

CONFIDENTIAL

ALternatives To prophylactic **Antibiotics** for the treatment of **R**ecurrent urinary tract infection in women

PARTICIPANT QUESTIONNAIRE

Participant Study Number:

 -

Centre Study ID.


Date of Completion:


 - -

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BASELINE

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

 Newcastle Clinical Trials Unit
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Newcastle upon Tyne
NE2 4AE

 0191 208 2523

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

Health Service Utilisation Questionnaire - ALTAR

Please complete this questionnaire with details of your treatment over the last 3 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 3 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 3 months?

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

- 2.** In the last 3 months, have you had any hospital outpatient appointments (did not stay overnight)?

Yes ₁ **If Yes, go to Q2a**

No ₂ **If No, go to Q3**

- 2a.** If Yes, approximately how many outpatient appointments in total did you have in the last 3 months?

Enter number of times you attended hospital as an outpatient

Go to Q3

- 3.** In the last 3 months, have you had to attend the A&E/casualty department but were not admitted overnight?

Yes ₁ **If Yes, go to Q3a**

No ₂ **If No, go to Q4**

- 3a. If Yes, approximately how many times in total did you attend the A&E/casualty department in the last 3 months?

Enter number of times you attended the A&E/casualty department

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Go to Q4

4. In the last 3 months, have you had any consultations with a **GP at their practice?**

Yes ₁ **If Yes, go to Q4a**

No ₂ **If No, go to Q5**

- 4a. If Yes, approximately how many consultations in total did you have with a GP at their practice in the last 3 months?

Enter number of consultations you had with a GP at their practice

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Go to Q5

5. In the last 3 months, have you had any consultations with a **GP at your home?**

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 your home in the last 3 months?

Enter number of consultations you had with a GP at your home

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Go to Q6

6. In the last 3 months, have you had any consultations with a **practice nurse at their practice?**

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 practice nurse at their practice in the last 3 months?

Enter number of consultations you had with a practice nurse at their practice

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Go to Q7

7. In the last 3 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 Q7a**

No ₂ **If No, go to Q8**

- 7a. If Yes, approximately how many consultations in total did you have with a nurse at your home in the last 3 months?

Enter number of consultations you had with a nurse at your home

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Go to Q8

8. In the last 3 months have you had any **telephone consultations** with a health care professional?

Yes ₁ **If Yes, go to 8a**

No ₂ **If No, go to Q9**

- 8a. 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 3 months. Please tick as many as apply.

Health Care Professional	Yes ₁	✓ No ₂	Number of consultations	
GP	<div></div>	<div></div>	<div></div>	<div></div>
Hospital Doctor	<div></div>	<div></div>	<div></div>	<div></div>
Nurse	<div></div>	<div></div>	<div></div>	<div></div>
Other health professional	<div></div>	<div></div>	<div></div>	<div></div>

If Other please provide details _____

9. In the last 3 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 3 months. Please tick as many as apply.

Health Care Professional	Yes ₁	✓ No ₂	Number of consultations	
GP	<div></div>	<div></div>	<div></div>	<div></div>
Hospital Doctor	<div></div>	<div></div>	<div></div>	<div></div>
Nurse	<div></div>	<div></div>	<div></div>	<div></div>
Other health professional	<div></div>	<div></div>	<div></div>	<div></div>

If Other please provide details _____

11. In the past 3 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 3 months and what was the cost of this health care to you.

What health care have you paid for?

1. _____

2. _____

3. _____

What was the cost of this health care?

£ . p

£ . p

£ . 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.

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

SELF-CARE

- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

USUAL ACTIVITIES (*e.g. work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

PAIN / DISCOMFORT

- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

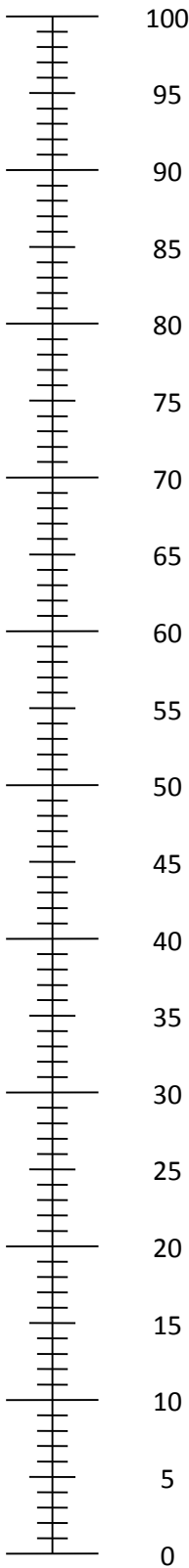
ANXIETY / DEPRESSION

- I am not anxious or depressed ☐
- I am slightly anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine