

PARTICIPANT TIME AND TRAVEL QUESTIONNAIRE
Version 1.0

NAIROS - Nasal AIRway Obstruction Study

The **NAIROS** Study

Participant Time and Travel Questionnaire

Please complete this questionnaire with details of your **most recent** travel for treatment including **Hospital admissions** or **Outpatient appointments** or **Primary care consultations** (face to face) over the **last 12 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 12 months**.

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

Please tick (✓) the appropriate boxes and answer the questions where required.

Section 1 Hospital Admissions

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

If you **have not** been admitted to hospital in the last 12 months, please go to SECTION 2.

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

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

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

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

Paid Work <input type="checkbox"/>	Housework <input type="checkbox"/>
Childcare <input type="checkbox"/>	Caring for someone <input type="checkbox"/>
Voluntary work <input type="checkbox"/>	Leisure activities <input type="checkbox"/>
Other <input type="checkbox"/>	
Please provide details: _____	

Q3. Were you accompanied to **hospital** by a relative or carer?

Yes

No

If **Yes**, how much time did your **main relative or carer** spend in the hospital with you when you were admitted to hospital (**this includes time spent travelling and waiting to be admitted but not visiting times**)?

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

- Less than 30 mins
- 30 mins – less than 1 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 **main relative or carer** have been doing as their **main** activity if they had not accompanied you to your last hospital admission?

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

Paid Work <input type="checkbox"/>	Housework <input type="checkbox"/>
Childcare <input type="checkbox"/>	Caring for someone <input type="checkbox"/>
Voluntary work <input type="checkbox"/>	Leisure activities <input type="checkbox"/>
Other <input type="checkbox"/> Please provide details: _____	

Section 2: Outpatient Appointments

Please answer the following questions for your **most recent** HOSPITAL OUTPATIENT APPOINTMENT only.

If you **did not** have an outpatient appointment in the last 12 months, please go to SECTION 3.

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

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

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

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

Paid Work <input type="checkbox"/>	Housework <input type="checkbox"/>
Childcare <input type="checkbox"/>	Caring for someone <input type="checkbox"/>
Voluntary work <input type="checkbox"/>	Leisure activities <input type="checkbox"/>
Other <input type="checkbox"/> Please provide details: _____	

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

Less than 30 mins	<input type="checkbox"/>
30 mins – less than 1 hour	<input type="checkbox"/>
1 hour – less than 2 hours	<input type="checkbox"/>
2 hours – less than 3 hours	<input type="checkbox"/>
3 hours – less than 4 hours	<input type="checkbox"/>
4 hours – less than 5 hours	<input type="checkbox"/>
5 hours or greater	<input type="checkbox"/>

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**?

Yes

No

Q9. If **Yes**, what would your main relative or carer 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 <input type="checkbox"/>	Housework <input type="checkbox"/>
Childcare <input type="checkbox"/>	Caring for someone <input type="checkbox"/>
Voluntary work <input type="checkbox"/>	Leisure activities <input type="checkbox"/>
Other <input type="checkbox"/> Please provide details: _____	

Section 3: Primary care consultations

Please answer the following questions for your **most recent** GP or practice nurse CONSULTATIONS only.

If you **did not** have a GP or practice nurse consultation in the last 12 months, please **go to SECTION 4**.

Q10. Please choose your main mode of transport to your most recent GP or practice nurse appointment?

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

Q11. What would you have been doing as your main 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 <input type="checkbox"/>	Housework <input type="checkbox"/>
Childcare <input type="checkbox"/>	Caring for someone <input type="checkbox"/>
Voluntary work <input type="checkbox"/>	Leisure activities <input type="checkbox"/>
Other <input type="checkbox"/> Please provide details: _____	

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

Less than 30 mins	<input type="checkbox"/>
30 mins – less than 1 hour	<input type="checkbox"/>
1 hour – less than 2 hours	<input type="checkbox"/>
2 hours – less than 3 hours	<input type="checkbox"/>
3 hours – less than 4 hours	<input type="checkbox"/>
4 hours – less than 5 hours	<input type="checkbox"/>
5 hours or greater	<input type="checkbox"/>

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

If Yes, What would your main relative or carer 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 <input type="checkbox"/>	Housework <input type="checkbox"/>
Childcare <input type="checkbox"/>	Caring for someone <input type="checkbox"/>
Voluntary work <input type="checkbox"/>	Leisure activities <input type="checkbox"/>
Other <input type="checkbox"/> 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.***

Less than £6,000	<input type="checkbox"/>
£6,000 to £10,000	<input type="checkbox"/>
£10,001 to £15,000	<input type="checkbox"/>
£15,001 to £20,000	<input type="checkbox"/>
£20,001 to £25,000	<input type="checkbox"/>
£25,001 to £30,000	<input type="checkbox"/>
£30,001 to £35,000	<input type="checkbox"/>
£35,001 and greater	<input type="checkbox"/>

Date of Questionnaire Completion: ___ / ___ / ___

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

Thank you for taking the time to complete this questionnaire.