PARTICIPANT COSTS QUESTIONNAIRE



NETSCC Health Technology Assessment Programme reference 09/22/136

ISRCTN71327395

Participant Costs Questionnaire

About these questions

Please work through the booklet, answering each question as you go. Sometimes you will be able to skip to the next question if it does not apply to you. Some of the questions can be answered by simply circling a number. For some questions you will need to put a number in a box. See the examples below:

Please circle the number that corresponds to your answer. For example:

YES	1
NO	2

Please write a number in the box. For example:

How many times did a GP visit you at home?

3 times

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Participant Costs Questionnaire Part A

1. Have yo	ou seen or contacted a GP be		troiling your
bladde	r or with wetting yourself duri	ing the last 6 months?	
	YES	1	Answer Qs 2-4
	NO	2	Go to 5a
If yes to 0	Question 1, please answer ques	stions 2-4; if no, go to question	n 5:
2. Hov	w many appointments did you a	attend with a GP?	
	appointments		
3. Hov	w many times did a GP visit yoเ	u at home?	
	times		
4. Ho	w many times did you have a te	elephone conversation with a C	SP?
	times		
	ou seen a general practice nu		th controlling your
	ou seen a general practice nurely or with wetting yourself duri	ing the last 6 months?	th controlling your Answer 5b
	r or with wetting yourself duri	ing the last 6 months?	
bladde	r or with wetting yourself duri	ing the last 6 months?	Answer 5b
bladde	r or with wetting yourself duri	ing the last 6 months?	Answer 5b
bladder 5b. Ho	r or with wetting yourself during YES	ing the last 6 months?1	Answer 5b Go to 6a
5b. Ho	r or with wetting yourself during YES	ing the last 6 months?2 Decause of problems with co	Answer 5b Go to 6a
5b. Ho	r or with wetting yourself during YES	ing the last 6 months?2 Decause of problems with coing the last 6 months?	Answer 5b Go to 6a
5b. Ho	r or with wetting yourself during YES	pecause of problems with coing the last 6 months?	Answer 5b Go to 6a ntrolling your

	OD. I IOW III	lany times? □		
		times		
7a.	Have you s	een a physiotherapist be	cause of problems with cont	rolling your
	bladder or	with wetting yourself duri	ng the last 6 months?	
	YE	S	1	Answer 7b
	NO		2	Go to 8a
	7b. How m	any times?		
		times		
_				
8a.	Have you s	een a hospital specialist	consultant or one of his/her	team) because of
	problems w	rith controlling your blade	der or with wetting yourself	during the last 6
	months?			
	YES	S	1	Answer 8b
	NO		2	Go to 9a
	8h How m	any times?		
		7		
		times		
9a.	Have you b	een admitted to hospital	because of problems with co	ontrolling your
-		with wetting yourself duri		J 9 , Cu.
		• •	1	Answer 9b
				Allower ob
	NO		2	Go to10a
	9b. How m	any days were you in hosp	ital?	
		days		
_				
10a.	Have you h	ad prescription medicine	for problems with controlling	ng your bladder or
	•	g yourself during the last		
	YE	S	1	Answer 10b
	NΩ		2	Go to11a
STIC	ATE-I	Protocol version 1.2	Page 88 of 117	Date 12/09/2012
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`				onths?
	/ES		1	Answer 7b
1	NO		2	Go to12a
11b. Ho	w much did you pay in total?			
	Total cost (£)	_ pence		
•	ı bought containment produ r your condition during the l	. •	ce pads, na	ppy style
, ,	/ES		1	Answer 12b
1	NO		2	Go to13a
12b. Ho	w much did you pay in total for	r the containment prod	ducts in the	last 6 months?
12a Haya ya	ı purchased private medical	•		ontrolling your
bladder o	or with wetting yourself during			Answer 13b to 13d
bladder o	• •			Answer 13b to 13d
bladder o	/ES			

			pay in total?	
	Total cost (£)	_ pe	nce	
	ow much did you pay in tots surance?	al for private health	care that was	not covered by
	Total cost (£)	pe	nce	
14a. Have you	paid for any other private	e health care for pr	oblems with	controlling your
bladder o	with wetting yourself du	iring the last 6 moi	nths?	
YI	ES		1	Answer 14b & 14c
				Allswei 140 & 140
N	O		2	Go to15a
14b. Wł	nat type of care did you pay	y for?		
Please	describe:			
	Total cost (f)	ne	nce	
	Total cost (£) had to do extra laundry of	due to your conditi		e last 6 months? Answer 15b & 15c
YI	had to do extra laundry o	due to your conditi	on during the	
YI	had to do extra laundry o	due to your conditi	on during the1	Answer 15b & 15c Go to Part B
YI	had to do extra laundry o	due to your conditi	on during the1	Answer 15b & 15c Go to Part B
YI N/ 15b. Ho	had to do extra laundry o	due to your conditi	on during the	Answer 15b & 15c Go to Part B extra laundry?
15b. Ho	had to do extra laundry o	due to your conditi	on during the	Answer 15b & 15c Go to Part B extra laundry?
No 15b. Ho 15c. If y	had to do extra laundry of ES	spend per week in t	on during the	Answer 15b & 15c Go to Part B extra laundry?
YI No 15b. Ho 15c. If y per wee	had to do extra laundry of ES	spend per week in t	on during the	Go to Part B extra laundry? ey do you spend
YI No 15b. Ho 15c. If y per wee	had to do extra laundry of ES	spend per week in t	on during the	Go to Part B extra laundry? ey do you spend

Part B

PART 1 - Your most recent admission to hospital because of problems with controlling your bladder or with wetting yourself

If in the last 6 months you were not admitted to hospital please go to Part 2

	Please circle the number that best describes how you travelled. If you used more than			
	one form of transport please indicate the way you travelled for the main (longest in terms			
	of distance) part of your journey.			
	Bus1			
	Train			
	Taxi3			
	Private car4			
	Hospital car5			
	Ambulance 6			
	Other (please specify)7			
2.	Please put zero if you did not travel by bus, train or taxi at all or if you did not pay a fare. If			
	you travelled by bus, train or taxi to hospital what was the total cost of the (one-way)			
	journey? Please write the cost in the box below.			
	Cost of (one-way) fare (£)			
3.	Please put zero if you did not travel by private car at all. If you travelled by private car about how many miles did you travel one-way? Please write the number of miles in the			
	box below.			
4.	box below.			
4.	Please put zero if you did not pay a parking fee. If you travelled by private car and you or your companion had to pay a parking fee how much did this cost? Please write the cost in			

6. What would you otherwise have been doing as your main activity if you had not had to be admitted to hospital? Please circle the number that best applies to you. Paid work	5.	When you were admitted to the hospital, how many days did you spend there? Few write the number of days in the box below. Number of days	Please
admitted to hospital? Please circle the number that best applies to you. Paid work	6.	What would you otherwise have been doing as your main activity if you had not h	ad to be
Paid work		· — · · ·	
Childcare			1
Caring for someone else		Housework	2
Voluntary work		Childcare	3
Leisure activities		Caring for someone else	4
7. When you were admitted to hospital, did anyone come with you? Please circle the appropriate response. Yes		Voluntary work	5
7. When you were admitted to hospital, did anyone come with you? Please circle the appropriate response. Yes		Leisure activities	6
appropriate response. Yes		Other (please specify)	7
have been doing as their main activity if they had not gone with you to the hospital. Paid work	_	appropriate response. Yes	
Other (please specify)	8.	have been doing as their main activity if they had not gone with you to the hospit Paid work Housework Childcare Caring for someone else Voluntary work Leisure activities.	al. 1 2 3 4 5 6
Other (prease specify)		Other (please specify)	7

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9.	Did your main companion take time off from paid work (or business activity if self-
	employed)? Please circle the appropriate response.
	Yes1 Continue with Q10
	No
10.	Please put zero if your main companion did not take time off from paid work (or business activity if self-employed) to accompany you to the hospital. Please write the number of hours your companion took off from paid work (or business activity if self-employed) in the box below. Number of hours
11.	Whilst you were in hospital, approximately how many times did your main companion come to visit you? Number of times

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PART 2 - Your most recent outpatient visit because of problems with controlling your bladder or with wetting yourself

If in the last 6 months you did not have an outpatients appointment please go to Part 3

1.	Please circle the number that best describes how you travelled. If you used more than one
	form of transport please indicate the way you travelled for the main (longest in terms of
	distance) part of your journey.
	Bus1
	Train
	Taxi3
	Private car4
	Hospital car5
	Ambulance 6
	Other (please specify)7
_	
•	
2.	Please put zero if you did not travel by bus, train or taxi at all or if you did not pay a fare. If
	you travelled by bus, taxi or train to your outpatients appointment what was the total cost of
	the (one-way) journey? Please write the cost in the box below.
	Cost of (one-way) fare (£)
_	
2	Please put zero if you did not travel by private car at all. If you travelled by private car
٥.	about how many miles did you travel one-way? Please write the number of miles in the
	box below.
	box below.
	Number of miles one-way
4.	Please put zero if you did not pay a parking fee. If you travelled by private car and you or
	your companion had to pay a parking fee how much did this cost? Please write the cost in
	the box below.
	Expenditure on parking fee (£)
_	

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Number of hours minutes 6. When you visited outpatients, how long did you spend there? Please write the number hours and minutes in the box below. Number of hours minutes 7. Please circle the number that best describes what you otherwise would have been doing as your main activity if you had not been visiting outpatients? Paid work 1 Housework 2 Childcare 3
hours and minutes in the box below. Number of hours minutes 7. Please circle the number that best describes what you otherwise would have been doing as your main activity if you had not been visiting outpatients? Paid work
7. Please circle the number that best describes what you otherwise would have been doing as your main activity if you had not been visiting outpatients? Paid work
as your main activity if you had not been visiting outpatients? Paid work
Housework
Childcare3
Caring for someone else
Voluntary work 5
Leisure activities6
Other (please specify)7
8. When you visited outpatients did anyone come with you? Please circle the appropriate response. Yes
9. Please put zero if your main companion did not travel by bus or train at all. If your main companion travelled with you by bus or train approximately how much did they pay (one-way) in fares? Please write the approximate cost in the box below.

10. Please circle the number that best describes what your main companion would otherwis	зe
have been doing as their main activity if they had not gone with you to outpatients.	
Paid work1	1
Housework	2
Childcare	3
Caring for someone else	1
Voluntary work5	5
Leisure activities6	3
Other (please specify)	7

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PART 3 - Your most recent GP appointment because of problems with controlling your bladder or with wetting yourself

If in the last 6 months you did not have a GP appointment, please go to Part 4

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1.	appointment. If you used more than one form of transport please indicate the way you
	travelled for the main (longest in terms of distance) part of your journey.
	Bus1
	Train
	Тахі
	Private car4
	Hospital car5
	Ambulance 6
	Other (please specify)7
_	
2	Please put zero if you did not travel by bus or taxi or if you did not pay the fare. If you
۷.	travelled by bus, taxi or train, what was the cost of the (one-way) fare? Please write the
	cost in the box below.
	Cost of (one-way) fare (£)
_	
3	Please put zero if you did not travel by private car at all. If you travelled by private car
0.	about how many miles did you travel one-way? Please write the number of miles in the
	box below.
	Number of miles one-way
_	
1	Places but zero if you did not new for parking. If you travelled by private cor and you or a
4.	Please put zero if you did not pay for parking. If you travelled by private car and you or a companion had to pay a parking fee how much did this cost? Please write the cost in the
	box below.
	box below.
	Expenditure on parking fee (£)
_	

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٥.	When you visited the GP, how long did it take to travel there? Please write the number of minutes in the box below.
	Number of minutes
6.	When you visited the GP, how long did you spend there? Please write the number minutes in the box below. Please include in your answer the time spent waiting and also the time spent with the doctors and nurses Number of minutes
7.	Please circle the number that best describes what you otherwise would have been doing as your main activity if you had not visited the GP. Paid work
8.	When you visited the GP did anyone come with you? Please circle the appropriate response. Yes
9.	Please put zero if your main companion did not travel by bus at all. If your main companion travelled with you by bus how much approximately did they pay (one-way) in fares (if anything)? Please write the cost in the box below. Cost of (one-way) fare (£) pence

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10. Please circle the number that best describes what your main companion would otherwise
have been doing as their main activity if they had not gone with you to the GP's surgery.
Paid work1
Housework2
Childcare3
Caring for someone else
Voluntary work5
Leisure activities
Other (please specify)7

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PART 4 - Your most recent practice nurse appointment because of problems with controlling your bladder or with wetting yourself

If in the last 6 months you did not have a practice nurse appointment, please go to Part 5

1. Please circle the number that best describes how you travelled to your most recent					
	practice nurse appointment. If you used more than one form of transport please indicate the way you travelled for the <u>main</u> (longest in terms of distance) part of your journey.				
	Bus1				
	Train				
	Taxi3				
	Private car4				
	Hospital car5				
	Ambulance6				
	Other (please specify)7				
_					
2	Please put zero if you did not travel by bus or taxi or if you did not pay the fare. If you				
۷.	travelled by bus, taxi or train, what was the cost of the (one-way) fare? Please write the				
	cost in the box below.				
	Cost of (one-way) fare (£)				
_					
3	Please put zero if you did not travel by private car at all. If you travelled by private car				
٥.	about how many miles did you travel one-way? Please write the number of miles in the				
	box below.				
	Number of miles one-way				
_					
4	Disease nutriens if you did not now for popular if you travelled by private our and you are				
4.	Please put zero if you did not pay for parking. If you travelled by private car and you or a				
	companion had to pay a parking fee how much did this cost? Please write the cost in the box below.				
	Expenditure on parking fee (£)				
_					

5.	When you visited the practice nurse, how long did it take to travel there? Please write the number of minutes in the box below.			
	Number of minutes			
6.	When you visited the practice nurse, how long did you spend there? Please write the number minutes in the box below. Please include in your answer the time spent waiting and also the time spent with the doctors and nurses Number of minutes			
7.	Please circle the number that best describes what you otherwise would have been doing as your main activity if you had not visited the practice nurse. Paid work			
8.	When you visited the practice nurse did anyone come with you? Please circle the appropriate response. Yes			
9.	Please put zero if your main companion did not travel by bus at all. If your main companion travelled with you by bus how much approximately did they pay (one-way) in fares (if anything)? Please write the cost in the box below. Cost of (one-way) fare (£) pence			

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have been doing as their main activity if they had not gone with you to see the	practice
nurse.	
Paid work	1
Housework	2
Childcare	3
Caring for someone else	4
Voluntary work	5
Leisure activities	6
Other (please specify)	7

10. Please circle the number that best describes what your main companion would otherwise

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PART 5 - Your most recent continence nurse appointment because of problems with controlling your bladder or with wetting yourself

If in the last 6 months you did not have a continence nurse appointment, please go to Part 6

	continence nurse appointment. If you used more than one form of transport please indicate the way you travelled for the <u>main</u> (longest in terms of distance) part of your				
journey.					
Bus				1	
Train				2	
Taxi				3	
Private car				4	
Hospital car				5	
Ambulance.				6	
Other (pleas	se specify)			7	
	Cost of (one-way) fare	(£)	pence		
•	ero if you did not travel by ր nany miles did you travel on	-			
box below.					
	Number of miles one-w	ay			
•	ero if you did not pay for pa nad to pay a parking fee ho			•	
box below.					
	Expenditure on parking	fee (£)	- 🔲	pence	
•	Expenditure on parking	fee (£)		pence	

When you visited the continence nurse, how long did it take to travel there? Please write the number of minutes in the box below. Number of minutes
When you visited the continence nurse, how long did you spend there? Please write the number minutes in the box below. Please include in your answer the time spent waiting and also the time spent with the doctors and nurses Number of minutes
Please circle the number that best describes what you otherwise would have been doing as your main activity if you had not visited the continence nurse. Paid work
When you visited the continence nurse did anyone come with you? Please circle the appropriate response. Yes
Please put zero if your main companion did not travel by bus at all. If your main companion travelled with you by bus how much approximately did they pay (one-way) in fares (if anything)? Please write the cost in the box below. Cost of (one-way) fare (£)

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10. Please circle the number that best describes what your main companion would otherwise	е
have been doing as their main activity if they had not gone with you to see the continence	e
nurse.	
Paid work1	
Housework2	
Childcare3	į
Caring for someone else4	,
Voluntary work5	,
Leisure activities	j
Other (please specify)	7

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PART 6 - Your most recent physiotherapist appointment because of problems with controlling your bladder or with wetting yourself

If in the last 6 months you did not have a physiotherapist appointment, please return the questionnaire with the envelope provided. Thank you!

Bus	1	
Train	2	
Taxi	3	
Private ca	r4	
Hospital c	ar5	
Ambulanc	e6	
Other (ple	ase specify)7	
	Cost of (one-way) fare (£)	
about how	zero if you did not travel by private car at all. If you travelled by private car many miles did you travel one-way? Please write the number of miles in the	
•	zero if you did not travel by private car at all. If you travelled by private car many miles did you travel one-way? Please write the number of miles in the	
about how	zero if you did not travel by private car at all. If you travelled by private car many miles did you travel one-way? Please write the number of miles in the	
about how box below.	zero if you did not travel by private car at all. If you travelled by private car many miles did you travel one-way? Please write the number of miles in the Number of miles one-way zero if you did not pay for parking. If you travelled by private car and you or a had to pay a parking fee how much did this cost? Please write the cost in the	

	When you visited the physiotherapist, how long did it take to travel there? Please write the number of minutes in the box below. Number of minutes
6.	When you visited the physiotherapist, how long did you spend there? Please write the number minutes in the box below. Please include in your answer the time spent waiting and also the time spent with the doctors and nurses Number of minutes
7.	Please circle the number that best describes what you otherwise would have been doing as your main activity if you had not visited the physiotherapist. Paid work
8.	When you visited the physiotherapist did anyone come with you? Please circle the appropriate response. Yes1 Continue with Q9 No2 Thank you for completing this questionnaire
9.	Please put zero if your main companion did not travel by bus at all. If your main companion travelled with you by bus how much approximately did they pay (one-way) in fares (if anything)? Please write the cost in the box below.

have been doing as their main activity if they had not gone with	you to see the
physiotherapist.	
Paid work	1
Housework	2
Childcare	3
Caring for someone else	4
Voluntary work	5
Leisure activities	6
Other (please specify)	7

10. Please circle the number that best describes what your main companion would otherwise

THANK YOU FOR YOUR HELP

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