

**COSTS FOR PATIENTS QUESTIONNAIRE (CoPaQ)**

The purpose of this questionnaire is to assess your expenses as a result of your state of health. It is divided into three sections and should take you 10 to 15 minutes to complete. Some of the items may not apply to your situation. When answering, please only consider the period ranging from ..... **to** ..... All your information will remain confidential.

All listed costs or expenses must be associated with your health condition as it relates to your daily life, or be directly linked with the use of health care services needed to treat your condition for the period ranging from ..... **to** ..... You should only take into account the amounts you need to cover yourself, specifically the net amount. Do not include in your answers any portion of the costs reimbursed by your insurance. For some of the questions, you may have more than one answer.

**Section A. Costs for Patients Questionnaire**

**1- Costs you need to cover, i.e. the net amount you have to pay (and not the portion reimbursed by your insurer)**

1.1. Did you travel to a health centre (e.g. hospital, family medicine group, physiotherapy clinic) to receive health care services, or for consultations?

Yes                       No

If no, please go to question 1.7

1.2. What means of transportation did you use to get to the health centre or to your consultations?

Public transit (bus, metro/subway)

Taxi

Your personal vehicle

Other means of transportation (on foot, by bicycle, personal vehicle of the person who went with you)  
.....

1.3. On average, how many kilometres (round trip) did you travel to get to the health centre or for your consultations? ..... kilometre(s) per visit.  
Number of visits during the reference period: .....

1.4. Did you ever pay for parking during your visits?

Yes                       No

If yes, please provide the total number of visits and the net amount paid for all your parking needs: .....visit(s); \$.....

1.5. On average, how long was your waiting time in the clinic?  
.....hour(s).....minutes

1.6. When travelling to the health center or to consultations, did you pay for accommodation?

Yes  No

If yes, please provide the total number of visits and the net amount paid for all your accommodations: .....visit(s); \$ .....

1.7. Did you ever pay any portion "out of pocket" for your prescribed medication that was not reimbursed?

Yes  No

If yes, please provide the net amount you paid: \$.....

1.8. Did you pay for non-prescribed medication or dietary supplements (e.g. aspirin, natural products)?

Yes  No

If yes, please provide the net amount you paid: \$.....

1.9. Did you incur expenses for home care services (e.g. rehabilitation, etc.)?

Yes  No

If yes, please provide the net amount you paid: \$..... Please provide the type of expenses.....

1.10 Did you incur expenses for the purchase of any medical devices (e.g., blood pressure monitor, blood glucose monitor, walker, wheelchair, raised toilet seat, protective underwear, shower rails)?

Yes  No

If yes, please provide the net amount you paid: \$.....Please provide the type of expenses.....

1.11 Did you renovate your home in order to better accommodate your condition?

Yes  No

If yes, please provide the net amount you paid: \$.....

1.12 Did you pay for any tests or examinations performed during or following any of your consultations (e.g., blood tests, X-rays)?

Yes  No

If yes, please provide the net amount you paid: \$.....

1.13 Did you pay for any additional non-medical services during or following your consultations (e.g., insurance forms, sending photocopies, doctor's certificate)?

Yes  No

If yes, please provide the net amount you paid: \$.....

1.14 Did you pay for any non-medical care services (e.g. physiotherapy, occupational therapy, psychology, osteopathic treatments, massage therapy, dentistry or optometry)?

Yes  No

If yes, please provide the net amount you paid: \$.....

1.15 Did you pay for someone to care for your dependents during any of your consultations (e.g., childcare or pet care)?

Yes  No

If yes, please provide the net amount you paid: \$.....

1.16 Did you incur other expenses (e.g., food services, any specific meals related to accessing health care services)?

Yes  No |

If yes, please provide the net amount you paid during this period: \$..... Please provide the type of expenses.....

## 2. Average time spent (or required) to access medical services

2.1. How much time did you spend travelling to and from the health centre or for your consultations (round trip)? ..... hour(s).....minutes

2.2. Approximately how long did you need to wait to receive medical services (e.g., over the phone, or to schedule an appointment at the clinic prior to your consultation)? .....hour(s).....minutes

## 3. Costs related to your job

3.1. Have you suffered a loss of income?

Yes  No

If no, please go to question 4.1.

If yes, for what reason? (List all that apply to you)

Short- or long-term decrease in salary as a result of missing work

As a result of receiving a claim for employment insurance

Reduced working hours per week (e.g., working 4 days/week)

Limited career advancement or salary increase (e.g., cannot request or accept a promotion)

Other (specify: .....)

3.2. What is your rough estimate (net amount) of the incurred loss of income?

\$

Difficult to evaluate

#### 4. **Financial** stress caused by your state of health

4.1. I feel financially stressed due to my state of health:

Not at all

A little bit

Somewhat

Quite a bit

Very much

#### 5. **Net costs for the caregiver (i.e., the person who regularly devotes time to help you with your daily activities) or the person who accompanies you, if any**

5.1. Did a caregiver or anyone else accompany you to your consultations at the health centre?

Yes, all the time

Yes, very often

Yes, half of the time

Yes, sometimes

No, never

If “No, never”, please go to section B

5.2. Did you travel together to the health centre?

Yes  No

If yes, please go to question 5.5

If no, please specify the means of transportation used by the caregiver or the person accompanying you.

Bus/metro/subway       Taxi       Personal vehicle       Other

5.3. On average, how much time and how many kilometres (round trip) did this person travel to get to the health centre for each one of your visits?  
.....hour(s).....minutes .....kilometre(s)

5.4. Did this person pay for parking?

Yes       No       I do not know

If yes, please provide the net amount paid: \$.....

5.5. Did the caregiver or the person accompanying you pay for any accommodations while accompanying you to the health centre or to your consultations?

Yes       No

If yes, please provide the net amount paid: \$.....

5.6. Did your caregiver or the person accompanying you receive any training in order to assist you?

Yes       No       I do not know

If yes, please provide the net amount paid: \$..... and the duration of the training .....hour(s).....minutes

5.7. Did your caregiver or the person accompanying you incur any other expenses while accompanying you?

Yes       No       I do not know

If yes, please provide the net amount paid: \$.....Please provide the type of expenses.....

5.8. How long is the estimated waiting time experienced by your caregiver or the person accompanying you during your medical consultations?  
.....hour(s).....minutes

## 6. Time spent by your caregiver or the person accompanying you not directly related to medical services

6.1. Approximately how much time in total (round trip) do you estimate your caregiver or the person accompanying you spent travelling with you to get to your non-medical consultations (e.g., massotherapy, chirotherapy, naturopath)?  
.....hour(s).....minutes

6.2. How long is the estimated waiting time experienced by your caregiver or the person accompanying you during your non-medical consultations (e.g., massotherapy, chirotherapy, naturopath)? .....hour(s).....minutes

6.3. What is the estimated average time per week your caregiver or the person accompanying you spends performing various tasks (e.g., housework, home care)? .....hour(s).....minutes per week

## Section B. Sociodemographic and Health Questions

### 1. Are you:

Man                       Woman                       Other.....

### 2. Highest level of education completed:

<input type="checkbox"/> Elementary	<input type="checkbox"/> University Certificate
<input type="checkbox"/> High School	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> DEP (Professional diploma)	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> College	<input type="checkbox"/> Doctorate (MD, PhD)
<input type="checkbox"/> CEGEP	<input type="checkbox"/> Other: .....

### 3. Do you have a paid job?

Yes                       No

*If not, which of the following best describes your situation?*

I cannot work at a paid job because of health problems. (If you had a paid job before, please specify your occupation and the position you held: Occupation .....  
.....period ranging from .....to.....)

Other reasons (e.g., looking for work, unpaid job, retired)

### 4. Are you:

<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> In a relationship	<input type="checkbox"/> Divorced
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed

**5. How many people live in your household?**

I live alone                       I live with one or more individuals

**6. Are there any children in your household?**

Yes, the age of the youngest child living in the household is..... months/ years

No

**7. Do you live in a rural or urban area?**

Rural area                       Urban area

**8. What is your approximate gross annual income? Check the income category that applies to you.**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> < \$5,000       | <input type="checkbox"/> \$25,000-29,999 | <input type="checkbox"/> \$50,000-59,999 | <input type="checkbox"/> \$90,000-99,999   |
| <input type="checkbox"/> \$5,000-9,999   | <input type="checkbox"/> \$30,000-34,999 | <input type="checkbox"/> \$60,000-69,999 | <input type="checkbox"/> \$100,000-124,999 |
| <input type="checkbox"/> \$10,000-14,999 | <input type="checkbox"/> \$35,000-39,999 | <input type="checkbox"/> \$70,000-79,999 | <input type="checkbox"/> \$125,000-149,999 |
| <input type="checkbox"/> \$15,000-19,999 | <input type="checkbox"/> \$40,000-44,999 | <input type="checkbox"/> \$80,000-89,999 | <input type="checkbox"/> ≥ \$150,000       |
| <input type="checkbox"/> \$20,000-24,999 | <input type="checkbox"/> \$45,000-49,999 |  |  |

**9- What is your age group? Check the group that applies to you.**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 18-24 years | <input type="checkbox"/> 55-64 years      |
| <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 65-74 years      |
| <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 75-84 years      |
| <input type="checkbox"/> 45-54 years | <input type="checkbox"/> 85 years or more |

**10- We now suggest that you complete the EQ-5D-5L questionnaire**

Note to researchers: the EQ-5D-5L questionnaire measures various aspects of health related quality of life and is available upon request at: <https://euroqol.org/eq-5d-registration-form/>

**Section C. Acknowledgements and Comments Page**

**Thank you** for completing this questionnaire. If you have any comments, please provide them below.