

Project Document B: Participant Questionnaires

Presented are two of the questionnaires showing how they appear online for participants to complete.

1) School attendance (self-reported school or home tuition)

As displayed on a mobile phone:

17:46 67%

Your Education

School / college attendance

3.1 How would you describe your attendance at school or college in a typical week during the last term?
** must provide value*

None

About 10% (e.g. one half day)

About 20% (e.g. one day)

About 40% (e.g. two days)

About 60% (e.g. three days)

About 80% (e.g. four days)

Full time (100%)

Not applicable (N/A)

reset

Home tuition

3.2 Are you currently receiving home tuition?
** must provide value*

Yes

No

reset

Chalder Fatigue Questionnaire

We would like to know more about any problems you have had with feeling tired, weak or lacking in energy in the last month. Please answer ALL the questions by crossing the answer that applies to you most closely. **If you have been feeling tired for a long while, then compare yourself to how you felt when you were last well**

	Less than usual	No more than usual	More than usual	Much more than usual
4.1 Do you have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2) Parental completed: Healthcare Resource Use questionnaire

As displayed on PC desktop:

1. Parent/carer 1

Relationship to child
* must provide value

Father
 Mother
 Other

need

The following questions ask about the effect of your child's health problems on your ability to work and perform regular activities. By health problems we mean any physical or emotional problem or symptom.

Are you currently employed (working for pay)?
* must provide value


Yes
 No

need

The next questions are about the past seven days, not including today.

During the past seven days, how much did your child's health problems affect your ability to do your regular daily activities, other than work at a job?

0 5 10



Change the slider above to set a response

need

By regular activities, we mean the usual activities you do, such as work around the house, shopping, childcare, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If your child's health problems affected your activities only a little, choose a low number. Choose a high number if health problems affected your activities a great deal.

Consider only how much your child's health problems affected your ability to do your regular daily activities, other than work at a job.

We understand that questionnaires can be limiting. If the above questions do not fully capture how your child's CF&ME has affected your work and activities (e.g. if you have structured your work to accommodate caring responsibilities), please feel free to provide more details here (optional):

Expand

To maintain anonymity, please do not enter any information that may make it possible for someone to identify you or your child

Parent/carer 1: thank you for completing section 1.

3. Hospital Visits

Please tell us about what health care resources your child has used in the last 3 months. We are interested in your child's use of NHS services, plus anything you have spent caring for your child, and any other things you have had to spend money on because of your child's illness.

Has your child had any hospital outpatient appointments or A&E visits in the last 3 months?
* must provide value

Yes
 No

need

Has your child had any hospital inpatient admissions in the last 3 months (i.e. an overnight stay)?

Yes
 No

need

Please provide details of any other hospital appointments your child has had in the last 3 months that you have not already recorded

Expand

(continued on following page)

4. Primary & Community Care Visits

Please could you now tell us about any primary or community care contacts your child has had during the last 3 months.

By primary or community care, we mean any care provided by a GP (family doctor), Practice Nurse, NHS Walk-in Centre, NHS 111 telephone consultations, etc. We would like to know how many primary & community care consultations your child has had, where they took place, and who the consultation was with.

Has your child had any primary care or community care appointments in the last 3 months?

- Yes
 No

* must provide value

reset

5. Medication

Please tell us about any prescribed medication your child has received in the last 3 months. This may have been prescribed by your GP (family doctor) or by a hospital doctor. If possible, please copy the information from the label on the bottle or packet.

Has your child received any of the following prescribed medication in the last 3 months?

- none
 Amitriptyline
 Melatonin
 Paracetamol
 Ibuprofen
 Codeine
 Other

* must provide value

Please tell us about any medication you have used for your child in the last 3 months without a prescription (eg. over-the-counter at a chemist or supermarket)

Has your child used any over-the-counter medication in the last 3 months?

- Yes
 No

reset

6. Other expenses

We'd like to ask you about any other out-of-pocket expenses you or your immediate family members have incurred as a result of your child's illness during the past 3 months. Please answer for you and your partner.

Since your child has been ill, have you had to spend more money in order to look after your child for whatever reason?

- Yes
 No

* must provide value

reset

Health economics 3 month follow-up questionnaire_v2.0, 29/07/2017

Submit