# LITEFORM

### PARTICIPANT TIME AND TRAVEL QUESTIONNAIRE Version 1.1

## Lite Therapy Effectiveness For ORal Mucositis Trial The LiTEFORM Study

#### Participant Time and Travel Questionnaire

Please complete this questionnaire with details of your <u>most recent</u> travel for treatment including **Hospital admissions** or **Outpatient appointments** or **Primary care consultations** (face to face) over the **last 14 months**. This information allows us to take into account your out-of-pocket expenses and time off from usual activities (e.g. paid work - where applicable).

You will need to **complete Sections 1-3** if you have had to go to **hospital or your GP surgery in the last 14 months**.

Section 4 should be relevant to and completed by all study participants.

Please tick ( $\checkmark$ ) the appropriate boxes and answer the questions where required.

#### Section 1 Hospital Admissions

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

If you <u>have not</u> been admitted to hospital in the last 14 months, please go to SECTION 2.

Distance	Time to travel	Costs to you
How many miles did you travel to the hospital (one way)?	How long did it take you to travel to the hospital (one way)?	How much did you have to pay to park the car?
(miles)	(mins)	(£)
	How long did it take you to travel to the hospital (one way)?	How much was the taxi fare (one way)?
	(mins)	(£)
	How long did it take you to travel to the hospital (one way)?	How much did you pay (one way)?
	(mins)	(£)
If applicable, how many miles did you travel to the hospital (one way)?	How long did it take you to travel to the hospital (one way)?	What costs were incurred by you using this form of transport (one way)?
(miles)	(mins)	(£)
	the hospital (one way)? (miles) If applicable, how many miles did you travel to the hospital (one way)?	the hospital (one way)?  the hospital (one way)?   (miles) (mins)    How long did it take you to travel to the hospital (one way)? (mins)    How long did it take you to travel to the hospital (one way)? (mins)    If applicable, how many miles did you travel to the hospital (one way)?  How long did it take you to travel to the hospital (one way)?    If applicable, how many miles did you travel to the hospital (one way)?  How long did it take you to travel to the hospital (one way)?   (mins)  How long did it take you to travel to the hospital (one way)?   (mins)  How long did it take you to travel to the hospital (one way)?   (mins)  How long did it take you to travel to the hospital (one way)?

#### Q1. Please choose your main mode of transport to the hospital?

**Q2.** What would you have been doing as your <u>main</u> activity if you had not been admitted to hospital?

Please only tick one option that relates to your main activity.

Paid Work 🛛	Housework	
Childcare 🗆	Caring for someone	
Voluntary work	Leisure activities	
Other 🗆		
Please provide details:		
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Q3. Were you accompanied to hospital by a relative or carer?

Yes	No
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If Yes, how much time did your <u>main relative or carer</u> spend in the hospital with you when you were admitted to hospital (this includes time spent travelling and waiting to be admitted but <u>not</u> visiting times)?

Please  $\checkmark$  the box that best applies to your last hospital admission when you were accompanied by a relative or carer.

Less than 30 mins	
30 mins – less than I hour	
1 hour – less than 2 hours	
2 hours – less than 3 hours	
3 hours – less than 4 hours	
4 hours – less than 5 hours	
5 hours or greater*	

\*If greater than 5 hours, please specify the total number of hours they spent in the

hospital: \_\_\_\_\_ hours

**Q4**. What would your <u>main relative or carer</u> have been doing as their <u>main</u> activity if they had not accompanied you to your last hospital admission?

#### Please <u>only tick one</u> option that relates to their <u>main activity</u>.

Paid Work 🛛	Housework	
Childcare 🗆	Caring for someone	
Voluntary work	Leisure activities	
Other		

#### Section 2: Outpatient Appointments

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

If you <u>did not</u> have an outpatient appointment in the last 14 months, please go to SECTION 3.

Please <u>tick one</u> option relating to <u>your most recent</u> outpatient appointment	Distance	Time to travel	Costs to you
Private Car	How many miles did you travel to the hospital (one way)?	How long did it take you to travel to the hospital (one way)?	How much did you have to pay to park the car?
	(miles)	(mins)	(£)
Тахі		How long did it take you to travel to the hospital (one way)?	How much was the taxi fare (one way)?
		(mins)	(£)
Public Transport		How long did it take you to travel to the hospital (one way)?	How much did you pay (one way)?
		(mins)	(£)
Other	If applicable, how many miles did you travel to the hospital (one way)?	How long did it take you to travel to the hospital (one way)?	What costs were incurred by you using this form of transport (one way)?
(please provide details of the form of transport you used)	(miles)	(mins)	(£)

#### Q5. Please choose your main mode of transport to the hospital?

**Q6.** What would you have been doing as your **main** activity if you had not attended your last outpatient appointment?

Please only tick <u>one option</u> that relates to <u>your main activity</u>.

Paid Work 🛛	Housework	
Childcare	Caring for someone	
Voluntary work	Leisure activities	
Other		

**Q7.** How much time did you spend in the hospital/clinic at your last outpatient appointment (**this** <u>includes time waiting</u> but not time spent travelling)? Please  $\checkmark$  the box that best applies to your last outpatient appointment.

Less than 30 mins	
30 mins – less than I hour	
1 hour – less than 2 hours	
2 hours – less than 3 hours	
3 hours – less than 4 hours	
4 hours – less than 5 hours	
5 hours or greater	

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

hospital/clinic: \_\_\_\_\_ hours

**Q8.** Were you accompanied by a relative or carer to your last **outpatient appointment**?



No	
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**Q9.** If Yes, 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?

#### Please only tick one option that relates to their main activity.

Paid Work		Housework	
Childcare		Caring for someone	
Voluntary work		Leisure activities	
Other D Please provide de	etails:	· 	

#### Section 3: Primary care consultations

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

If you <u>did not</u> have a GP or practice nurse consultation in the last 14 months, please go to SECTION 4.

Please <u>tick <i>one</i></u> option relating to <u>your most recent</u> GP or practice nurse appointment	Distance	Time to travel	Costs to you
Private Car	How many miles did you travel to the appointment (one way)?	How long did it take you to travel to the appointment (one way)?	How much did you have to pay to park the car?
	(miles)	(mins)	(£)
Тахі		How long did it take you to travel to the appointment (one way)?	How much was the taxi fare (one way)?
		(mins)	(£)
Public Transport		How long did it take you to travel to the appointment (one way)?	How much did you pay (one way)?
		(mins)	(£)
Other	If applicable, how many miles did you travel to the appointment (one way)?	How long did it take you to travel to the appointment (one way)?	What costs were incurred by you using this form of transport (one way)?
(please provide details of the form of transport you used)	(miles)	(mins)	(£)

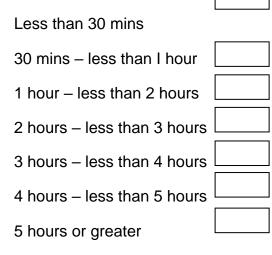
#### Q10. Please choose your main mode of transport to the hospital?

**Q11.** What would you have been doing as your <u>main</u> activity if you had not attended your last GP or practice nurse consultation?

Please only tick one option that relates to your main activity.

Paid Work 🛛	Housework	
Childcare 🗆	Caring for someone	
Voluntary work	Leisure activities	
Other Please provide details:	·	

Q12. How much time did you spend in the GP or Practice nurse surgery at your last GP consultation (this <u>includes time waiting</u> but not time spent travelling)? Please ✓ the box that best applies to your last GP or practice nurse consultation.



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

surgery: \_\_\_\_\_ hours

**Q13**. Were you accompanied by a relative or carer to your last GP or practice nurse consultation?

Yes No	
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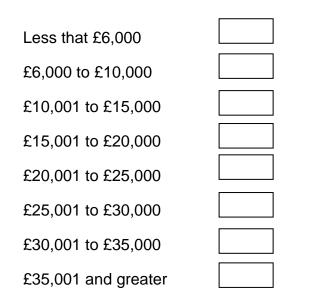
**If Yes**, What would your <u>main relative or carer</u> have been doing as their main activity if they had not attended your last GP or practice nurse consultation with you?

#### Please only tick one option that relates to their main activity.

Paid Work 🛛	Housework	
Childcare 🗆	Caring for someone	
Voluntary work	Leisure activities	
Other □ Please provide details		

#### Section 4: Income

Q14. Could you please provide an estimate of your annual household income from all sources (before tax and including your partner/spouse)? (*Please ✓ appropriate box.*). This information is needed to calculate loss of earnings due to illness.



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

Thank you for taking the time to complete this questionnaire.