BASELINE QUESTIONNAIRE

Participant Study No

A randomised controlled trial comparing laparoscopic **c**holecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic **gall**stones.

PARTICIPANT QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research
Health Technology Assessment Programme (NIHR HTA)

NHS
National Institute for
Health Research

Date of completion | D | D | / | M | M | / | Y | Y | Y | Y |

SECTION 1 - YOUR GENERAL HEALTH SF-36 ©

LINKS

SF-36: Pages 2 to 4

https://www.qualitymetric.com/health-surveys-old/the-sf-36v2-health-survey/

1. The study team do not have permissions to reproduce these questionnaires so are providing the web links to them instead.

Study number | | | | | |

SECTION 2 - The Otago gallstones condition-specific questionnaire

The following questions ask about problems that you might have experienced due to your GALLSTONE condition or gallstone surgery.

Please answer each question by selecting the answer that fits best. If you are unsure, please select the answer that comes closest. It is important that you do not select more than one answer or mark between answers. Thank you.

1a. During the past 6 months how often has your gallstone condition or gallstone surgery caused severe pain attacks?

Never	1-2 times	3-6 times	7-10 times	More than 10 times
☐	☐	☐	☐	☐

1b. How much have these pain attacks caused problems with any aspect of your life?

Not at all	A little Bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

2a. During the past 6 months, apart from severe pain attacks, how often has your gallstone condition or gallstone surgery caused other stomach or “tummy” troubles?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☐

2b. How much have these stomach troubles caused problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3a. How much have you had to change your diet *since having* your gallstone condition or gallstone surgery?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3b. How much has this change in diet cause problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

4a. During the past 4 weeks, to what extent have you had problems with the following because of your gallstone condition or gallstone surgery?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Increased tiredness, lack of energy	☐	☐	☐	☐	☐
b. Inability to carry out daily duties such as housework, care for dependents, job or school related activities?	☐	☐	☐	☐	☐
c. Inability to take part in leisure activities such as hobbies, or other things you enjoy doing?	☐	☐	☐	☐	☐
d. Inability to maintain relationships with other persons such as family, friends or the community?	☐	☐	☐	☐	☐
e. Changes in mood such as feeling sad, depressed, angry or worried?	☐	☐	☐	☐	☐

5. Overall how much is your gallstone condition or gallstone surgery a problem for you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. Any other concerns, comments, or suggestions you wish to add

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

Once you have completed the form, please return it in the pre-paid envelope provided or to the following address:

C-GALL Trial office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
University of Aberdeen
3rd floor, Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD

Tel: 01224 438089
Fax: 01224 438165
Email: cgall@abdn.ac.uk
Website : https://w3.abdn.ac.uk/hsru/C-GALL

FOLLOW UP QUESTIONNAIRE 3 MONTHS

Participant Study No

A randomised controlled trial comparing laparoscopic cholecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones.

PARTICIPANT QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research
Health Technology Assessment Programme (NIHR HTA)

NHS
National Institute for
Health Research

Follow up questionnaire

ISRCTN55215960

Version 4.0, 04.08.2017

SECTION 1 - YOUR GENERAL HEALTH SF-36 ©

LINKS

SF-36: Pages 2 to 4

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Study number | | | | | |

SECTION 2 - The Otago gallstones condition-specific questionnaire

The following questions ask about problems that you might have experienced due to your GALLSTONE condition or gallstone surgery.

Please answer each question by selecting the answer that fits best. If you are unsure, please select the answer that comes closest. It is important that you do not select more than one answer or mark between answers. Thank you.

1a. During the past 3 months how often has your gallstone condition or gallstone surgery caused severe pain attacks?

Never	1-2 times	3-6 times	7-10 times	More than 10 times
☐	☐	☐	☐	☐

1b. How much have these pain attacks caused problems with any aspect of your life?

Not at all	A little Bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

2a. During the past 3 months, apart from severe pain attacks, how often has your gallstone condition or gallstone surgery caused other stomach or “tummy” troubles?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☐

2b. How much have these stomach troubles caused problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3a. How much have you had to change your diet *since having* your gallstone condition or gallstone surgery?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3b. How much has this change in diet cause problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

4a. During the past 4 weeks, to what extent have you had problems with the following because of your gallstone condition or gallstone surgery?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Increased tiredness, lack of energy	☐	☐	☐	☐	☐
b. Inability to carry out daily duties such as housework, care for dependents, job or school related activities?	☐	☐	☐	☐	☐
c. Inability to take part in leisure activities such as hobbies, or other things you enjoy doing?	☐	☐	☐	☐	☐
d. Inability to maintain relationships with other persons such as family, friends or the community?	☐	☐	☐	☐	☐
e. Changes in mood such as feeling sad, depressed, angry or worried?	☐	☐	☐	☐	☐

5. Overall how much is your gallstone condition or gallstone surgery a problem for you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. Any other concerns, comments, or suggestions you wish to add

SECTION 3 – HEALTH SERVICE UTILISATION QUESTIONS

Please try to complete all the questions. Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details. This set of questions is about any appointments you may have had with a general practice in the past 3 months.

1. Have you been to see a GP because of your gall stones or gallstone surgery **during the last 3 months?**

Yes	No
☐	☐

If **Yes**, please give details:

How many appointments did you attend with a GP because of your gall stones or gallstone surgery**?** ☐☐

How many times did a GP visit you at home because of your gall stones or gallstone surgery**?** ☐☐

How many times did you have a telephone conversation with a GP because of your gall stones or gallstone surgery**?** ☐☐

2. During the last 3 months have you had an appointment with any of these care providers because of your gall stones or gallstone surgery**:**

A District Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

A Practice Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

Other? (e.g. NHS physiotherapist, occupational therapist - *please specify below*) Yes ☐ No ☐

i)

How many appointments have you had? ☐☐

ii)

How many appointments have you had? ☐☐

3. This set of questions is about any operation you may have had to remove you gallbladder.

3a. Have you had an operation to remove your gallbladder since you last completed a questionnaire for the study? Yes ☐ No ☐

If Yes, can you please tell us the name of the hospital where you had the operation, approximately what date this was and how long you stayed in hospital?

Name of the hospital?	**Date of treatment?**	**Length of time in hospital (days)?**

4. This set of questions is about any further treatments, or further surgery you have had to treat your gall stone symptoms or gallstone surgery **since the last time you completed a study questionnaire. Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested. You do not need to tell us about your initial visit to hospital for gallstones or first operation for gallstones in the C-Gall study.**

4a. Have you visited NHS hospital outpatients to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4b. Have you visited NHS hospital A&E to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4c. Have you needed any further treatment or surgery to treat your gall stone symptoms since you last completed a questionnaire for the study? Yes ☐ No ☐

If yes, can you please tell us what treatment you had, the name of the hospital where you had the further treatment, approximately what date that was and how long you stayed in hospital?

What treatment did you have?	**Name of hospital?**	**Date of treatment?**	**Length of time in hospital (days)?**

5. Medications for gall stones of gallstones surgery

In the following questions, we are trying to find out about some of the costs you incur as a result of your health problems.

If you are not sure or cannot remember exact details, please give the best answer you can.

Are you currently being PRESCRIBED medication for your gall stone symptoms?

YES ☐ ↓ **NO** ☐ → ***If NO, please go to question 6 on page 10***

If YES, please put a cross in the box against the name of the medication, state the dose you are being prescribed and write in the number of tablets you have taken in the last two weeks.

(Please note the dose can be found on the side of your tablet bottle or packet)

			Have you paid for these?		
	Please state the dose (mg) you have been prescribed	the number of tablets taken in the last 2 weeks	Yes	No	If Yes, how much did you spent on this medicine in the last 3 months?
Paracetamol					
Anti-inflammatory e.g Ibuprofen, diclofenac, Aspirn, Naproxen					
Codeine e.g. Co-codamol, Codydramol, Dihyrocodeine					
Opiate e.g. Tramadol, Oxycodone, Sevredol					
Buscopan					

If you are prescribed any other medication for your gall stones symptoms that are not listed above, please list below the name(s) of the medicine(s) and include the number of times you have taken it in the last two weeks.

Names of medication	**Number of times taken in last 2 weeks**

6. This set of questions is about any private health care you may have had in the <u>past 3 months</u>

During the <u>last 3 months</u> have you paid for any private health care for your gall stones or gallstones surgery?

Yes	No
☐	☐

If **Yes**, what sort of care did you pay for?

_____

_____

If **Yes**, and you had appointments, how many appointments did you have? | | |

Date of completion | D | D | / | M | M | / | Y | Y | Y | Y |

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

Once you have completed the form, please return it in the pre-paid envelope provided or to the following address:

C-GALL Trial office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
University of Aberdeen
3rd floor, Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD

Tel: 01224 438089
Fax: 01224 438165
Email: cgall@abdn.ac.uk
Website : https://w3.abdn.ac.uk/hsru/C-GALL

FOLLOW UP QUESTIONNAIRE 9 MONTHS

Participant Study No

A randomised controlled trial comparing laparoscopic cholecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones.

PARTICIPANT QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research
Health Technology Assessment Programme (NIHR HTA)

NHS
National Institute for
Health Research

Follow up questionnaire

ISRCTN55215960

Version 4.0, 04.08.2017

SECTION 1 - YOUR GENERAL HEALTH SF-36 ©

LINKS

SF-36: Pages 2 to 4

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Study number | | | | | |

SECTION 2 - The Otago gallstones condition-specific questionnaire

The following questions ask about problems that you might have experienced due to your GALLSTONE condition or gallstone surgery.

Please answer each question by selecting the answer that fits best. If you are unsure, please select the answer that comes closest. It is important that you do not select more than one answer or mark between answers. Thank you.

1a. During the past 6 months how often has your gallstone condition or gallstone surgery caused severe pain attacks?

Never	1-2 times	3-6 times	7-10 times	More than 10 times
☐	☐	☐	☐	☐

1b. How much have these pain attacks caused problems with any aspect of your life?

Not at all	A little Bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

2a. During the past 6 months, apart from severe pain attacks, how often has your gallstone condition or gallstone surgery caused other stomach or “tummy” troubles?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☐

2b. How much have these stomach troubles caused problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3a. How much have you had to change your diet *since having* your gallstone condition or gallstone surgery?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3b. How much has this change in diet cause problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

4a. During the past 4 weeks, to what extent have you had problems with the following because of your gallstone condition or gallstone surgery?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Increased tiredness, lack of energy	☐	☐	☐	☐	☐
b. Inability to carry out daily duties such as housework, care for dependents, job or school related activities?	☐	☐	☐	☐	☐
c. Inability to take part in leisure activities such as hobbies, or other things you enjoy doing?	☐	☐	☐	☐	☐
d. Inability to maintain relationships with other persons such as family, friends or the community?	☐	☐	☐	☐	☐
e. Changes in mood such as feeling sad, depressed, angry or worried?	☐	☐	☐	☐	☐

5. Overall how much is your gallstone condition or gallstone surgery a problem for you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. Any other concerns, comments, or suggestions you wish to add

SECTION 3 – HEALTH SERVICE UTILISATION QUESTIONS

Please try to complete all the questions. Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details. This set of questions is about any appointments you may have had with a general practice in the past 6 months.

1. Have you been to see a GP because of your gall stones or gallstone surgery **during the last 6 months?**

Yes	No
☐	☐

If **Yes**, please give details:

How many appointments did you attend with a GP because of your gall stones or gallstone surgery**?** ☐☐

How many times did a GP visit you at home because of your gall stones or gallstone surgery**?** ☐☐

How many times did you have a telephone conversation with a GP because of your gall stones or gallstone surgery**?** ☐☐

2. During the last 6 months have you had an appointment with any of these care providers because of your gall stones or gallstone surgery**:**

A District Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

A Practice Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

Other? (e.g. NHS physiotherapist, occupational therapist - *please specify below*) Yes ☐ No ☐

i) _____

How many appointments have you had? ☐☐

ii) _____

How many appointments have you had? ☐☐

3. This set of questions is about any operation you may have had to remove you gallbladder.

3a. Have you had an operation to remove your gallbladder since you last completed a questionnaire for the study? Yes ☐ No ☐

If Yes, can you please tell us the name of the hospital where you had the operation, approximately what date this was and how long you stayed in hospital?

Name of the hospital?	**Date of treatment?**	**Length of time in hospital (days)?**

4. This set of questions is about any further treatments, or further surgery you have had to treat your gall stone symptoms or gallstone surgery **since the last time you completed a study questionnaire. Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested. You do not need to tell us about your initial visit to hospital for gallstones or first operation for gallstones in the C-Gall study.**

4a. Have you visited NHS hospital outpatients to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4b. Have you visited NHS hospital A&E to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4c. Have you needed any further treatment or surgery to treat your gall stone symptoms since you last completed a questionnaire for the study? Yes ☐ No ☐

If yes, can you please tell us what treatment you had, the name of the hospital where you had the further treatment, approximately what date that was and how long you stayed in hospital?

What treatment did you have?	**Name of hospital?**	**Date of treatment?**	**Length of time in hospital (days)?**

5. Medications for gall stones of gallstones surgery

In the following questions, we are trying to find out about some of the costs you incur as a result of your health problems.

If you are not sure or cannot remember exact details, please give the best answer you can.

Are you currently being PRESCRIBED medication for your gall stone symptoms?

YES ☐ ↓ **NO** ☐ → ***If NO, please go to question 6 on page 10***

If YES, please put a cross in the box against the name of the medication, state the dose you are being prescribed and write in the number of tablets you have taken in the last two weeks.

(Please note the dose can be found on the side of your tablet bottle or packet)

			Have you paid for these?		
	Please state the dose (mg) you have been prescribed	the number of tablets taken in the last 2 weeks	Yes	No	If Yes, how much did you spent on this medicine in the last 6 months?
Paracetamol					
Anti-inflammatory e.g Ibuprofen, diclofenac, Aspirn, Naproxen					
Codeine e.g. Co-codamol, Codydramol, Dihyrocodeine					
Opiate e.g. Tramadol, Oxycodone, Sevredol					
Buscopan					

If you are prescribed any other medication for your gall stones symptoms that are not listed above, please list below the name(s) of the medicine(s) and include the number of times you have taken it in the last two weeks.

Names of medication	**Number of times taken in last 2 weeks**

6. This set of questions is about any private health care you may have had in the <u>past 6 months</u>

During the <u>last 6 months</u> have you paid for any private health care for your gall stones or gallstones surgery?

Yes	No
☐	☐

If **Yes**, what sort of care did you pay for?

_____

_____

If **Yes**, and you had appointments, how many appointments did you have? | | |

Date of completion | D | D | / | M | M | / | Y | Y | Y | Y |

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

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Health Services Research Unit
University of Aberdeen
3rd floor, Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD

Tel: 01224 438089
Fax: 01224 438165
Email: cgall@abdn.ac.uk
Website : https://w3.abdn.ac.uk/hsru/C-GALL

FOLLOW UP QUESTIONNAIRE 12 MONTHS

Participant Study No

A randomised controlled trial comparing laparoscopic cholecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones.

PARTICIPANT QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research
Health Technology Assessment Programme (NIHR HTA)

NHS
National Institute for
Health Research

Follow up questionnaire

ISRCTN55215960

Version 4.0, 04.08.2017

SECTION 1 - YOUR GENERAL HEALTH SF-36 ©

LINKS

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Study number | | | | | |

SECTION 2 - The Otago gallstones condition-specific questionnaire

The following questions ask about problems that you might have experienced due to your GALLSTONE condition or gallstone surgery.

Please answer each question by selecting the answer that fits best. If you are unsure, please select the answer that comes closest. It is important that you do not select more than one answer or mark between answers. Thank you.

1a. During the past 3 months how often has your gallstone condition or gallstone surgery caused severe pain attacks?

Never	1-2 times	3-6 times	7-10 times	More than 10 times
☐	☐	☐	☐	☐

1b. How much have these pain attacks caused problems with any aspect of your life?

Not at all	A little Bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

2a. During the past 3 months, apart from severe pain attacks, how often has your gallstone condition or gallstone surgery caused other stomach or “tummy” troubles?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☐

2b. How much have these stomach troubles caused problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3a. How much have you had to change your diet *since having* your gallstone condition or gallstone surgery?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3b. How much has this change in diet cause problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

4a. During the past 4 weeks, to what extent have you had problems with the following because of your gallstone condition or gallstone surgery?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Increased tiredness, lack of energy	☐	☐	☐	☐	☐
b. Inability to carry out daily duties such as housework, care for dependents, job or school related activities?	☐	☐	☐	☐	☐
c. Inability to take part in leisure activities such as hobbies, or other things you enjoy doing?	☐	☐	☐	☐	☐
d. Inability to maintain relationships with other persons such as family, friends or the community?	☐	☐	☐	☐	☐
e. Changes in mood such as feeling sad, depressed, angry or worried?	☐	☐	☐	☐	☐

5. Overall how much is your gallstone condition or gallstone surgery a problem for you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. Any other concerns, comments, or suggestions you wish to add

SECTION 3 – HEALTH SERVICE UTILISATION QUESTIONS

Please try to complete all the questions. Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details. This set of questions is about any appointments you may have had with a general practice in the past 3 months.

1. Have you been to see a GP because of your gall stones or gallstone surgery **during the last 3 months?**

Yes	No
☐	☐

If **Yes**, please give details:

How many appointments did you attend with a GP because of your gall stones or gallstone surgery**?** ☐☐

How many times did a GP visit you at home because of your gall stones or gallstone surgery**?** ☐☐

How many times did you have a telephone conversation with a GP because of your gall stones or gallstone surgery**?** ☐☐

2. During the last 3 months have you had an appointment with any of these care providers because of your gall stones or gallstone surgery**:**

A District Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

A Practice Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

Other? (e.g. NHS physiotherapist, occupational therapist - *please specify below*) Yes ☐ No ☐

i)

How many appointments have you had? ☐☐

ii)

How many appointments have you had? ☐☐

3. This set of questions is about any operation you may have had to remove you gallbladder.

3a. Have you had an operation to remove your gallbladder since you last completed a questionnaire for the study? Yes ☐ No ☐

If Yes, can you please tell us the name of the hospital where you had the operation, approximately what date this was and how long you stayed in hospital?

Name of the hospital?	**Date of treatment?**	**Length of time in hospital (days)?**

4. This set of questions is about any further treatments, or further surgery you have had to treat your gall stone symptoms or gallstone surgery **since the last time you completed a study questionnaire. Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested. You do not need to tell us about your initial visit to hospital for gallstones or first operation for gallstones in the C-Gall study.**

4a. Have you visited NHS hospital outpatients to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4b. Have you visited NHS hospital A&E to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4c. Have you needed any further treatment or surgery to treat your gall stone symptoms since you last completed a questionnaire for the study? Yes ☐ No ☐

If yes, can you please tell us what treatment you had, the name of the hospital where you had the further treatment, approximately what date that was and how long you stayed in hospital?

What treatment did you have?	**Name of hospital?**	**Date of treatment?**	**Length of time in hospital (days)?**

5. Medications for gall stones of gallstones surgery

In the following questions, we are trying to find out about some of the costs you incur as a result of your health problems.

If you are not sure or cannot remember exact details, please give the best answer you can.

Are you currently being PRESCRIBED medication for your gall stone symptoms?

YES ☐ ↓ **NO** ☐ → ***If NO, please go to question 6 on page 10***

If YES, please put a cross in the box against the name of the medication, state the dose you are being prescribed and write in the number of tablets you have taken in the last two weeks.

(Please note the dose can be found on the side of your tablet bottle or packet)

			Have you paid for these?		
	Please state the dose (mg) you have been prescribed	the number of tablets taken in the last 2 weeks	Yes	No	If Yes, how much did you spent on this medicine in the last 3 months?
Paracetamol					
Anti-inflammatory e.g Ibuprofen, diclofenac, Aspirn, Naproxen					
Codeine e.g. Co-codamol, Codydramol, Dihyrocodeine					
Opiate e.g. Tramadol, Oxycodone, Sevredol					
Buscopan					

If you are prescribed any other medication for your gall stones symptoms that are not listed above, please list below the name(s) of the medicine(s) and include the number of times you have taken it in the last two weeks.

Names of medication	**Number of times taken in last 2 weeks**

6. This set of questions is about any private health care you may have had in the <u>past 3 months</u>

During the <u>last 3 months</u> have you paid for any private health care for your gall stones or gallstones surgery?

Yes	No
☐	☐

If **Yes**, what sort of care did you pay for?

_____

_____

If **Yes**, and you had appointments, how many appointments did you have? | | |

Date of completion | D | D | / | M | M | / | Y | Y | Y | Y |

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

Once you have completed the form, please return it in the pre-paid envelope provided or to the following address:

C-GALL Trial office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
University of Aberdeen
3rd floor, Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD

Tel: 01224 438089
Fax: 01224 438165
Email: cgall@abdn.ac.uk
Website : https://w3.abdn.ac.uk/hsru/C-GALL

FOLLOW UP QUESTIONNAIRE 18 MONTHS

Participant Study No

A randomised controlled trial comparing laparoscopic cholecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones.

PARTICIPANT QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research
Health Technology Assessment Programme (NIHR HTA)

NHS
National Institute for
Health Research

Follow up questionnaire

ISRCTN55215960

Version 4.0, 04.08.2017

SECTION 1 - YOUR GENERAL HEALTH SF-36 ©

LINKS

SF-36: Pages 2 to 4

https://www.qualitymetric.com/health-surveys-old/the-sf-36v2-health-survey/

The study team do not have permissions to reproduce these questionnaires so are providing the web links to them instead.

Study number | | | | | |

SECTION 2 - The Otago gallstones condition-specific questionnaire

The following questions ask about problems that you might have experienced due to your GALLSTONE condition or gallstone surgery.

Please answer each question by selecting the answer that fits best. If you are unsure, please select the answer that comes closest. It is important that you do not select more than one answer or mark between answers. Thank you.

1a. During the past 6 months how often has your gallstone condition or gallstone surgery caused severe pain attacks?

Never	1-2 times	3-6 times	7-10 times	More than 10 times
☐	☐	☐	☐	☐

1b. How much have these pain attacks caused problems with any aspect of your life?

Not at all	A little Bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

2a. During the past 6 months, apart from severe pain attacks, how often has your gallstone condition or gallstone surgery caused other stomach or “tummy” troubles?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☐

2b. How much have these stomach troubles caused problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3a. How much have you had to change your diet *since having* your gallstone condition or gallstone surgery?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3b. How much has this change in diet cause problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

4a. During the past 4 weeks, to what extent have you had problems with the following because of your gallstone condition or gallstone surgery?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Increased tiredness, lack of energy	☐	☐	☐	☐	☐
b. Inability to carry out daily duties such as housework, care for dependents, job or school related activities?	☐	☐	☐	☐	☐
c. Inability to take part in leisure activities such as hobbies, or other things you enjoy doing?	☐	☐	☐	☐	☐
d. Inability to maintain relationships with other persons such as family, friends or the community?	☐	☐	☐	☐	☐
e. Changes in mood such as feeling sad, depressed, angry or worried?	☐	☐	☐	☐	☐

5. Overall how much is your gallstone condition or gallstone surgery a problem for you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. Any other concerns, comments, or suggestions you wish to add

SECTION 3 – HEALTH SERVICE UTILISATION QUESTIONS

Please try to complete all the questions. Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details. This set of questions is about any appointments you may have had with a general practice in the past 6 months.

1. Have you been to see a GP because of your gall stones or gallstone surgery **during the last 6 months?**

Yes	No
☐	☐

If **Yes**, please give details:

How many appointments did you attend with a GP because of your gall stones or gallstone surgery**?** ☐☐

How many times did a GP visit you at home because of your gall stones or gallstone surgery**?** ☐☐

How many times did you have a telephone conversation with a GP because of your gall stones or gallstone surgery**?** ☐☐

2. During the last 6 months have you had an appointment with any of these care providers because of your gall stones or gallstone surgery**:**

A District Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

A Practice Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

Other? (e.g. NHS physiotherapist, occupational therapist - *please specify below*) Yes ☐ No ☐

i)

How many appointments have you had? ☐☐

ii)

How many appointments have you had? ☐☐

3. This set of questions is about any operation you may have had to remove you gallbladder.

3a. Have you had an operation to remove your gallbladder since you last completed a questionnaire for the study? Yes ☐ No ☐

If Yes, can you please tell us the name of the hospital where you had the operation, approximately what date this was and how long you stayed in hospital?

Name of the hospital?	**Date of treatment?**	**Length of time in hospital (days)?**

4. This set of questions is about any further treatments, or further surgery you have had to treat your gall stone symptoms or gallstone surgery **since the last time you completed a study questionnaire. Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested. You do not need to tell us about your initial visit to hospital for gallstones or first operation for gallstones in the C-Gall study.**

4a. Have you visited NHS hospital outpatients to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4b. Have you visited NHS hospital A&E to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4c. Have you needed any further treatment or surgery to treat your gall stone symptoms since you last completed a questionnaire for the study? Yes ☐ No ☐

If yes, can you please tell us what treatment you had, the name of the hospital where you had the further treatment, approximately what date that was and how long you stayed in hospital?

What treatment did you have?	**Name of hospital?**	**Date of treatment?**	**Length of time in hospital (days)?**

5. Medications for gall stones of gallstones surgery

In the following questions, we are trying to find out about some of the costs you incur as a result of your health problems.

If you are not sure or cannot remember exact details, please give the best answer you can.

Are you currently being PRESCRIBED medication for your gall stone symptoms?

YES ☐ ↓ **NO** ☐ → ***If NO, please go to question 6 on page 10***

If YES, please put a cross in the box against the name of the medication, state the dose you are being prescribed and write in the number of tablets you have taken in the last two weeks.

(Please note the dose can be found on the side of your tablet bottle or packet)

			Have you paid for these?		
	Please state the dose (mg) you have been prescribed	the number of tablets taken in the last 2 weeks	Yes	No	If Yes, how much did you spent on this medicine in the last 6 months?
Paracetamol					
Anti-inflammatory e.g Ibuprofen, diclofenac, Aspirn, Naproxen					
Codeine e.g. Co-codamol, Codydramol, Dihyrocodeine					
Opiate e.g. Tramadol, Oxycodone, Sevredol					
Buscopan					

If you are prescribed any other medication for your gall stones symptoms that are not listed above, please list below the name(s) of the medicine(s) and include the number of times you have taken it in the last two weeks.

Names of medication	**Number of times taken in last 2 weeks**

6. This set of questions is about any private health care you may have had in the past 6 months

During the last 6 months have you paid for any private health care for your gall stones or gallstones surgery?

Yes	No
☐	☐

If **Yes**, what sort of care did you pay for?

_____

_____

If **Yes**, and you had appointments, how many appointments did you have? | | |

Date of completion | D | D | / | M | M | / | Y | Y | Y | Y |

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

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Tel: 01224 438089
Fax: 01224 438165
Email: cgall@abdn.ac.uk
Website : https://w3.abdn.ac.uk/hsru/C-GALL

PARTICIPANT COSTS QUESTIONNAIRE

Participant Study Number

A randomised controlled trial comparing laparoscopic cholecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones.

PARTICIPANT COSTS QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research Health Technology Assessment Programme (NIHR HTA)

This questionnaire will help us find out how much it costs **YOU** to use health services. We wish to know how much money and time were spent by you and any companion in attending health care appointments or being admitted to hospital.

Please answer all the questions about your **most recent admission to hospital** first, then about your **most recent outpatient appointment** and finally your **most recent GP appointment.** These attendances could be for any reason, and do not need to be for your <<condition>>. Your last visit may have been a long time ago and we understand that you may not remember the exact details. We would really appreciate your best guess.

If you have not attended the services mentioned in this questionnaire, please tick the "N/A" box and move onto the next column of questions.

	A	**B**	**C**
	Your most recent **hospital inpatient** admission	Your most recent **outpatient** consultation	Your most recent **GP appointment**
1. Not applicable (N/A) I have not attended this service because of my gallstones or gallstone surgery.	N/A ☐ If you have **not** been admitted as an inpatient, go directly to column B (outpatient consultation)	N/A ☐ If you have **not** been to the hospital outpatients, go directly to column C (GP appointment)	N/A ☐ If you have **not** been to the GP, you have now completed the questionnaire. Please return to the address overleaf.
2. How did you travel? If you used more than one form of transport, please indicate the way you travelled for the <u>main</u> (in terms of distance) part of your journey. *(Please tick the appropriate box)*	Train ☐ Bus/Tram ☐ Private Car ☐ Taxi ☐ Hospital Car ☐ Ambulance ☐ Walk ☐ Cycle ☐ Other *(please specify)* ☐	Train ☐ Bus/Tram ☐ Private Car ☐ Taxi ☐ Hospital Car ☐ Ambulance ☐ Walk ☐ Cycle ☐ Other *(please specify)* ☐	Train ☐ Bus/Tram ☐ Private Car ☐ Taxi ☐ Hospital Car ☐ Ambulance ☐ Walk ☐ Cycle ☐ Other *(please specify)* ☐
3. How many miles did you travel one-way? *(Please give your best guess about the distance travelled to the place of your appointment)*	☐ Miles	☐ Miles	☐ Miles
If you travelled by taxi or public transport, what was the <u>total cost of the return fare(s)</u>? *(Please state '£0' if there were no fares incurred)*	£ ☐ . ☐	£ ☐ . ☐	£ ☐ . ☐
If you travelled by car (or similar), how much did you or your companion have to pay in parking fees? *(Please state '£0' if there were no fares incurred)*	£ ☐ . ☐	£ ☐ . ☐	£ ☐ . ☐

	Your most recent **hospital inpatient** admission	Your most recent **outpatient** consultation	Your most recent **GP appointment**
How long did you spend away from doing other things to attend your appointment? *(Please include time travelling & time at the appointment or admission itself)*	Days ☐ Hours ☐	Hours ☐ Minutes ☐	Hours ☐ Minutes ☐
If you were not attending your appointment, what would you have otherwise been doing as your main activity? *(Please tick the box that best applies)*	Paid Work ☐ Housework ☐ Childcare ☐ Caring for a friend/relative ☐ Unemployed ☐ Voluntary work ☐ Leisure Activities ☐ Other *(please specify)* ☐	Paid Work ☐ Housework ☐ Childcare ☐ Caring for a friend/relative ☐ Unemployed ☐ Voluntary work ☐ Leisure Activities ☐ Other *(please specify)* ☐	Paid Work ☐ Housework ☐ Childcare ☐ Caring for a friend/relative ☐ Unemployed ☐ Voluntary work ☐ Leisure Activities ☐ Other *(please specify)* ☐
Did someone accompany you to your appointment? *(Please tick either "no" or "yes")*	No ☐ Please continue to column 2 – outpatient consultation Yes ☐ Please continue below	No ☐ Please continue to column 3 – GP appointment Yes ☐ Please continue below	No ☐ Please return completed questionnaire Yes ☐ Please continue below
If someone accompanied you to your appointment, what would this person otherwise have been doing, had they not gone with you? *(Please tick the box that best applies)*	Paid work ☐ Housework ☐ Childcare ☐ Caring for a friend/relative ☐ Unemployed ☐ Voluntary work ☐ Leisure Activities ☐ Other *(please specify)* ☐	Paid work ☐ Housework ☐ Childcare ☐ Caring for a friend/relative ☐ Unemployed ☐ Voluntary work ☐ Leisure Activities ☐ Other *(please specify)* ☐	Paid work ☐ Housework ☐ Childcare ☐ Caring for a friend/relative ☐ Unemployed ☐ Voluntary work ☐ Leisure Activities ☐ Other *(please specify)* ☐
How long did your companion spend away from doing other things to accompany you? *(Please include time travelling & time at the appointment or admission with you)*	Days ☐ Hours ☐	Hours ☐ Minutes ☐	Hours ☐ Minutes ☐

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

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Health Services Research Unit
3rd floor, Health Sciences Building
Foresterhill, Aberdeen
AB25 2ZD

Tel: 01224 438089
Fax: 01224 438165
Email: cgall@abdn.ac.uk
Trial web address: https://w3.abdn.ac.uk/hsru/C-GALL

FOLLOW UP QUESTIONNAIRE 24 MONTHS

Participant Study No

A randomised controlled trial comparing laparoscopic cholecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones.

PARTICIPANT QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research
Health Technology Assessment Programme (NIHR HTA)

NHS
National Institute for
Health Research

Follow up questionnaire

ISRCTN55215960

Version 4.0, 04.08.2017

SECTION 1 - YOUR GENERAL HEALTH SF-36 ©

LINKS

SF-36: Pages 2 to 4

https://www.qualitymetric.com/health-surveys-old/the-sf-36v2-health-survey/

The study team do not have permissions to reproduce these questionnaires so are providing the web links to them instead.

Study number | | | | | |

SECTION 2 - The Otago gallstones condition-specific questionnaire

The following questions ask about problems that you might have experienced due to your GALLSTONE condition or gallstone surgery.

Please answer each question by selecting the answer that fits best. If you are unsure, please select the answer that comes closest. It is important that you do not select more than one answer or mark between answers. Thank you.

1a. During the past 6 months how often has your gallstone condition or gallstone surgery caused severe pain attacks?

Never	1-2 times	3-6 times	7-10 times	More than 10 times
☐	☐	☐	☐	☐

1b. How much have these pain attacks caused problems with any aspect of your life?

Not at all	A little Bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

2a. During the past 6 months, apart from severe pain attacks, how often has your gallstone condition or gallstone surgery caused other stomach or “tummy” troubles?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☐

2b. How much have these stomach troubles caused problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3a. How much have you had to change your diet *since having* your gallstone condition or gallstone surgery?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3b. How much has this change in diet cause problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

4a. During the past 4 weeks, to what extent have you had problems with the following because of your gallstone condition or gallstone surgery?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Increased tiredness, lack of energy	☐	☐	☐	☐	☐
b. Inability to carry out daily duties such as housework, care for dependents, job or school related activities?	☐	☐	☐	☐	☐
c. Inability to take part in leisure activities such as hobbies, or other things you enjoy doing?	☐	☐	☐	☐	☐
d. Inability to maintain relationships with other persons such as family, friends or the community?	☐	☐	☐	☐	☐
e. Changes in mood such as feeling sad, depressed, angry or worried?	☐	☐	☐	☐	☐

5. Overall how much is your gallstone condition or gallstone surgery a problem for you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. Any other concerns, comments, or suggestions you wish to add

SECTION 3 – HEALTH SERVICE UTILISATION QUESTIONS

Please try to complete all the questions. Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details. This set of questions is about any appointments you may have had with a general practice in the past 6 months.

1. Have you been to see a GP because of your gall stones or gallstone surgery **during the last 6 months?**

Yes	No
☐	☐

If **Yes**, please give details:

How many appointments did you attend with a GP because of your gall stones or gallstone surgery**?** ☐☐

How many times did a GP visit you at home because of your gall stones or gallstone surgery**?** ☐☐

How many times did you have a telephone conversation with a GP because of your gall stones or gallstone surgery**?** ☐☐

2. During the last 6 months have you had an appointment with any of these care providers because of your gall stones or gallstone surgery**:**

A District Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

A Practice Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

Other? (e.g. NHS physiotherapist, occupational therapist - *please specify below*) Yes ☐ No ☐

i)

How many appointments have you had? ☐☐

ii)

How many appointments have you had? ☐☐

3. This set of questions is about any operation you may have had to remove you gallbladder.

3a. Have you had an operation to remove your gallbladder since you last completed a questionnaire for the study? Yes ☐ No ☐

If Yes, can you please tell us the name of the hospital where you had the operation, approximately what date this was and how long you stayed in hospital?

Name of the hospital?	**Date of treatment?**	**Length of time in hospital (days)?**

4. This set of questions is about any further treatments, or further surgery you have had to treat your gall stone symptoms or gallstone surgery **since the last time you completed a study questionnaire. Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested. You do not need to tell us about your initial visit to hospital for gallstones or first operation for gallstones in the C-Gall study.**

4a. Have you visited NHS hospital outpatients to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4b. Have you visited NHS hospital A&E to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4c. Have you needed any further treatment or surgery to treat your gall stone symptoms since you last completed a questionnaire for the study? Yes ☐ No ☐

If yes, can you please tell us what treatment you had, the name of the hospital where you had the further treatment, approximately what date that was and how long you stayed in hospital?

What treatment did you have?	**Name of hospital?**	**Date of treatment?**	**Length of time in hospital (days)?**

5. Medications for gall stones of gallstones surgery

In the following questions, we are trying to find out about some of the costs you incur as a result of your health problems.

If you are not sure or cannot remember exact details, please give the best answer you can.

Are you currently being PRESCRIBED medication for your gall stone symptoms?

YES ☐ ↓ **NO** ☐ → ***If NO, please go to question 6 on page 10***

If YES, please put a cross in the box against the name of the medication, state the dose you are being prescribed and write in the number of tablets you have taken in the last two weeks.

(Please note the dose can be found on the side of your tablet bottle or packet)

			Have you paid for these?		
	Please state the dose (mg) you have been prescribed	the number of tablets taken in the last 2 weeks	Yes	No	If Yes, how much did you spent on this medicine in the last 6 months?
Paracetamol					
Anti-inflammatory e.g Ibuprofen, diclofenac, Aspirn, Naproxen					
Codeine e.g. Co-codamol, Codydramol, Dihyrocodeine					
Opiate e.g. Tramadol, Oxycodone, Sevredol					
Buscopan					

If you are prescribed any other medication for your gall stones symptoms that are not listed above, please list below the name(s) of the medicine(s) and include the number of times you have taken it in the last two weeks.

Names of medication	**Number of times taken in last 2 weeks**

6. This set of questions is about any private health care you may have had in the past 6 months

During the last 6 months have you paid for any private health care for your gall stones or gallstones surgery?

Yes	No
☐	☐

If **Yes**, what sort of care did you pay for?

_____

_____

If **Yes**, and you had appointments, how many appointments did you have? | | |

Date of completion | D | D | / | M | M | / | Y | Y | Y | Y |

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

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3rd floor, Health Sciences Building
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AB25 2ZD

Tel: 01224 438089
Fax: 01224 438165
Email: cgall@abdn.ac.uk
Website : https://w3.abdn.ac.uk/hsru/C-GALL

FOLLOW UP QUESTIONNAIRE 30 MONTHS

Participant Study No

A randomised controlled trial comparing laparoscopic cholecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones.

PARTICIPANT QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research
Health Technology Assessment Programme (NIHR HTA)

NHS
National Institute for
Health Research

Follow up questionnaire

ISRCTN55215960

Version 4.0, 04.08.2017

SECTION 1 - YOUR GENERAL HEALTH SF-36 ©

LINKS

SF-36: Pages 2 to 4

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SECTION 2 - The Otago gallstones condition-specific questionnaire

The following questions ask about problems that you might have experienced due to your GALLSTONE condition or gallstone surgery.

Please answer each question by selecting the answer that fits best. If you are unsure, please select the answer that comes closest. It is important that you do not select more than one answer or mark between answers. Thank you.

1a. During the past 6 months how often has your gallstone condition or gallstone surgery caused severe pain attacks?

Never	1-2 times	3-6 times	7-10 times	More than 10 times
☐	☐	☐	☐	☐

1b. How much have these pain attacks caused problems with any aspect of your life?

Not at all	A little Bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

2a. During the past 6 months, apart from severe pain attacks, how often has your gallstone condition or gallstone surgery caused other stomach or “tummy” troubles?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☐

2b. How much have these stomach troubles caused problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3a. How much have you had to change your diet *since having* your gallstone condition or gallstone surgery?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3b. How much has this change in diet cause problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

4a. During the past 4 weeks, to what extent have you had problems with the following because of your gallstone condition or gallstone surgery?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Increased tiredness, lack of energy	☐	☐	☐	☐	☐
b. Inability to carry out daily duties such as housework, care for dependents, job or school related activities?	☐	☐	☐	☐	☐
c. Inability to take part in leisure activities such as hobbies, or other things you enjoy doing?	☐	☐	☐	☐	☐
d. Inability to maintain relationships with other persons such as family, friends or the community?	☐	☐	☐	☐	☐
e. Changes in mood such as feeling sad, depressed, angry or worried?	☐	☐	☐	☐	☐

5. Overall how much is your gallstone condition or gallstone surgery a problem for you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. Any other concerns, comments, or suggestions you wish to add

SECTION 3 – HEALTH SERVICE UTILISATION QUESTIONS

Please try to complete all the questions. Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details. This set of questions is about any appointments you may have had with a general practice in the past 6 months.

1. Have you been to see a GP because of your gall stones or gallstone surgery **during the last 6 months?**

Yes	No
☐	☐

If **Yes**, please give details:

How many appointments did you attend with a GP because of your gall stones or gallstone surgery**?** ☐☐

How many times did a GP visit you at home because of your gall stones or gallstone surgery**?** ☐☐

How many times did you have a telephone conversation with a GP because of your gall stones or gallstone surgery**?** ☐☐

2. During the last 6 months have you had an appointment with any of these care providers because of your gall stones or gallstone surgery**:**

A District Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

A Practice Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

Other? (e.g. NHS physiotherapist, occupational therapist - *please specify below*) Yes ☐ No ☐

i)

How many appointments have you had? ☐☐

ii)

How many appointments have you had? ☐☐

3. This set of questions is about any operation you may have had to remove you gallbladder.

3a. Have you had an operation to remove your gallbladder since you last completed a questionnaire for the study? Yes ☐ No ☐

If Yes, can you please tell us the name of the hospital where you had the operation, approximately what date this was and how long you stayed in hospital?

Name of the hospital?	**Date of treatment?**	**Length of time in hospital (days)?**

4. This set of questions is about any further treatments, or further surgery you have had to treat your gall stone symptoms or gallstone surgery **since the last time you completed a study questionnaire. Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested. You do not need to tell us about your initial visit to hospital for gallstones or first operation for gallstones in the C-Gall study.**

4a. Have you visited NHS hospital outpatients to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4b. Have you visited NHS hospital A&E to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4c. Have you needed any further treatment or surgery to treat your gall stone symptoms since you last completed a questionnaire for the study? Yes ☐ No ☐

If yes, can you please tell us what treatment you had, the name of the hospital where you had the further treatment, approximately what date that was and how long you stayed in hospital?

What treatment did you have?	**Name of hospital?**	**Date of treatment?**	**Length of time in hospital (days)?**

5. Medications for gall stones of gallstones surgery

In the following questions, we are trying to find out about some of the costs you incur as a result of your health problems.

If you are not sure or cannot remember exact details, please give the best answer you can.

Are you currently being PRESCRIBED medication for your gall stone symptoms?

YES ☐ ↓ **NO** ☐ → ***If NO, please go to question 6 on page 10***

If YES, please put a cross in the box against the name of the medication, state the dose you are being prescribed and write in the number of tablets you have taken in the last two weeks.

(Please note the dose can be found on the side of your tablet bottle or packet)

			Have you paid for these?		
	Please state the dose (mg) you have been prescribed	the number of tablets taken in the last 2 weeks	Yes	No	If Yes, how much did you spent on this medicine in the last 6 months?
Paracetamol					
Anti-inflammatory e.g Ibuprofen, diclofenac, Aspirn, Naproxen					
Codeine e.g. Co-codamol, Codydramol, Dihyrocodeine					
Opiate e.g. Tramadol, Oxycodone, Sevredol					
Buscopan					

If you are prescribed any other medication for your gall stones symptoms that are not listed above, please list below the name(s) of the medicine(s) and include the number of times you have taken it in the last two weeks.

Names of medication	**Number of times taken in last 2 weeks**

6. This set of questions is about any private health care you may have had in the past 6 months

During the last 6 months have you paid for any private health care for your gall stones or gallstones surgery?

Yes	No
☐	☐

If **Yes**, what sort of care did you pay for?

_____

_____

If **Yes**, and you had appointments, how many appointments did you have? | | |

Date of completion | D | D | / | M | M | / | Y | Y | Y | Y |

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

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C-GALL Trial office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
University of Aberdeen
3rd floor, Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD

Tel: 01224 438089
Fax: 01224 438165
Email: cgall@abdn.ac.uk
Website : https://w3.abdn.ac.uk/hsru/C-GALL

FOLLOW UP QUESTIONNAIRE 36 MONTHS

Participant Study No

A randomised controlled trial comparing laparoscopic cholecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones.

PARTICIPANT QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research
Health Technology Assessment Programme (NIHR HTA)

NHS
National Institute for
Health Research

SECTION 1 - YOUR GENERAL HEALTH SF-36 ©

LINKS

SF-36: Pages 2 to 4

https://www.qualitymetric.com/health-surveys-old/the-sf-36v2-health-survey/

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Study number | | | | | |

SECTION 2 - The Otago gallstones condition-specific questionnaire

The following questions ask about problems that you might have experienced due to your GALLSTONE condition or gallstone surgery.

Please answer each question by selecting the answer that fits best. If you are unsure, please select the answer that comes closest. It is important that you do not select more than one answer or mark between answers. Thank you.

1a. During the past 6 months how often has your gallstone condition or gallstone surgery caused severe pain attacks?

Never	1-2 times	3-6 times	7-10 times	More than 10 times
☐	☐	☐	☐	☐

1b. How much have these pain attacks caused problems with any aspect of your life?

Not at all	A little Bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

2a. During the past 6 months, apart from severe pain attacks, how often has your gallstone condition or gallstone surgery caused other stomach or “tummy” troubles?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☐

2b. How much have these stomach troubles caused problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3a. How much have you had to change your diet *since having* your gallstone condition or gallstone surgery?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3b. How much has this change in diet cause problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

4a. During the past 4 weeks, to what extent have you had problems with the following because of your gallstone condition or gallstone surgery?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Increased tiredness, lack of energy	☐	☐	☐	☐	☐
b. Inability to carry out daily duties such as housework, care for dependents, job or school related activities?	☐	☐	☐	☐	☐
c. Inability to take part in leisure activities such as hobbies, or other things you enjoy doing?	☐	☐	☐	☐	☐
d. Inability to maintain relationships with other persons such as family, friends or the community?	☐	☐	☐	☐	☐
e. Changes in mood such as feeling sad, depressed, angry or worried?	☐	☐	☐	☐	☐

5. Overall how much is your gallstone condition or gallstone surgery a problem for you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. Any other concerns, comments, or suggestions you wish to add

SECTION 3 – HEALTH SERVICE UTILISATION QUESTIONS

Please try to complete all the questions. Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details. This set of questions is about any appointments you may have had with a general practice in the past 6 months.

1. Have you been to see a GP because of your gall stones or gallstone surgery **during the last 6 months?**

Yes	No
☐	☐

If **Yes**, please give details:

How many appointments did you attend with a GP because of your gall stones or gallstone surgery**?** ☐☐

How many times did a GP visit you at home because of your gall stones or gallstone surgery**?** ☐☐

How many times did you have a telephone conversation with a GP because of your gall stones or gallstone surgery**?** ☐☐

2. During the last 6 months have you had an appointment with any of these care providers because of your gall stones or gallstone surgery**:**

A District Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

A Practice Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

Other? (e.g. NHS physiotherapist, occupational therapist - *please specify below*) Yes ☐ No ☐

i)

How many appointments have you had? ☐☐

ii)

How many appointments have you had? ☐☐

3. This set of questions is about any operation you may have had to remove you gallbladder.

3a. Have you had an operation to remove your gallbladder since you last completed a questionnaire for the study? Yes ☐ No ☐

If Yes, can you please tell us the name of the hospital where you had the operation, approximately what date this was and how long you stayed in hospital?

Name of the hospital?	**Date of treatment?**	**Length of time in hospital (days)?**

4. This set of questions is about any further treatments, or further surgery you have had to treat your gall stone symptoms or gallstone surgery **since the last time you completed a study questionnaire. Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested. You do not need to tell us about your initial visit to hospital for gallstones or first operation for gallstones in the C-Gall study.**

4a. Have you visited NHS hospital outpatients to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4b. Have you visited NHS hospital A&E to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4c. Have you needed any further treatment or surgery to treat your gall stone symptoms since you last completed a questionnaire for the study? Yes ☐ No ☐

If yes, can you please tell us what treatment you had, the name of the hospital where you had the further treatment, approximately what date that was and how long you stayed in hospital?

What treatment did you have?	**Name of hospital?**	**Date of treatment?**	**Length of time in hospital (days)?**

5. Medications for gall stones of gallstones surgery

In the following questions, we are trying to find out about some of the costs you incur as a result of your health problems.

If you are not sure or cannot remember exact details, please give the best answer you can.

Are you currently being PRESCRIBED medication for your gall stone symptoms?

YES ☐ ↓ **NO** ☐ → ***If NO, please go to question 6 on page 10***

If YES, please put a cross in the box against the name of the medication, state the dose you are being prescribed and write in the number of tablets you have taken in the last two weeks.

(Please note the dose can be found on the side of your tablet bottle or packet)

			Have you paid for these?		
	Please state the dose (mg) you have been prescribed	the number of tablets taken in the last 2 weeks	Yes	No	If Yes, how much did you spent on this medicine in the last 6 months?
Paracetamol					
Anti-inflammatory e.g Ibuprofen, diclofenac, Aspirn, Naproxen					
Codeine e.g. Co-codamol, Codydramol, Dihyrocodeine					
Opiate e.g. Tramadol, Oxycodone, Sevredol					
Buscopan					

If you are prescribed any other medication for your gall stones symptoms that are not listed above, please list below the name(s) of the medicine(s) and include the number of times you have taken it in the last two weeks.

Names of medication	**Number of times taken in last 2 weeks**

6. This set of questions is about any private health care you may have had in the past 6 months

During the last 6 months have you paid for any private health care for your gall stones or gallstones surgery?

Yes	No
☐	☐

If **Yes**, what sort of care did you pay for?

_____

_____

If **Yes**, and you had appointments, how many appointments did you have? | | |

Date of completion | D | D | / | M | M | / | Y | Y | Y | Y |

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

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3rd floor, Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD

Tel: 01224 438089
Fax: 01224 438165
Email: cgall@abdn.ac.uk
Website : https://w3.abdn.ac.uk/hsru/C-GALL

FOLLOW UP QUESTIONNAIRE 42 MONTHS

Participant Study No

A randomised controlled trial comparing laparoscopic cholecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones.

PARTICIPANT QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research
Health Technology Assessment Programme (NIHR HTA)

NHS
National Institute for
Health Research

Follow up questionnaire

ISRCTN55215960

Version 4.0, 04.08.2017

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https://www.qualitymetric.com/health-surveys-old/the-sf-36v2-health-survey/

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Study number | | | | | |

SECTION 2 - The Otago gallstones condition-specific questionnaire

The following questions ask about problems that you might have experienced due to your GALLSTONE condition or gallstone surgery.

Please answer each question by selecting the answer that fits best. If you are unsure, please select the answer that comes closest. It is important that you do not select more than one answer or mark between answers. Thank you.

1a. During the past 6 months how often has your gallstone condition or gallstone surgery caused severe pain attacks?

Never	1-2 times	3-6 times	7-10 times	More than 10 times
☐	☐	☐	☐	☐

1b. How much have these pain attacks caused problems with any aspect of your life?

Not at all	A little Bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

2a. During the past 6 months, apart from severe pain attacks, how often has your gallstone condition or gallstone surgery caused other stomach or “tummy” troubles?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☐

2b. How much have these stomach troubles caused problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3a. How much have you had to change your diet *since having* your gallstone condition or gallstone surgery?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3b. How much has this change in diet cause problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

4a. During the past 4 weeks, to what extent have you had problems with the following because of your gallstone condition or gallstone surgery?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
a. Increased tiredness, lack of energy	☐	☐	☐	☐	☐
b. Inability to carry out daily duties such as housework, care for dependents, job or school related activities?	☐	☐	☐	☐	☐
c. Inability to take part in leisure activities such as hobbies, or other things you enjoy doing?	☐	☐	☐	☐	☐
d. Inability to maintain relationships with other persons such as family, friends or the community?	☐	☐	☐	☐	☐
e. Changes in mood such as feeling sad, depressed, angry or worried?	☐	☐	☐	☐	☐

5. Overall how much is your gallstone condition or gallstone surgery a problem for you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. Any other concerns, comments, or suggestions you wish to add

SECTION 3 – HEALTH SERVICE UTILISATION QUESTIONS

Please try to complete all the questions. Most questions can be answered by putting numbers or a cross in the appropriate boxes. In a few questions you are asked to write some details. This set of questions is about any appointments you may have had with a general practice in the past 6 months.

1. Have you been to see a GP because of your gall stones or gallstone surgery **during the last 6 months?**

Yes	No
☐	☐

If **Yes**, please give details:

How many appointments did you attend with a GP because of your gall stones or gallstone surgery**?** ☐☐

How many times did a GP visit you at home because of your gall stones or gallstone surgery**?** ☐☐

How many times did you have a telephone conversation with a GP because of your gall stones or gallstone surgery**?** ☐☐

2. During the last 6 months have you had an appointment with any of these care providers because of your gall stones or gallstone surgery**:**

A District Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

A Practice Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

Other? (e.g. NHS physiotherapist, occupational therapist - *please specify below*) Yes ☐ No ☐

i)

_____

How many appointments have you had? ☐☐

ii)

_____

How many appointments have you had? ☐☐

3. This set of questions is about any operation you may have had to remove you gallbladder.

3a. Have you had an operation to remove your gallbladder since you last completed a questionnaire for the study? Yes ☐ No ☐

If Yes, can you please tell us the name of the hospital where you had the operation, approximately what date this was and how long you stayed in hospital?

Name of the hospital?	**Date of treatment?**	**Length of time in hospital (days)?**

4. This set of questions is about any further treatments, or further surgery you have had to treat your gall stone symptoms or gallstone surgery **since the last time you completed a study questionnaire. Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested. You do not need to tell us about your initial visit to hospital for gallstones or first operation for gallstones in the C-Gall study.**

4a. Have you visited NHS hospital outpatients to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4b. Have you visited NHS hospital A&E to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4c. Have you needed any further treatment or surgery to treat your gall stone symptoms since you last completed a questionnaire for the study? Yes ☐ No ☐

If yes, can you please tell us what treatment you had, the name of the hospital where you had the further treatment, approximately what date that was and how long you stayed in hospital?

What treatment did you have?	**Name of hospital?**	**Date of treatment?**	**Length of time in hospital (days)?**

5. Medications for gall stones of gallstones surgery

In the following questions, we are trying to find out about some of the costs you incur as a result of your health problems.

If you are not sure or cannot remember exact details, please give the best answer you can.

Are you currently being PRESCRIBED medication for your gall stone symptoms?

YES ☐ ↓ **NO** ☐ → ***If NO, please go to question 6 on page 10***

If YES, please put a cross in the box against the name of the medication, state the dose you are being prescribed and write in the number of tablets you have taken in the last two weeks.

(Please note the dose can be found on the side of your tablet bottle or packet)

			Have you paid for these?		
	Please state the dose (mg) you have been prescribed	the number of tablets taken in the last 2 weeks	Yes	No	If Yes, how much did you spent on this medicine in the last 6 months?
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Codeine e.g. Co-codamol, Codydramol, Dihyrocodeine					
Opiate e.g. Tramadol, Oxycodone, Sevredol					
Buscopan					

If you are prescribed any other medication for your gall stones symptoms that are not listed above, please list below the name(s) of the medicine(s) and include the number of times you have taken it in the last two weeks.

Names of medication	**Number of times taken in last 2 weeks**

6. This set of questions is about any private health care you may have had in the past 6 months

During the last 6 months have you paid for any private health care for your gall stones or gallstones surgery?

Yes	No
☐	☐

If **Yes**, what sort of care did you pay for?

_____

_____

If **Yes**, and you had appointments, how many appointments did you have? | | |

Date of completion | D | D | / | M | M | / | Y | Y | Y | Y |

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

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AB25 2ZD

Tel: 01224 438089
Fax: 01224 438165
Email: cgall@abdn.ac.uk
Website : https://w3.abdn.ac.uk/hsru/C-GALL

FOLLOW UP QUESTIONNAIRE 48 MONTHS

Participant Study No

A randomised controlled trial comparing laparoscopic cholecystectomy with observation/conservative management for preventing recurrent symptoms and complications in adults with uncomplicated symptomatic gallstones.

PARTICIPANT QUESTIONNAIRE

CONFIDENTIAL

C-GALL is funded by the National Institute for Health Research
Health Technology Assessment Programme (NIHR HTA)

NHS
National Institute for
Health Research

Follow up questionnaire

ISRCTN55215960

Version 4.0, 04.08.2017

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SECTION 2 - The Otago gallstones condition-specific questionnaire

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1a. During the past 6 months how often has your gallstone condition or gallstone surgery caused severe pain attacks?

Never	1-2 times	3-6 times	7-10 times	More than 10 times
☐	☐	☐	☐	☐

1b. How much have these pain attacks caused problems with any aspect of your life?

Not at all	A little Bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

2a. During the past 6 months, apart from severe pain attacks, how often has your gallstone condition or gallstone surgery caused other stomach or “tummy” troubles?

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☐	☐	☐	☐	☐

2b. How much have these stomach troubles caused problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3a. How much have you had to change your diet *since having* your gallstone condition or gallstone surgery?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

3b. How much has this change in diet cause problems with any aspect of your life?

Not at all	A little bit	Moderately	Quite a bit	Extremely
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4a. During the past 4 weeks, to what extent have you had problems with the following because of your gallstone condition or gallstone surgery?

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a. Increased tiredness, lack of energy	☐	☐	☐	☐	☐
b. Inability to carry out daily duties such as housework, care for dependents, job or school related activities?	☐	☐	☐	☐	☐
c. Inability to take part in leisure activities such as hobbies, or other things you enjoy doing?	☐	☐	☐	☐	☐
d. Inability to maintain relationships with other persons such as family, friends or the community?	☐	☐	☐	☐	☐
e. Changes in mood such as feeling sad, depressed, angry or worried?	☐	☐	☐	☐	☐

5. Overall how much is your gallstone condition or gallstone surgery a problem for you?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. Any other concerns, comments, or suggestions you wish to add

SECTION 3 – HEALTH SERVICE UTILISATION QUESTIONS

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1. Have you been to see a GP because of your gall stones or gallstone surgery **during the last 6 months?**

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A District Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

A Practice Nurse? Yes ☐ No ☐

If **Yes**, how many appointments have you had? ☐☐

Other? (e.g. NHS physiotherapist, occupational therapist - *please specify below*) Yes ☐ No ☐

i)

_____

How many appointments have you had? ☐☐

ii)

_____

How many appointments have you had? ☐☐

3. This set of questions is about any operation you may have had to remove you gallbladder.

3a. Have you had an operation to remove your gallbladder since you last completed a questionnaire for the study? Yes ☐ No ☐

If Yes, can you please tell us the name of the hospital where you had the operation, approximately what date this was and how long you stayed in hospital?

Name of the hospital?	**Date of treatment?**	**Length of time in hospital (days)?**

4. This set of questions is about any further treatments, or further surgery you have had to treat your gall stone symptoms or gallstone surgery **since the last time you completed a study questionnaire. Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested. You do not need to tell us about your initial visit to hospital for gallstones or first operation for gallstones in the C-Gall study.**

4a. Have you visited NHS hospital outpatients to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4b. Have you visited NHS hospital A&E to see a doctor, in relation to your gall stone symptoms since you last completed a questionnaire? Yes ☐ No ☐

If Yes specify the number of times you have been seen: ☐☐ times

4c. Have you needed any further treatment or surgery to treat your gall stone symptoms since you last completed a questionnaire for the study? Yes ☐ No ☐

If yes, can you please tell us what treatment you had, the name of the hospital where you had the further treatment, approximately what date that was and how long you stayed in hospital?

What treatment did you have?	**Name of hospital?**	**Date of treatment?**	**Length of time in hospital (days)?**

5. Medications for gall stones of gallstones surgery

In the following questions, we are trying to find out about some of the costs you incur as a result of your health problems.

If you are not sure or cannot remember exact details, please give the best answer you can.

Are you currently being PRESCRIBED medication for your gall stone symptoms?

YES ☐ ↓ **NO** ☐ → ***If NO, please go to question 6 on page 10***

If YES, please put a cross in the box against the name of the medication, state the dose you are being prescribed and write in the number of tablets you have taken in the last two weeks.

(Please note the dose can be found on the side of your tablet bottle or packet)

			Have you paid for these?		
	Please state the dose (mg) you have been prescribed	the number of tablets taken in the last 2 weeks	Yes	No	If Yes, how much did you spent on this medicine in the last 6 months?
Paracetamol					
Anti-inflammatory e.g Ibuprofen, diclofenac, Aspirn, Naproxen					
Codeine e.g. Co-codamol, Codydramol, Dihyrocodeine					
Opiate e.g. Tramadol, Oxycodone, Sevredol					
Buscopan					

If you are prescribed any other medication for your gall stones symptoms that are not listed above, please list below the name(s) of the medicine(s) and include the number of times you have taken it in the last two weeks.

Names of medication	**Number of times taken in last 2 weeks**

6. This set of questions is about any private health care you may have had in the past 6 months

During the last 6 months have you paid for any private health care for your gall stones or gallstones surgery?

Yes	No
☐	☐

If **Yes**, what sort of care did you pay for?

_____

_____

If **Yes**, and you had appointments, how many appointments did you have? | | |

Date of completion | D | D | / | M | M | / | Y | Y | Y | Y |

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

Once you have completed the form, please return it in the pre-paid envelope provided or to the following address:

C-GALL Trial office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
University of Aberdeen
3rd floor, Health Sciences Building
Foresterhill
Aberdeen
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Fax: 01224 438165
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