Study Questionnaires

Newcastle University

The Newcastle upon Tyne Hospitals NHS Foundation Trust

NHS

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AnTIC

http://research.ncl.ac.uk/antictrial/

Antibiotic **T**reatment for **I**ntermittent Bladder **C**atheterisation: A Randomised Controlled Trial of Once Daily Prophylaxis (The **AnTIC** study)

Participant Study Number: ☐☐ - ☐☐☐ - ☐☐☐☐
Hub Centre Study ID.

Date of Completion: ☐☐ - ☐☐ - ☐☐☐☐
D D M M Y Y Y Y

PARTICIPANT UTI RECORD

Please complete one questionnaire for each episode of urinary infection (UTI) treated with antibiotics

A REMINDER!

Have you .....

- Sent a specimen of urine (labelled as instructed) in the pot provided to the Trial Laboratory in Newcastle as well as the usual sample to your local GP's Surgery
- Let your research contact person know that you have had a UTI treated with antibiotic

Please return this questionnaire to the AnTIC trial office in the reply paid envelope – no stamp is needed.

Newcastle Clinical Trials Unit
Institute of Health and Society
4th Floor, William Leech Building,
Medical School, Framlington Place
Newcastle upon Tyne
NE2 4HH
☎ 0191 208 7258

AnTIC Participant UTI Record, Version 2.1, 17th October 2013

Participant UTI Record

A. Symptoms		
1.	Date symptoms started:	Date: ☐☐ ☐☐ ☐☐☐☐ D D M M Y Y Y Y

During this episode of antibiotic-treated urinary infection which symptoms did you experience? Please put a tick '✓' in the appropriate box for each symptom that you experienced during this urinary infection episode

	Yes	No	Don't Know
2. Fever (hot and sweaty)	☐ 1	☐ 2	☐ 3
3. Shivers	☐ 1	☐ 2	☐ 3
4. Cloudy urine	☐ 1	☐ 2	☐ 3
5. Smelly urine	☐ 1	☐ 2	☐ 3
6. Visible blood in urine	☐ 1	☐ 2	☐ 3
7. Urinary leakage (incontinence)	☐ 1	☐ 2	☐ 3
8. Lower abdominal (tummy) pain	☐ 1	☐ 2	☐ 3
9. Having to catheterise more often	☐ 1	☐ 2	☐ 3
10. Having to rush to catheterise	☐ 1	☐ 2	☐ 3
11. Pain when you put the catheter in	☐ 1	☐ 2	☐ 3
12. Feeling generally unwell ('fluey')	☐ 1	☐ 2	☐ 3
13. Stiffness or worsening stiffness (spasticity) of arms and legs	☐ 1	☐ 2	☐ 3
14. Other (please describe symptom(s) below)	☐ 1	☐ 2	☐ 3
15. During this episode of antibiotic-treated urinary infection was your body temperature measured?	Yes ☐ 1	No ☐ 2	
16. If yes what was the reading? [e.g. 37.0 or 38.5]	☐☐.☐ °C		

B. Treatment that you took for the UTI:

Non-antibiotic treatments

During this episode of antibiotic-treated urinary infection did you use any of the following? Please put a tick '✓' in the appropriate box for each option that you used during this urinary infection episode.

		Yes	No	Don't Know
1.	Increased fluid intake (drinking more)	☐ 1	☐ 2	☐ 3
2.	Catheterising more often	☐ 1	☐ 2	☐ 3
3.	Cranberry products (juice or tablets for example)	☐ 1	☐ 2	☐ 3
4.	Probiotics such as natural 'live' yoghurt or 'Actimel' or 'Yakult'	☐ 1	☐ 2	☐ 3
5.	Vaginal hormonal supplements (oestrogen creams or pessaries)	☐ 1	☐ 2	☐ 3
6.	Herbal teas or infusions	☐ 1	☐ 2	☐ 3
7.	Medicines form your chemist or doctor to make the urine more acid or alkaline (such as potassium citrate)	☐ 1	☐ 2	☐ 3
8.	Bladder washes or irrigations	☐ 1	☐ 2	☐ 3

Antibiotic

Please describe your antibiotic usage during this episode of antibiotic-treated urinary infection

How did you get the supply for antibiotic? Please put a tick '✓' in the appropriate box for each option that you used during this urinary infection episode.

		Yes	No	Don't Know
9.	Prescription from GP	☐ 1	☐ 2	☐ 3
10.	Self-start supply at home from own supply	☐ 1	☐ 2	☐ 3
11.	On what date did you start taking antibiotic?	Date: ☐☐ ☐☐ ☐☐☐☐ D D M M Y Y Y Y		

Which antibiotic did you **first** take for treatment during this episode of antibiotic-treated urinary infection? Please tick '✓' the relevant box.

		Yes	No	Don't Know
12.	**Cefalexin**	☐ 1	☐ 2	☐ 3
13.	**Co-amoxiclav ('Augmentin')**	☐ 1	☐ 2	☐ 3
14.	**Ciprofloxacin ('Ciproxin')**	☐ 1	☐ 2	☐ 3
15.	**Trimethoprim**	☐ 1	☐ 2	☐ 3
16.	**Nitrofurantoin**	☐ 1	☐ 2	☐ 3
17.	**Amoxicillin**	☐ 1	☐ 2	☐ 3
18.	**Other (please write name of antibiotic below)**	☐ 1	☐ 2	☐ 3

CODE* (For Trial Office Use Only) ☐☐

For how many days did you take the first antibiotic during this episode of antibiotic-treated urinary infection? Please write the number of days in the box below:

19. Number of days: ☐☐

Did you need a second lot of antibiotic during this episode of antibiotic-treated urinary infection? Please write the details in the appropriate place below:

20.	**Date started second antibiotic**	☐☐ ☐☐ ☐☐☐☐ D D M M Y Y Y Y
21.	**Name of antibiotic:**	**CODE* (for trial office use only)** ☐☐
22.	**Number of days second antibiotic taken for:**	☐☐

C. Other questions:

1. During this episode of antibiotic-treated urinary infection did you have to go into hospital because of the urinary infection? **Yes** ☐ 1 **No** ☐ 2

If Yes:		
2.	**Name of Hospital:**	
3.	**Date of admission to hospital**	☐☐ ☐☐ ☐☐☐☐ D D M M Y Y Y Y
4.	**Date of discharge home from hospital**	☐☐ ☐☐ ☐☐☐☐ D D M M Y Y Y Y

Did you experience and side effects whilst taking the antibiotic(s) to treat this infection? Please put a tick '✓' in the appropriate box for each side effect that you experienced during this urinary infection episode.

		Yes	**No**	**Don't Know**
5.	**Skin rash**	☐ 1	☐ 2	☐ 3
6.	**Feeling sick (nauseated)**	☐ 1	☐ 2	☐ 3
7.	**Diarrhoea (more loose or more frequent bowel movements)**	☐ 1	☐ 2	☐ 3
8.	**Thrush (candidal fungal infection) in the vagina**	☐ 1	☐ 2	☐ 3
9.	**Thrush (candidal fungal infection) in the mouth**	☐ 1	☐ 2	☐ 3
10.	**Other (please describe side effect in the box)**	☐ 1	☐ 2	☐ 3

11. Overall, how would you rate the severity of this infection compared to others that you have experienced? Please tick '✓' the most appropriate option.

Very mild	**Mild**	**Between mild and severe**	**Severe**	**Very severe**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Note – the Optum SF-36v2® Health Survey Acute (one week recall), United Kingdom (English) was presented here.

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See:

https://campaign.optum.com/content/optum/en/optum-outcomes/what-we-do/health-surveys/sf-36v2-health-survey.html

A. **Date of Completion:** ☐☐ ☐☐ ☐☐☐☐ [DD/MM/YYYY]

B. **Have you experienced any episodes of <u>urinary infection</u> treated with antibiotics during the <u>past three months</u>?** Please tick '✓' to indicate yes or no as appropriate for each question.

Yes ☐ 1 **If yes how many urinary infections (e.g if two: insert 2 in the box)** ☐

No ☐ 2 **[please go to section C, on page 3]**

For each episode, if you have not done so already, you should complete a separate AnTIC urinary tract infection questionnaire supplied to you.

EPISODE 1

1a.	Name of antibiotic treatment taken:	Code for antibiotic **OFFICE USE ONLY**
1b.	Date treatment antibiotic started D D M M Y Y Y Y	1c. Date treatment antibiotic stopped D D M M Y Y Y Y
1d.	Urinary tract infection questionnaire completed	Yes ☐ 1 No ☐ 2 Don't know ☐ 3
1e.	Urine specimen sent to AnTIC trial office	Yes ☐ 1 No ☐ 2 Don't know ☐ 3
1f.	Urine specimen given to GP's surgery	Yes ☐ 1 No ☐ 2 Don't know ☐ 3

EPISODE 2

2a.	Name of antibiotic treatment taken:	Code for antibiotic **OFFICE USE ONLY**
2b.	Date treatment antibiotic started D D M M Y Y Y Y	2c. Date treatment antibiotic stopped D D M M Y Y Y Y
2d.	Urinary tract infection questionnaire completed	Yes ☐ 1 No ☐ 2 Don't know ☐ 3
2e.	Urine specimen sent to AnTIC trial office	Yes ☐ 1 No ☐ 2 Don't know ☐ 3
2f.	Urine specimen given to GP's surgery	Yes ☐ 1 No ☐ 2 Don't know ☐ 3

EPISODE 3

3a. Name of antibiotic treatment taken:		Code for antibiotic **OFFICE USE ONLY**
3b. Date treatment antibiotic started D D M M Y Y Y Y	3c. Date treatment antibiotic stopped D D M M Y Y Y Y	
3d. Urinary tract infection questionnaire completed	Yes ☐1 No ☐2 Don't know ☐3	
3e. Urine specimen sent to AnTIC trial office	Yes ☐1 No ☐2 Don't know ☐3	
3f. Urine specimen given to GP's surgery	Yes ☐1 No ☐2 Don't know ☐3	

EPISODE 4

4a. Name of antibiotic treatment taken:		Code for antibiotic **OFFICE USE ONLY**
4b. Date treatment antibiotic started D D M M Y Y Y Y	4c. Date treatment antibiotic stopped D D M M Y Y Y Y	
4d. Urinary tract infection questionnaire completed	Yes ☐1 No ☐2 Don't know ☐3	
4e. Urine specimen sent to AnTIC trial office	Yes ☐1 No ☐2 Don't know ☐3	
4f. Urine specimen given to GP's surgery	Yes ☐1 No ☐2 Don't know ☐3	

EPISODE 5

5a. Name of antibiotic treatment taken:		Code for antibiotic **OFFICE USE ONLY**
5b. Date treatment antibiotic started D D M M Y Y Y Y	5c. Date treatment antibiotic stopped D D M M Y Y Y Y	
5d Urinary tract infection questionnaire completed	Yes ☐1 No ☐2 Don't know ☐3	
5e. Urine specimen sent to AnTIC trial office	Yes ☐1 No ☐2 Don't know ☐3	
5f. Urine specimen given to GP's surgery	Yes ☐1 No ☐2 Don't know ☐3	

C. Have you made any of the following changes to your intermittent catheterisation use in the last three months (please tick '✓' to indicate yes or no as appropriate for each question)?

Change in catheter use		Yes$_1$	No$_2$
1.	Increased number of catheterisation each day	☐	☐
2.	Decreased number of catheterisations each day	☐	☐
3.	Changed type or brand of catheter	☐	☐
4.	Changed size of catheter	☐	☐

D. During the last three months have you made any lifestyle changes or used any 'over-the-counter' home remedies to help prevent urinary tract infection (please tick '✓' to indicate yes or no as appropriate for each question)?

Lifestyle/home remedy use change		Yes$_1$	No$_2$
1.	Drinking more fluid	☐	☐
2.	Stopping cigarette smoking	☐	☐
3.	Vaginal oestrogen tablet or cream	☐	☐
4.	Cranberry product (juice, capsule or other)	☐	☐
5.	Substances like potassium citrate or sodium bicarbonate to alter the acidity of your urine	☐	☐
6.	Foods or drinks with anti-bacterial properties such as manuka honey or nettle tea	☐	☐
7.	Probiotics such as live yoghurt, 'Actimel', 'Yakult' or 'acidophyllus' and others.	☐	☐

E. Have you taken any courses of antibiotic for <u>any other reason</u> apart from urinary infection during the past three months?	Yes$_1$ ☐	No$_2$ [please go to Section F] ☐

If yes, how many infections : ☐ (e.g. if two: insert 2 in the box)

If **yes**, please now fill in the boxes for each episode.

Episode 1:

a. Name of treatment antibiotic taken:	b. Date antibiotic treatment started:	c. Date treatment antibiotic stopped:	d. Reason for antibiotic [type of infection]:
	☐☐☐☐☐☐☐☐ D D M M Y Y Y Y	☐☐☐☐☐☐☐☐ D D M M Y Y Y Y	
OFFICE USE ONLY ☐			OFFICE USE ONLY ☐

Episode 2:

e. Name of treatment antibiotic taken:	f. Date antibiotic treatment started:	g. Date treatment antibiotic stopped:	h. Reason for antibiotic [type of infection]:
	D D M M Y Y Y Y	D D M M Y Y Y Y	
OFFICE USE ONLY			OFFICE USE ONLY

Episode 3:

i. Name of treatment antibiotic taken:	j. Date antibiotic treatment started:	k. Date treatment antibiotic stopped:	l. Reason for antibiotic [type of infection]:
	D D M M Y Y Y Y	D D M M Y Y Y Y	
OFFICE USE ONLY			OFFICE USE ONLY

Episode 4:

m. Name of treatment antibiotic taken:	n. Date antibiotic treatment started:	o. Date treatment antibiotic stopped:	p. Reason for antibiotic [type of infection]:
	D D M M Y Y Y Y	D D M M Y Y Y Y	
OFFICE USE ONLY			OFFICE USE ONLY

Episode 5:

q. Name of treatment antibiotic taken:	r. Date antibiotic treatment started:	s. Date treatment antibiotic stopped:	t. Reason for antibiotic [type of infection]:
	D D M M Y Y Y Y	D D M M Y Y Y Y	
OFFICE USE ONLY			OFFICE USE ONLY

F. Did you experience any of the following health problems while you were taking treatment courses of antibiotics for <u>any reason</u> [excluding the once daily prophylactic antibiotic for UTI] during the last three months and did you have to stop taking the antibiotic because of the problem? For each question please tick '✓' to indicate yes or no as appropriate). **Please fill in a separate table for each antibiotic that you had problems with.**

Problem with antibiotic 1:		**Code - OFFICE USE ONLY***
1a. **Name of antibiotic:**		
1b. **Reason for taking antibiotic:**		

Problem whilst taking antibiotics: Did you experience any of the following?		**Action: Did you.....**					
				Stop taking the antibiotic		**Change to a different antibiotic**	
		Yes$_1$	**No$_2$**	**Yes$_1$**	**No$_2$**	**Yes$_1$**	**No$_2$**
1c.	Skin rash	☐	☐	☐	☐	☐	☐
1d.	Feeling sick (nauseated)	☐	☐	☐	☐	☐	☐
1e.	Being sick (vomiting)	☐	☐	☐	☐	☐	☐
1f.	Looser or more frequent bowel movements (diarrhoea)	☐	☐	☐	☐	☐	☐
1g.	Thrush (candidal fungal infection) in the vagina	☐	☐	☐	☐	☐	☐
1h.	Thrush (candidal fungal infection) in the mouth	☐	☐	☐	☐	☐	☐
1i.	Other: please describe side effect(s) in the space below						

Code - OFFICE USE ONLY	

Problem with antibiotic 2		**Code - OFFICE USE ONLY**
2a. **Name of antibiotic:**		
2b. **Reason for taking antibiotic:**		

Problem whilst taking antibiotics: Did you experience any of the following?				Action: Did you..... Stop taking the antibiotic		Change to a different antibiotic	
		Yes$_1$	No$_2$	Yes$_1$	No$_2$	Yes$_1$	No$_2$
2c.	Skin rash	☐	☐	☐	☐	☐	☐
2d.	Feeling sick (nauseated)	☐	☐	☐	☐	☐	☐
2e.	Being sick (vomiting)	☐	☐	☐	☐	☐	☐
2f.	Looser or more frequent bowel movements (diarrhoea)	☐	☐	☐	☐	☐	☐
2g.	Thrush (candidal fungal infection) in the vagina	☐	☐	☐	☐	☐	☐
2h.	Thrush (candidal fungal infection) in the mouth	☐	☐	☐	☐	☐	☐
2i.	Other: please describe side effect(s) in the space below						

Code - OFFICE USE ONLY	

Problem with antibiotic 3			Code - OFFICE USE ONLY*
3a.	Name of antibiotic:		
3b.	Reason for taking antibiotic:		

Problem whilst taking antibiotics: Did you experience any of the following?				Action: Did you..... Stop taking the antibiotic		Change to a different antibiotic	
		Yes$_1$	No$_2$	Yes$_1$	No$_2$	Yes$_1$	No$_2$
3c.	Skin rash	☐	☐	☐	☐	☐	☐
3d.	Feeling sick (nauseated)	☐	☐	☐	☐	☐	☐
3e.	Being sick (vomiting)	☐	☐	☐	☐	☐	☐
3f.	Looser or more frequent bowel movements (diarrhoea)	☐	☐	☐	☐	☐	☐
3g.	Thrush (candidal fungal infection) in the vagina	☐	☐	☐	☐	☐	☐
3h.	Thrush (candidal fungal infection) in the mouth	☐	☐	☐	☐	☐	☐

3i.	Other: please describe side effect(s) in the space below

Code - OFFICE USE ONLY	

G. Finally just a checklist of the other things we would like you to do at this point. For each please tick '✓' yes or no according to whether you have completed them.

Trial Task	**Completed**		**Sent back to trial office**	
	Yes	**No**	**Yes**	**No**
Asymptomatic urine specimen sent to trial office	☐	☐	☐	☐
Perianal swab sent to trial office (6 and 12 months only)	☐	☐	☐	☐

Thank you very much for completing all your trial tasks. Please don't hesitate to contact your local research team if you have any further questions or need to clarify anything.

Health Service Utilisation Questionnaire - ANTIC

Please complete this questionnaire with details of your treatment over the last **6 months**. These questions ask about visits to hospital and your GP. Please tick the appropriate boxes and answer the questions where required.

1. In the last 6 months, have you been admitted to hospital as an inpatient (stayed in hospital overnight or longer)?

Yes ☐ 1 **If Yes, go to Q1a**

No ☐ 2 **If No, go to Q2**

1a. If Yes, approximately how many nights in total did you spend in hospital in the last 6 months?

Enter number of nights that you stayed in hospital ☐☐ **Go to Q2**

2. In the last 6 months, have you been admitted to hospital as a day case (did not stay overnight)?

Yes ☐ 1 **If Yes, go to Q2a**

No ☐ 2 **If No, go to Q3**

2a. If Yes, approximately how many hospital day case appointments in total did you have in the last 6 months?

Enter number of times that you attended hospital as a day case

☐☐ **Go to Q3**

3. In the last 6 months, have you had any hospital outpatient appointments?

Yes ☐ 1 **If Yes, go to Q3a**

No ☐ 2 **If No, go to Q4**

3a. If Yes, approximately how many outpatient appointments in total did you have in the last 6 months?

Enter number of times you attended hospital as an outpatient

☐☐ **Go to Q4**

AnTIC Health service utilisation questionnaire v1.1, 11 Sept 2013

4. In the last 6 months, have you had to attend the A&E/casualty department but were not admitted overnight?

Yes ☐ 1 **If Yes, go to Q4a**

No ☐ 2 **If No, go to Q5**

4a. If Yes, approximately how many times in total did you attend the A&E/casualty department in the last 6 months?

Enter number of times you attended the A&E/casualty department ☐☐ **Go to Q5**

5. In the last 6 months, have you had any consultations with a **GP at their practice**?

Yes ☐ 1 **If Yes, go to Q5a**

No ☐ 2 **If No, go to Q6**

5a. If Yes, approximately how many consultations in total did you have with a GP at their practice in the last 6 months?

Enter number of consultations you had with a GP at their practice ☐☐ **Go to Q6**

6. In the last 6 months, have you had any consultations with a **GP at your home**?

Yes ☐ 1 **If Yes, go to Q6a**

No ☐ 2 **If No, go to Q7**

6a. If Yes, approximately how many consultations in total did you have with a GP at your home in the last 6 months?

Enter number of consultations you had with a GP at your home ☐☐ **Go to Q7**

7. In the last 6 months, have you had any consultations with a **practice nurse at their practice**?

Yes ☐ 1 **If Yes, go to Q7a**

No ☐ 2 **If No, go to Q8**

7a. If Yes, approximately how many consultations in total did you have with a practice nurse at their practice in the last 6 months?

Enter number of consultations you had with a practice nurse at their practice ☐☐ **Go to Q8**

8. In the last 6 months, have you had any consultations with a **nurse at your home**? (E.G. district nurse, specialist nurse, etc.)

Yes ☐ 1 **If Yes, go to Q8a**

No ☐ 2 **If No, go to Q9**

8a. If Yes, approximately how many consultations in total did you have with a nurse at your home in the last 6 months?

Enter number of consultations you had with a nurse at your home ☐☐ **Go to Q9**

9. In the last 6 months have you had any **telephone consultations** with a health care professional?

Yes ☐ 1 **If Yes, go to 9a**

No ☐ 2 **If No, go to Q10**

9a. If Yes, please indicate what health care professional provided this telephone consultation and approximately how many telephone consultations in total you have had in the past 6 months. Please tick as many as apply.

Health Care Professional	**Yes** 1 ✓	**No** 2	**Number of consultations**
GP	☐	☐	☐☐
Hospital Doctor	☐	☐	☐☐
Nurse	☐	☐	☐☐
Other health professional	☐	☐	☐☐

If Other please provide details _____

10. In the last 6 months have you had any **out-of-hours consultations** with a health care professional?

Yes ☐ 1 **If Yes, go to Q10a**

No ☐ 2 **If No, go to Q11**

10a. If Yes, please indicate what health care professional provided this out-of-hours consultation and approximately how many out-of-hours-consultations in total you have had in the past 6 months. Please tick as many as apply.

Health Care Professional	**Yes** 1	✓ **No** 2	**Number of consultations**
GP	☐	☐	☐☐
Hospital Doctor	☐	☐	☐☐
Nurse	☐	☐	☐☐
Other health professional	☐	☐	☐☐

If Other please provide details _____

11. In the past 6 months have you paid for any private health care and/or personal care?

Yes ☐ 1 **If Yes, go to Q11a**

No ☐ 2 **If No, please continue to the end of the questionnaire**

11a. If Yes, please indicate what type of health care you have paid for in the past 6 months and what was the cost of this health care to you.

What health care have you paid for?	**What was the cost of this health care?**
1._____	£☐☐☐☐☐.☐☐p
2._____	£☐☐☐☐☐.☐☐p
3._____	£☐☐☐☐☐.☐☐p

Date of completion:

If you wish to provide any further information, please do so below.

Thank-you for taking the time to complete this questionnaire.

Note – the Optum SF-36v2® Health Survey Acute (one week recall), United Kingdom (English) was presented here.

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https://campaign.optum.com/content/optum/en/optum-outcomes/what-we-do/health-surveys/sf-36v2-health-survey.html

Participant Time and Travel Questionnaire

Please complete this questionnaire with details of your **most recent** travel for treatment over the last 12 months. **Please tick (✓) the appropriate boxes** and answer the questions where required.

Section 1 Hospital Admissions:

Have you been admitted to hospital in the last 12 months?	Yes ☐ 1 If yes, please complete the section below	No ☐ 2 If no, please go to SECTION 2

*If yes, Please answer the following questions for your **most recent** HOSPITAL ADMISSION only.*

1. How did you travel to the hospital?

Car	☐ 1 **Go to Q1a**	Taxi	☐ 2 **Go to Q1b**
Public Transport	☐ 3 **Go to Q1c**	Other	☐ 4 **Go to Q1d**
Ambulance	☐ 5 **Go to Q2**	Hospital vehicle	☐ 6 **Go to Q2**
Walked	☐ 7 **Go to Q2**		

1a. If you travelled by **private car** please answer the following:

How many miles did you travel to the hospital (one way)? ☐☐☐ miles

How much did you pay to park the car? £ ☐☐ • ☐☐ p

Go to Q2

1b. If you travelled by **taxi,** how much was the taxi fare (one way)? £ ☐☐☐ • ☐☐ p

Go to Q2

1c. If you travelled by **public transport**, how much did you pay (one way)? £ ☐☐☐ • ☐☐ p

Go to Q2

1d. If you travelled by **another form of transport** please answer the following:

What form of transport did you use? ☐

What costs were incurred by you using this form of transport? £ ☐☐☐ • ☐☐ p

Go to Q2

2. **What would you have been doing as your main activity if you had not been admitted to hospital?**

Paid Work ☐ 1	Housework ☐ 2
Childcare ☐ 3	Caring for someone ☐ 4
Voluntary work ☐ 5	Leisure activities ☐ 6
Other **Please provide details:**_____ ☐ 7	

3. **Were you accompanied to hospital by a relative or carer?**

Yes 1 ☐ **If Yes, go to Q4**

No 2 ☐ **If No, go to Section 2**

4. How much time did your main relative or carer spend in the hospital with you when you were admitted to hospital (**this includes time spent travelling and waiting to be admitted but not visiting times**)? Please ✓ the box that best applies to your last hospital admission when you were accompanied by a relative or carer.

Less than 30 minutes	☐ 1
30 minutes – less than I hour	☐ 2
1 hour – less than 2 hours	☐ 3
2 hours – less than 3 hours	☐ 4
3 hours – less than 4 hours	☐ 5
4 hours – less than 5 hours	☐ 6
5 hours or greater	☐ 7

If greater than 5 hours, please specify the number of hours they spent in the hospital ☐☐

5. **What would your <u>main relative or carer</u> have been doing as their main activity if they had not accompanied you to your last hospital admission?**

Paid Work	☐ 1	Housework	☐ 2
Childcare	☐ 3	Caring for someone	☐ 4
Voluntary work	☐ 5	Leisure activities	☐ 6
Other **Please provide details:**_____			☐ 7

Section 2: Outpatient Appointments

Have you had an outpatient appointment in the last 12 months?	Yes ☐ 1	If yes, please complete the section below	No ☐ 2	If no, please go to SECTION 3

*Please answer the following questions for your **<u>most recent</u>** HOSPITAL OUTPATIENT APPOINTMENT only.*

6. **How did you travel to the hospital/clinic?**

Car	☐ 1 **Go to Q6a**	Taxi	☐ 2 **Go to Q6b**
Public Transport	☐ 3 **Go to Q6c**	Other	☐ 4 **Go to Q6d**
Ambulance	☐ 5 **Go to Q7**	Hospital vehicle	☐ 6 **Go to Q7**
Walked	☐ 7 **Go to Q7**		

6a. If you travelled by **private car** please answer the following:

How many miles did you travel to the hospital/clinic (one way)? ☐☐☐ miles

How much did you pay to park the car? £ ☐☐ • ☐☐ p

Go to Q7

6b. If you travelled by **taxi,** how much was the taxi fare (one way)? £ ☐☐☐ • ☐☐ p

Go to Q7

6c. If you travelled by **public transport**, how much did you pay (one way)? £ ☐☐☐•☐☐ p

Go to Q7

6d. If you travelled by **another form of transport** please answer the following:

What form of transport did you use? ☐

What costs were incurred by you using this form of transport? £ ☐☐☐•☐☐ p

Go to Q7

7. What would you have been doing as your main activity if you had not attended your last outpatient appointment?

Paid Work ☐ 1	Housework ☐ 2
Childcare ☐ 3	Caring for someone ☐ 4
Voluntary work ☐ 5	Leisure activities ☐ 6
Other **Please provide details:**_____ ☐ 7	

8. How much time did you spend in the hospital/clinic at your last outpatient appointment (**this includes time spent travelling and waiting**)? Please ✓ the box that best applies to your last outpatient appointment.

Less than 30 minutes	☐ 1
30 minutes – less than I hour	☐ 2
1 hour – less than 2 hours	☐ 3
2 hours – less than 3 hours	☐ 4
3 hours – less than 4 hours	☐ 5
4 hours – less than 5 hours	☐ 6
5 hours or greater	☐ 7

If greater than 5 hours, please specify the number of hours you spent in the hospital/clinic ☐☐

9. **Were you accompanied by a relative or carer to your last outpatient appointment?**

Yes 1 ☐ **If Yes, go to Q10**

No 2 ☐ **If No, go to Section 3**

10. **What would your <u>main relative or carer</u> have been doing as their main activity if they had not attended your last outpatient appointment with you?**

Paid Work ☐ 1	Housework ☐ 2
Childcare ☐ 3	Caring for someone ☐ 4
Voluntary work ☐ 5	Leisure activities ☐ 6
Other **Please provide details:**_____ ☐ 7	

Section 3: GP Consultations

Have you had GP consultation in the last 12 months?	Yes ☐ 1	If yes, please complete the section below	No ☐ 2	If no, please go to SECTION 4

*Please answer the following questions for your **<u>most recent</u>** GP CONSULTATIONS only.*

11. How did you travel to the GP surgery?

Car ☐ 1 **Go to Q11a**	Taxi ☐ 2 **Go to Q11b**
Public Transport ☐ 3 **Go to Q11c**	Other ☐ 4 **Go to Q11d**
Walked ☐ 7 **Go to Q12**	

11a. If you travelled by **private car** please answer the following:

How many miles did you travel to the GP surgery (one way)? ☐☐☐ miles

How much did you pay to park the car? £ ☐☐ • ☐☐ p

Go to Q12

11b. If you travelled by **taxi,** how much was the taxi fare (one way)? £ ☐☐☐ • ☐☐ p

Go to Q12

11c. If you travelled by **public transport**, how much did you pay (one way)? £ ☐☐☐•☐☐ p

Go to Q12

11d. If you travelled by **another form of transport** please answer the following:

What form of transport did you use? ☐

What costs were incurred by you using this form of transport? £ ☐☐☐•☐☐ p

Go to Q12

12. What would you have been doing as your main activity if you had not attended your last GP consultation?

Paid Work ☐ 1	Housework ☐ 2
Childcare ☐ 3	Caring for someone ☐ 4
Voluntary work ☐ 5	Leisure activities ☐ 6
Other **Please provide details:**_____ ☐ 7	

13. How much time did you spend in the GP surgery at your last GP consultation (**this includes time spent travelling and waiting**)? Please ✓ the box that best applies to your last GP consultation.

Less than 30 minutes	☐ 1
30 minutes – less than I hour	☐ 2
1 hour – less than 2 hours	☐ 3
2 hours – less than 3 hours	☐ 4
3 hours – less than 4 hours	☐ 5
4 hours – less than 5 hours	☐ 6
5 hours or greater	☐ 7

If greater than 5 hours, please specify the number of hours you spent in the GP surgery ☐☐

14. Were you accompanied by a relative or carer to your last GP consultation?

Yes 1 ☐ **If Yes, go to Q15**

No 2 ☐ **If No, go to Section 4**

15. **What would your <u>main relative or carer</u> have been doing as their main activity if they had not attended your last GP consultation with you?**

Paid Work ☐ 1	Housework ☐ 2
Childcare ☐ 3	Caring for someone ☐ 4
Voluntary work ☐ 5	Leisure activities ☐ 6
Other **Please provide details:**_____ ☐ 7	

Section 4: Practice Nurse Consultations

Have you had a practice nurse consultation in the last 12 months?	Yes ☐ 1	If yes, please complete the section below	No ☐ 2	If no, please go to SECTION 5

*Please answer the following questions for your **<u>most recent</u>** PRACTICE NURSE CONSULTATIONS only.*

16. What would you have been doing as your main activity if you had not attended your last practice nurse consultation?

Paid Work ☐ 1	Housework ☐ 2
Childcare ☐ 3	Caring for someone ☐ 4
Voluntary work ☐ 5	Leisure activities ☐ 6
Other **Please provide details:**_____ ☐ 7	

17. How much time did you spend at your last practice nurse consultation (**this includes time spent travelling and waiting**)? Please ✓ the box that best applies to your last practice nurse consultation.

Less than 30 minutes	☐ 1
30 minutes – less than I hour	☐ 2
1 hour – less than 2 hours	☐ 3
2 hours – less than 3 hours	☐ 4
3 hours – less than 4 hours	☐ 5
4 hours – less than 5 hours	☐ 6
5 hours or greater	☐ 7

If greater than 5 hours, please specify the number of hours you spent in the practice ☐☐

18. Were you accompanied by a relative or carer to your last practice nurse consultation?

Yes 1 ☐ **If Yes, go to Q19**

No 2 ☐ **If No, go to Section 5**

19. What would your main relative or carer have been doing as their main activity if they had not attended your last practice nurse consultation with you?

Paid Work ☐ 1	Housework ☐ 2
Childcare ☐ 3	Caring for someone ☐ 4
Voluntary work ☐ 5	Leisure activities ☐ 6
Other **Please provide details:**_____ ☐ 7	

Section 5: Work Affected by illness

Please answer the following questions regarding your current employment status and the effect your ill health has on your employment status (if any).

22. What is your current employment status?

Full Employment	☐ 1	Part-time Employment	☐ 2
Student	☐ 3	Retired	☐ 4
Housework	☐ 5	Caring for someone	☐ 6
Unemployed, not actively seeking work	☐ 7	Unemployed, actively seeking work	☐ 8
Other **Please provide details:**_____			☐ 9

23. How many days off work (to the nearest ½ day) have you had in the past 2 months because of health problems?

Days in total ☐☐ • ☐

Days because of a urinary tract infection ☐☐ • ☐

Section 6: Income

24. Could you please provide an estimate of your annual household income from all sources (before tax and including your partner/spouse)? (*Please ✓ appropriate box.*)

Less that £6,000	☐ 1
£6,000 to £10,000	☐ 2
£10,001 to £15,000	☐ 3
£15,001 to £20,000	☐ 4
£20,001 to £25,000	☐ 5
£25,001 to £30,000	☐ 6
£30,001 to £35,000	☐ 7
£35,001 and greater	☐ 8

Section 7: Other Information

If you wish to provide any further information, please do so below.

Thank you for taking the time to complete this questionnaire.

Valuing the benefits of avoiding a urinary tract infection

Recurrent **Urinary Tract Infection (UTI)** is one of the most common side effects experienced by Clean Intermittent Self-Catheterisation users. Common symptoms associated with a UTI episode include things like pain (e.g in the genitals or lower abdomen), flu-like symptoms and fever among other things.

We are interested in your views about UTIs. We would like to know how valuable it would be to you to avoid having a UTI. We would also like to identify what issues surrounding UTIs are important to people who experience it.

The information you provide will be treated as **STRICTLY CONFIDENTIAL**. Your individual responses to the questionnaire will be anonymous as they will be grouped together with the responses provided by all the participants who complete the survey. No personally identifiable information about you will appear in any report or article based on the findings of this study.

If you have any questions regarding this questionnaire please contact:
Dr. Laura Ternent or Dr Yemi Oluboyede
Institute of Health & Society, Newcastle University, Newcastle NE24 AX
Telephone 0191 208 7083 or 0191 208 7349
Email laura.ternent@ncl.ac.uk or yemi.oluboyede@ncl.ac.uk

Please answer all the questions in Section 1 and Section 2 in this questionnaire.

Valuing the benefits of avoiding urinary tract infections

Section 1

An episode of **Urinary Tract Infection (UTI)** can affect people in different ways. In order for us to understand more about your UTI we would like you to think about the different aspects of your life that are typically affected when you have a UTI

Q1. From the list below choose those aspects that TYPICALLY AFFECT YOU when you have a UTI episode.

		(Please tick all that apply)
a	Pain /cramps	☐ 1
b	Feeling down	☐ 2
c	Discomfort	☐ 3
d	Feeling tired / lethargic	☐ 4
e	Difficulty doing activities of daily life	☐ 5
f	Negative effect on family life	☐ 6
g	Reduced ability to work	☐ 7
h	Difficulty doing social activities	☐ 8
i	Other symptoms or activities affected by UTI *(please, specify)*	…… ……

Q2. Have you had a symptomatic UTI over the past year?

		(Please tick one box)
a	No	☐ 2
	Yes	☐ 1
b	If **Yes**, how many?	☐☐
c	If **Yes**, how long did the most recent episode last (*including the time prior to taking antibiotics*)?	☐☐☐ days

There are various ways of asking about your views regarding the value you place on avoiding a UTI episode. One way is to ask what money value you would place on avoiding a UTI. The money value you put on avoiding a UTI is a good way to compare how important this issue is to you.

We would like to know the **maximum amount** you are willing to spend as a **one-off payment** to avoid one UTI over one year period. This information gives us a good indication of how much you value the affect that a UTI has on your life. This information also gives us an indication of the value that you place on avoiding a UTI compared with other things you might spent your money on.

You will not be asked to pay anything towards your health care; we simply want to know the value in money you place on avoiding UTIs.

Q3. We would like you to imagine a hypothetical scenario. Think about your last UTI episode, imagine you could have avoided having it. Would you be willing to pay a one-off sum of money to have avoided having this UTI episode?

	(Please tick one box)	
Yes	☐ 1	Go to Q.5
No	☐ 2	Go to Q.4

Q4. Please state the reasons you are not prepared to pay to avoid a UTI.
(Please continue to question 7)

……

……

……

……

Q.5 We would like to know the maximum amount you are willing to spend as a one-off payment to avoid having this UTI episode over a one year period. For each of the amounts stated below, please tick if you are sure you would be willing to pay the amount stated to avoid having this UTI. Stop ticking when you have reached your maximum willingness to pay.
(For example if you were willing to pay up to £70 you would tick £5, £10, £20, £40, £50, and £70)

Amount	I would **definitely** be prepared to pay the amount	
£5	☐	Go to Q.6
£10	☐	
£20	☐	
£40	☐	
£50	☐	
£70	☐	
£90	☐	
£100	☐	
£200	☐	
£300	☐	
£400	☐	
£500	☐	
More than £500	☐	Go to Q.6

Q6. Referring back to your answer in Q5, please state the maximum one-off amount you would be willing to pay to avoid <u>one</u> episode of UTI over a one year period below.
(For example if you stop ticking at £70 write the maximum amount you are willing to pay below as this can range between £70 and £90)

Maximum you are willing to pay **£** | | | | | |

On the following scale of 1 to 5, please state how difficult or easy it was to provide the value above (the maximum one-off amount you would be willing to pay).

Please circle one number only

Extremely Easy				Extremely Difficult
1	2	3	4	5

Q7. When answering how much you were willing to pay to avoid a UTI episode what was/were the most important factors you were considering when thinking of your maximum willingness to pay?

		(Please tick <u>all</u> boxes that apply)
a	Personal income/savings	☐1
b	Other financial commitments	☐2
c	Impact of UTI on family life	☐3
d	Impact of UTI on ability to work	☐4
e	Other *(please, specify)*	……..…..……

Q8. What is the highest level of education you and your partner (if applicable) have completed?

	*(Please tick **one** box)*	
	a Yourself	**b Your partner**
Post-graduate	☐1	☐1
Degree/professional/vocational (e.g. NVQ level 4)	☐2	☐2
Higher/A level/National grade/vocational (e.g. HND)	☐3	☐3
O Level/O Grade/GCSE/Standard Grade/vocational (e.g. HNC)	☐4	☐4
No educational qualification	☐5	☐5
Other (*please, specify*)	…….. 6	…….. 6

Q9. Please select the category that best describes your current employment status

	*(Please tick **one** box)*	
	a Yourself	**b Your partner**
In full or part time employment / Maternity leave	☐1	☐1
Unemployed	☐2	☐2
Long term sick or disabled	☐3	☐3
Full / part time study	☐4	☐4
Retired from paid work altogether	☐5	☐5
Other (please, specify)	…….. 6	…….. 6

Q10. How would you describe your ethnic origin?

	*(Please tick **one** box)*
White	☐1
Asian (of Indian, Pakistani, Bangladeshi ancestry)	☐2
Other Asian	☐3
Black or Afro-Caribbean (of African or Caribbean ancestry)	☐4
Other (please, specify)	……5

Q11: Overall, how would you rate your health during the past 12 months?

	*(Please tick **one** box)*
Excellent	☐1
Good	☐2
Fair	☐3
Poor	☐4
Very Poor	☐5

Q12: Could you please tell us how much do you earn compared to the national average estimates?

The average annual income (from all sources) for <u>one individual</u> in the UK is around £25,000 (pre-tax 2014-15). ***Taking into account all sources of income (including benefits) where would you say you fall in relation to the UK average?***	*(Please tick **one** box)*
Below average	☐1
Average	☐2
Above average	☐3

Q13: Do you have access to private health insurance?

	*(Please tick **one** box)*
No	☐2
Yes	☐1

Q14. Are there any comments that you would like to make about how a UTI episode affects you?

……

……

……

……

Section 2

An episode of Urinary Tract Infection (UTI) can affect people in different ways. We would like to understand more about the different aspects of your life that are affected when you have a UTI. The next question is divided into three parts:

- In **Part 1** we would like you to select up to five areas of your life affected when you have a UTI. There is an extra category provided indicating all the other areas of your life affected by a UTI episode.

- In **Part 2** we would like you to score all six of the items listed in Part 1 on a scale of 0 (the worst you could imagine) to 10 (exactly as you would like to be).

- In **Part 3** you can spend 10 imaginary points to improve the six aspects listed in Part 1. You can spend more points improving areas that are important to you and to spend less or nothing on areas of less importance.

Please read through the example on the next page then complete all three parts of Question 15

**********THIS IS AN ILLUSTRATIVE MADE-UP EXAMPLE**********

Part 1: List Areas	Part 2: Scoring each area	Part 3: Spending points
Identify FIVE areas of your life affected by your condition in the boxes below. Some examples are shown below: **Pain; Social activities; Feeling depressed/anxious; Relationships**	Please score each area out of 10 using this scale: 10 Exactly as you would like to be 9 Close to how you would like to be 8 Very good but not how you would like to be 7 Good, but not how you would like to be 6 Between good and fair 5 Fair 4 Between poor and fair 3 Poor but not the worst you could imagine 2 Very poor but not the worst you could imagine 1 Close to the worst you could imagine 0 The worst you could imagine	We want you to imagine that any or all the areas of your life could be improved. You have 10 imaginary points to spend to show which areas you would most like to see improve. Spend more points on areas you would most like to see improve and less on areas that are not so important. You don't have to spend points in every area. You can't spend more than 10 points in total.

School	10/10	0
Vision	0/10	7
Speech	4/10	1
Sports	5/10	1
Self-confidence	9/10	0
ALL OTHER AREAS OF YOUR LIFE AFFECTED BY YOUR UTI	9/10	1

PLEASE USE THE LAST BOX TO SCORE ALL AREAS OF YOUR LIFE AFFECTED

Remember total must add up to 10

Q15. Please complete Part 1, Part 2 & Part 3 in the grid below to tell us how your life is currently affected by a UTI episode and its treatment and how you would like to see it improve

Part 1: List Areas	Part 2: Scoring each area	Part 3: Spending points
We would like you to think of the most important areas of your life affected when you have a UTI. Please write up to FIVE areas in the boxes below. Some examples are shown below: **Pain; Social activities; Feeling depressed/anxious; Relationships**	We would like you to score the areas you mentioned in Part 1. This score should show how badly you were affected by your last UTI episode. Please score each area out of 10 using this scale: 10 Exactly as you would like to be 9 Close to how you would like to be 8 Very good but not how you would like to be 7 Good, but not how you would like to be 6 Between good and fair 5 Fair 4 Between poor and fair 3 Poor but not the worst you could imagine 2 Very poor but not the worst you could imagine 1 Close to the worst you could imagine 0 The worst you could imagine	We want you to imagine that any or all the areas of your life could be improved. You have 10 imaginary points to spend to show which areas you would most like to see improve. Spend more points on areas you would most like to see improve and less on areas that are not so important. You don't have to spend points in every area. You can't spend more than 10 points in total.

	PLEASE USE THE LAST BOX TO SCORE ALL AREAS OF YOUR LIFE AFFECTED	
ALL OTHER AREAS OF YOUR LIFE AFFECTED BY YOUR UTI		

Remember total must add up to 10

Q16. Are there any comments that you would like to make regarding the questionnaire?

.....

.....

.....

.....

.....

Thank you for taking time to complete this questionnaire.

Please post it back to us in the enclosed pre-paid envelope.