIONNAIRE (HEQ) [1] ***COVID-19*** [2]
Follow-up

This questionnaire asks about your usual living situation (Section 1); employment (Section 2); income (Section 3); usual activities (Section 4); contacts with health and social services (Section 5); medication (Section 6); and COVID-19-related resource use (Section 7) **since you last completed the questionnaire**. If you do not know the exact answer, please give your best estimate.

1. USUAL LIVING SITUATION

1.0 Has your usual/normal living situation changed since you last completed the questionnaire? ☐
1 No (*go to question 2.0*)
2 Yes

1.0.1 If yes: Please state the date of change (DD.MM.YYYY)
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1.1 What is your usual/normal living situation now? ☐
1 Living alone (+/- children)
2 Living with husband/wife (+/- children)
3 Living together as a couple (+/- children)
4 Living with parents
5 Living with other relatives
6 Living with others

1.2 What kind of accommodation is it? ☐
1 Owner occupied flat or house
2 Privately rented flat or house
3 Flat or house rented from local authority/municipality or housing association/co-operative
4 Nursing home (*go to question 2.0*)
5 Residential home (*go to question 2.0*)
6 Sheltered accommodation (*go to question 2.0*)
7 Other (please specify):_____ (*go to question 2.0*)

1.3 ***If domestic accommodation:***

How many adults live there? *(over the age of 18)* Number of adults (including you) ☐

And how many children? *(under the age of 18)* Number of children ☐

[1] Modules 1-6 of the HEQ (Version 08-09-2016) were developed based upon the following existing instruments with permission:

- Beecham J, Knapp M (2001). The Client Socio-Demographic and Service Receipt Inventory (CSSRI-EU), Version 15 September 1997, In: Costing Psychiatric Interventions, Thornicroft G (Ed.), Measuring Mental Health Needs, Gaskell, Royal College of Psychiatrists, London , pp. 200-224.
- Hakkaart-van Roijen L, van Straten A, Donker M, Tiemens B (2002). Institute for Medische Technology Assessment, Erasmus University Rotterdam. Manual Trimbos/iMTA questionnaire for Costs associated with Psychiatric illness (TiC-P), Version September 2010, Rotterdam.

[2] Module 7 was developed by Judit Simon/Susanne Mayer, Medical University of Vienna, 2021

2. EMPLOYMENT

2.0 Has your employment status changed in any way since you last completed the questionnaire? ☐

1 No (*go to question 2.6*)
2 Yes

2.0.1 If yes: Please state the date of change (DD.MM.YYYY).

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2.1 What is your current employment status? ☐

1 Paid employment (*go to question 2.3*)
2 Self employment (*go to question 2.3*)
3 Unemployed (*go to question 2.2*)
4 Housewife/-husband (*go to question 3.0*)
5 Student (*go to question 3.0*)
6 Retired (*go to question 3.0*)
7 Voluntary employment (*go to question 3.0*)
8 Sheltered employment (*go to question 3.0*)
9 Other (please specify): _____ (*go to question 3.0*)

2.2 ***If unemployed:***
Number of weeks unemployed since you last completed the questionnaire

☐ weeks

(*go to question 3.0*)

2.3 ***If in paid employment or self-employed,*** state occupation: ☐

1 Manager/administrator
2 Professional *(e.g. health, teaching, legal)*
3 Associate professional *(e.g. technical, nursing)*
4 Clerical worker /secretary
5 Skilled labourer *(e.g. building, electrical etc.)*
6 Services/sales *(e.g. retail)*
7 Factory worker
8 Other (please specify):_____

2.4 Do you work part-time? ☐

1 No (*go to question 2.5*)
2 Yes

If yes: How many hours do you work per week?
(*Please refer to the number of hours your contract specifies.*)

☐☐ hours

2.5 What is your personal **net** income **per month from paid work**?
(*This refers to the amount you actually receive. We are interested only in your income, i.e. exclusive of, if present, your partner's income.*)

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Don't know/don't wish to reveal ☐

2.6 Did health problems oblige you to be off work since you last completed the questionnaire? ☐

1 No (*go to question 2.7*)
2 Yes

If yes: How many days of work have you missed since you last completed the questionnaire?

☐☐ days

2.7 When at work, was your job performance adversely affected by health problems since you last completed the questionnaire? ☐

1 No (*go to question 3.0*)
2 Yes

If yes: On how many days since you last completed the questionnaire did you perform paid work, although you were bothered by health problems?
(*Please do not count the days on which you did not work at all because you were off sick.*)

☐☐ days

Please circle how well you performed on the days you went to work even though you were bothered by health problems.
(*1 indicates a much worse performance than usual and 10 indicates that your work was not affected.*)

1	2	3	4	5	6	7	8	9	10
much worse									as usual

3. INCOME

3.0 Has your usual income changed since you last completed the questionnaire? ☐

1 No (*go to question 4.1*)
2 Yes

3.0.1 If yes: Please state the date of change (DD.MM.YYYY).
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3.1 Do you receive any state benefits? ☐
1 No (*go to question 3.2*)
2 Yes

If yes: What benefits are received?
(Please tick all boxes that apply.)

1 Unemployment /income support ☐
2 Sickness/disability ☐
3 Housing ☐
4 State pension ☐
5 Child benefit ☐
6 Other (please specify):_____ ☐

3.2 What is your **main** income source? ☐
1 Salary/Wage
2 State benefits
3 Pension
4 Family support *(e.g. from spouse)*
5 Other (please specify): _____

3.3 What is your total personal **net** income **per month from all sources** (incl. salary/wage, state benefits, pension, family support, etc.)? (*This refers to the amount you actually receive. We are interested only in your income, i.e. exclusive of, if present, your partner's income.*)

£☐☐☐☐☐
Don't know/don't wish to reveal ☐

4. USUAL ACTIVITIES

4.1 Did health problems influence your performance in the following activities since you last completed the questionnaire?

a. Personal care (*e.g. washing, dressing*) ☐

1 Performed this activity without being bothered by health problems
2 Performed this activity, although bothered by health problems
3 Did not perform this activity because of health problems
4 Did not perform this activity for reasons other than health problems

b. Household work (*e.g. cooking, cleaning*) ☐

1 Performed this activity without being bothered by health problems
2 Performed this activity, although bothered by health problems
3 Did not perform this activity because of health problems
4 Did not perform this activity for reasons other than health problems

c. Tasks outside the home (*e.g. shopping, visit to bank/post office*) ☐

1 Performed this activity without being bothered by health problems
2 Performed this activity, although bothered by health problems
3 Did not perform this activity because of health problems
4 Did not perform this activity for reasons other than health problems

d. Tasks around the home (*e.g. house maintenance, gardening, car washing*) ☐

1 Performed this activity without being bothered by health problems
2 Performed this activity, although bothered by health problems
3 Did not perform this activity because of health problems
4 Did not perform this activity for reasons other than health problems

e. Child care (*e.g. playing, taking the children to school, helping with homework*) ☐

1 Performed this activity without being bothered by health problems
2 Performed this activity, although bothered by health problems
3 Did not perform this activity because of health problems
4 Did not perform this activity for reasons other than health problems
5 Not applicable

4.2 Did other people take over or help with your usual household tasks since you last completed the questionnaire in connection with health problems? ☐

1 No (*go to question 5.0*)
2 Yes

If yes, what was the average number of **hours per week** you received help for since you last completed the questionnaire? *(More than one answer is possible.)*

Family members/friends: ☐☐☐ hours per week

Other persons receiving no pay: ☐☐☐ hours per week

Home care: ☐☐☐ hours per week

Other paid care: ☐☐☐ hours per week

5. HEALTH AND SOCIAL CARE SERVICES

5.0 Have you been hospitalised or used any hospital-based, community-based, primary care or social care services since you last completed the questionnaire? ☐
1 No (*go to question 6.0*)
2 Yes

5.1 Please list any use of **inpatient/daypatient hospital services** since you last completed the questionnaire
(Please enter '0' as Number of admissions if service has not been used.)

Service	Number of admissions	Total number of days in hospital
Acute psychiatric ward		
Psychiatric emergency/intensive care/crisis centre		
Psychiatric long-stay ward		
Psychiatric rehabilitation ward		
General medical ward		
General surgical ward		
Other (please specify):_____		

5.2 Please list any use of **outpatient hospital services** (face-to-face, online, phone) since you last completed the questionnaire
(Please enter '0' if service has not been used.)

Service	Number of times
Psychiatric outpatient servi	
Other hospital outpatient servi	
A&E service	
Other (please spec):	

5.3 Please list any use of **community-based day services** (face-to-face, online, phone) since you last completed the questionnaire
(Please enter '0' if service has not been used.)

Service	Number of times	Average duration per service use (minutes)
Community mental healt entre		
Day care centre		
Sheltered workshop		
Specialist education		
Self-help/support group		
Other (please specify):_____		

5.4 Please list any other use of **primary and community care services** (face-to-face, online, phone) since you last completed the questionnaire *(Please enter '0' if service has not been used.)*

Service	**Sector:** **1 = public** **2 = private** **3 = voluntary**	**Total number of times**	**Average duration per service use (minutes)**
Psychiatrist			
Psychologist			
Primary care physician			
Primary care practice nurse			
Community/district nurse			
Community psychiatric nurse/ Case manager			
Social worker			
Occupational therapist			
Home help			
Home care worker			
Emergency services/ Ambulance			
Public health services (e.g. COVID-19 test)			
Laboratory services (e.g. COVID-19 tes			
Alternative practitioner (e.g. acupuncturi			
Other (please specify):_____			
Other (please specify):_____			

5.5 What is the estimated distance between your usual accommodation and the primary care physician/psychiatrist you have been consulting with your mood problem since you last completed the questionnaire?

☐☐ miles

Total number of face-to-face visits to primary care physician/psychiatrist: ☐☐

☐ Not applicable

6. MEDICATION

6.0 Has there been change to **any** of your medications taken since you last completed the questionnaire? ☐

1 No (*end of questionnaire*)
2 Yes

6.1 Please list below **any changes** to your medications taken since you last completed the questionnaire:

Medication	**Dose**	**Unit** 1 = mg 2 = g 3 = ml	**Frequency** 1 = 3 times daily 2 = 2 times daily 3 = Once daily 4 = Weekly 5 = Every 2 weeks 6 = Monthly 7= As needed	**Start date**	**Stop date**

7. COVID-19

7.1 Have you tested **positive for COVID-19** since you last completed the questionnaire? ☐

1 No (*go to question 7.2*)
2 Yes

If yes: please indicate the date of the positive test:
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DD. MM. YYYY

7.2 Have you experienced the **symptoms of COVID-19** (e.g. loss of smell/taste, persistent cough and high body temperature, above 37.8 degrees Celsius) since you last completed the questionnaire? ☐

1 No
2 Yes

7.3 Have you used any **health care services related to COVID-19** since you last completed the questionnaire? ☐

1 No (*go to question 7.4*)
2 Yes

If yes: please specify type of service and date of use:
(Please list the type of service and date of service use.)

Type of service	**Date of service use (DD.MM.YYYY)**
E.g.: PCR-Test	*22.09.2020*
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	☐☐.☐☐.☐☐☐☐
	☐☐.☐☐.☐☐☐☐

7.4 Did you have to **quarantine or self-isolate** due to COVID-19 since you last completed the questionnaire? ☐

1 No (*go to question 7.5*)
2 Yes

If yes: Start and end dates:
(Please indicate the first and last days of your quarantine or self-isolation.)

First day: ☐☐.☐☐.☐☐☐☐
DD. MM. YYYY

Last day: ☐☐.☐☐.☐☐☐☐
DD. MM. YYYY

7.5 Has your **employment status** changed due to COVID-19 since you last completed the questionnaire? ☐

1 No (*go to question 7.6*)
2 Yes

If yes: please select what applies to you:
(More than one answer is possible.)

1 I lost my job ☐
2 I was put on short-term working ☐
3 I had to (partly) work in home-office ☐
4 Other (please specify): _____ ☐

7.6 Has COVID-19 changed **how you received mental health related services** since you last completed the questionnaire? ☐

1 No
2 Yes

If yes: please select relevant option(s)
(More than one answer is possible.)

1 My appointment(s) got cancelled ☐
2 My appointment(s) took place online or over the phone ☐
3 I was not able to attend my appointment(s) due to COVID-19 related symptoms/illness or quarantine ☐
4 I was not able to attend my appointment(s) due to fear of COVID-19 ☐
5 I was not able to attend my appointment due to COVID-19 related public measures (e.g. public transport restrictions) ☐
6 Other (please specify): _____ ☐

THANK YOU!