

GNOME: 9 month measures form

DATE OF APPOINTMENT

Study ID number:

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OTOSCOPY *please circle:*

	Clear	RIGHT	LEFT
<i>If you suspect wax or perforation to be a problem check by using tympanometry (see Appendix 4)</i>	Wax	RIGHT	LEFT
	Perforation	RIGHT	LEFT
Child continues with study ←	Grommet	RIGHT	LEFT

TYMPANOMETRY

if **FAIL**, *please circle combination:* B + C2 or B + B

if **PASS**, *please circle combination:* A + A A + B A + C1 A + C2
 C1 + B C1 + C2 C1 + C1 C2 + C2

Large amounts of wax (> 95% obscured) and a **low** compliance (< 0.2 ml) Yes No

Perforation, flat line and **high volume** (> 1.5 ml) Yes No

Please attach print out

Please turn over

SWEEP PURE TONE AUDIOMETRY (9 months)

Performed at **25dB** in a *quiet room*

✓ = pass × = fail

	0.5 kHz	1 kHz	2 kHz	3 kHz	4 kHz
Right ear					
Left ear					

Comment: co-operative not co-operative

OPTIONAL

Appointment made with yourself or GP as part of *standard clinical care** Yes No
If yes, please specify the date(s)

**This is your standard management (i.e. further watchful waiting, antibiotics, nose drops, referral or other treatment) for glue ear which you would do or advise to the patient if the trial were not taking place.*

GNOME: Costs to parents 2

To be done at time of SIXTH NURSE ASSESSMENT – at time of 9 month measures

Study ID number:

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1. Self-medication use for ear problems

Over the **past 12 months** have you self-treated your child (without coming to surgery) for an ear problem?

- a) Using decongestant or antihistamine medicines/tablets? Yes No
If YES, how many occasions? 0–1 1–2 2–4 More than 4
- b) Using a nose spray? Yes No
If YES, how many occasions? 0–1 1–2 2–4 More than 4
- c) Using pain relieving medicine such as paracetamol, calpol, junior ibuprofen? Yes No
If YES, how many occasions? 0–1 1–2 2–4 More than 4

2. Activities

Has your child's teacher been concerned about

- a) Your child not paying attention in class Yes No
If YES, how much Not at all
 Not very much
 A little
 Fairly concerned
 Very concerned
- b) Your child's hearing in class Yes No
If YES, how much Not at all
 Not very much
 A little
 Fairly concerned
 Very concerned

Please turn over

c) Your child being dreamy in class Yes No

If YES, how much

- Not at all
- Not very much
- A little
- Fairly concerned
- Very concerned

d) Does your child enjoy swimming Yes No

If YES, how concerned are you that your child's ear problems/hearing have interfered with their swimming activities?

Not at all Not very much A little Fairly concerned Very concerned

e) Does your child enjoy music Yes No

If YES, how concerned are you that your child's ear problems/hearing have interfered with their music activities?

Not at all Not very much A little Fairly concerned Very concerned

f) Does your child enjoy sports Yes No

If YES, how concerned are you that your child's ear problems/hearing have interfered with their sports activities?

Not at all Not very much A little Fairly concerned Very concerned

g) Does your child enjoy dancing Yes No

If YES, how concerned are you that your child's ear problems/hearing have interfered with their dancing activities?

Not at all Not very much A little Fairly concerned Very concerned

h) How much time do you think your child has lost from school, nursery or playgroup over the past year because of ear problems?

Less than 1 week 1 week 2 weeks 3 weeks
 4 weeks 5 weeks 6 weeks More than 6 weeks

3. Occupation

a) How do you describe your present occupation?

Is this part time? Yes No Not applicable

b) If you have a partner living in the household, how would you describe their present occupation?

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Is this part time? Yes No Not applicable

c) How many occasions have you or a guardian of the child been unable to work or do your normal daily activities because of your child's ear problems over the last year?

- 0 1 2 3 4 5 6
 7 8 9 10 11 12 More than 12

4. Adverse events

Over the **past 12 months** has your child had the following:

vertigo (spinning or dizzy episodes) Yes No

GNOME: Health Economics Evaluation Form 2

To be done at time of SIXTH NURSE ASSESSMENT – 9 months into trial

Study ID number:

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In the previous 9 months

1. All appointments for OM or OME (ear problems)

- a) List the dates of appointments with GP:
- b) List the dates of appointments with nurse:
- c) List the dates of appointments with health visitor:
- d) List the dates of home visits:
- e) List the dates of telephone consultations: with GP
with nurse
- f) List the dates of out of hours consultations:

2. Referral for OM or OME (ear problems)

- a) Date
- b) Main reason
- c) To where? ENT Audiology Other
please state

3. Hospitalisation

- a) Grommets / t-tubes / ventilation tubes: Yes / No Date(s)
- b) Adenoidectomy: planned Yes / No Date
- done Yes / No Date

Please turn over

4. Treatment Courses for OM or OME (ear problems)

a) Antibiotics:

Date name dose days
Date name dose days
Date name dose days
Date name dose days
Date name dose days
Date name dose days
Date name dose days
Date name dose days

b) Autoinflation Yes / No Date

c) Decongestants and antihistamines:

Date name dose days
Date name dose days
Date name dose days
Date name dose days
Date name dose days

d) Analgesics:

Date name dose days
Date name dose days
Date name dose days
Date name dose days

5. Investigations for OM or OME (hearing problems)

e.g. blood tests / X-rays,

please give dates :
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GNOME: EXIT INTERVIEW

Study ID number:

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This is a short semi-structured interview with the parent / guardian and child covering any comments from taking part, any medication or treatment preferences and brief specific guidelines as requested.

Ask them (child and parent / guardian) for their comments on taking part in the trial (good things, bad things, etc.)

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Ask them if they had any treatment preferences throughout the trial, e.g. the trial spray, any antibiotics, nasal drops they were prescribed

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Ask them what they will do now with regard to their child's condition

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PLEASE GIVE THEM A LEAFLET

AND OUR THANKS

version 1 dated 14 Feb 2006