

Baseline QUESTIONNAIRE

CONFIDENTIAL

This study is funded by the NHS National Institute for Health Research Health Technology Assessment Programme The following questionnaire is broken down into three sections (Section A - Section C). Please work through all the sections as best you can from start to finish.

Some of the sections ask you to indicate your answers to the questions by placing a cross (**X**) in the appropriate box, and other sections ask you to circle your answer.

Please read the questions carefully and answer each one as accurately as you can.

The sections covered in this questionnaire are as follows:

Section A: Your Pain Today

Section B: Describing Your Own Health Today (EQ-5D)

Section C: Your General Health (SF-36©)

There are no right or wrong answers.

Please try to complete the whole questionnaire even though some questions may appear similar.

Your answers will be treated with complete confidentiality.

Thank you for your time in completing this questionnaire.

P	lease	start	here	

Date questionnaire filled in

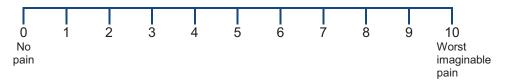
D D , M M , Y Y Y Y	D	D	/	M	M	/	Υ	Υ	Υ	Υ
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SECTION A - YOUR PAIN TODAY

A1. Please rate the level of pain that you are experiencing TODAY.

The following line represents pain of increasing intensity from 'no pain' to 'worst imaginable pain'. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain).

Please circle the most appropriate number that describes your pain today.



SECTION B - DESCRIBING YOUR OWN HEALTH TODAY(EQ-5D)

By placing a cross in one box in each group below, please indicate which statements best describe your own health state today

B1. Mobility	I have no problems in walking about I have some problems in walking about I am confined to bed	
B2. Self-care	I have no problems with self-care I have some problems washing or dressing myself I am unable to wash or dress myself	

B3. Usual Activities (e.g. work, study, housework, family of leisure activities) B4. Pain/Discomfo	I am unable to	roblems with pe perform my us or discomfort	erforming my usua		
		te pain or disco			
B5. Anxiety/ Depre	ession				
	I am not anxio	us or depressed	d		
	I am moderate	ly anxious or de	epressed		
	I am extremely	anxious or dep	oressed		
	SECTION C - Y	OUR GENERA	AL HEALTH (SF-	36©)	
Please fill in all that applies to you.	he questions by	crossing the	relevant box o	of the answe	that
These questions as general. Do not speto be the most accurate	end too much tim	e in answering	as your immediat	te response is	
C1. In general, w				_	
Excellent \	/ery good	Good	Fair	Poor	
C2. Compared to	one year ago, h	ow would you	rate your health	n in general <u>n</u>	ow?
now than one	Somewhat better now than one rear ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago	

C3.	The following questions are about act Does your health now limit you in thes						al day.
			lir	es mited lot	Yes limited a little	No no limite at all	
a)	Vigorous activities, such as running, lifti objects participating in strenuous sport	ing heav	у,				
b)	Moderate activities , such as moving a ta a vacuum cleaner, bowling or playing golf		hing				
c)	Lifting or carrying groceries						
d)	Climbing several flights of stairs						
e)	Climbing one flight of stairs						
f)	Bending, kneeling or stooping						
g)	Walking more than one mile						
h)	Walking several hundred yards						
i)	Walking one hundred yards						
j)	Bathing and dressing yourself						
C4.	During the past 4 weeks, how much of problems with your work or other rephysical health?						
		All of the time	Most of the time				None of the time
	Cut down on the amount of time you spent on work or other activities						
b)	Accomplished less than you would like						
	Were limited in the kind of work or other activities						
	Had difficulty performing the work or other activities (for example, it took extra effor	t)					

C5	During the past 4 weeks, how much of problems with your work or other emotional problems? (such as feeling of	daily reg	gular ac	tivities a		
		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a)	Cut down on the amount of time you spent on work or other activities					
b)	Accomplished less than you would like					
c)	Did work or other activities less carefully than usual					
C6	During the past 4 weeks, to what ex problems interfered with your norn neighbours or groups?					
	Not at all A little bit Moderat	tely	Quite a b	oit Ex	ktremely	
C 7	. How much bodily pain have you had du	uring the	past 4 v	veeks?		
	None Very mild Mild	Moderat	e Se	evere '	Very sever	е
C8	During the past 4 weeks, how much (including both outside the home and h			ere with	your nor	mal work
	Not at all A little bit Mod	erately	Quite	a bit	Extremely	y

		eeks. For each way you have k							
				All of the time	Most of the time	Some of the time	A little of the time	None of the time	
a)	Did you feel full	of life?							
b)	Have you been	very nervous?							
c)		down in the dunder dunder de	nps						
d)	Have you felt ca	lm and peaceful?	•						
e)	Did you have a l	ot of energy?							
f)	Have you felt do depressed?	wnhearted and							
g)	Did you feel wor	n out?							
h)	Have you been	happy?							
i)	Did you feel tired	d?							
	C10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends,								
C1	emotional pr	roblems interfer							
C1		roblems interfer		your so		ivities (li			
C1	emotional pr relatives etc) All of	roblems interfer ? Most of	ed with	your so	ocial act A little of	ivities (li	ke visitir		
	emotional pr relatives etc) All of the time	roblems interfer ? Most of	Some the tin	your so	A little of the time	ivities (li No the	ke visiting one of a time		
	emotional pr relatives etc) All of the time	roblems interfer ? Most of the time	Some the tin	your so	A little of the time	ivities (li	ke visiting one of the time		
C1	emotional prince relatives etc) All of the time	roblems interfer ? Most of the time	Some the tin	your so	A little of the time statemer Mostly	No the last of the	ke visiting one of the time with the time wi	ng friends Definitely	
C 1	emotional predictives etc) All of the time 1. How TRUE of the time other people	roblems interfer ? Most of the time	some the tin	your so	A little of the time statemer Mostly	No the last of the	ke visiting one of the time with the time wi	ng friends Definitely	
C1 a) b)	emotional predictives etc) All of the time 1. How TRUE of the time other people	roblems interfer? Most of the time r FALSE is each ck a little easier the	some the tin	your so	A little of the time statemer Mostly	No the last of the	ke visiting one of the time with the time wi	ng friends Definitely	
(a) (b) (c)	emotional presented presented and set of the time. I seem to get side other people. I am as healthy and the set of the	roblems interfer? Most of the time r FALSE is each as anybody I knowleth to get worse	some the tin	your so	A little of the time statemer Mostly	No the last of the	ke visiting one of the time with the time wi	ng friends Definitely	

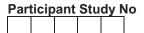
C9. These questions are about how you feel and how things have been with you during

THANK YOU FOR YOUR HELP IN COMPLETING THIS FORM

The SUSPEND Trial Office
Health Services Research Unit
Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD

Tel: Fax:

Email:





4 week QUESTIONNAIRE

CONFIDENTIAL

This study is funded by the NHS National Institute for Health Research Health Technology Assessment Programme

The following questionnaire is broken down into four sections (Section A - Section D). Please work through all the sections as best you can from start to finish.

Some of the sections ask you to indicate your answers to the questions by placing a cross (X) in the appropriate box, and other sections ask you to circle your answer.

Please read the questions carefully and answer each one as accurately as you can.

The sections covered in this questionnaire are as follows:

Section A: Stone Passage

Section B: Your Pain

Section C: Describing Your Own Health Today (EQ-5D)

Section D: Your General Health (SF-36©)

There are no right or wrong answers.

Please try to complete the whole questionnaire even though some questions may appear similar.

Your answers will be treated with complete confidentiality.

Thank you for your time in completing this questionnaire.

Р	lease	start	here:

Date questionnaire filled in

D	D	/	M	M	/	Υ	Υ	Υ	Υ

SECTION A- STONE PASSAGE

Please fill in all the questions by placing a cross in the relevant box of the answer that applies to you or writing in the information requested.

A1. Have you passed the stone?	No Don't	know \square
If Yes, when did you pass the stone (if you're not su re please give an ap proximate date)	D , M M ,	Y Y Y Y
A2. Did you complete the 28 days course of treatment?	Yes 🗖	No 🗖
If No,		
How many days of treatment did you take?		Days
If you did not complete the 28 day course, was it because:		
The stone passed?	Yes 🗖	No 🗖
The treatment was making you unwell?	Yes \square	No 🗆
Other reason	Yes	No 🗆

SECTION B - YOUR PAIN

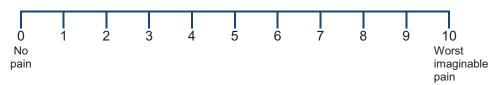
B1. In the past FOUR WEEKS have you had pain related to your ureteric stone?

Yes	No
If Yes,	
How many days (approximately) have you taken (If you have not taken any, please write zero in the	

B2. Please rate the level of pain that you are experiencing TODAY.

The following line represents pain of increasing intensity from 'no pain' to 'worst imaginable pain'. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain).

Please circle the most appropriate number that describes your pain.



SECTION C - DESCRIBING YOUR OWN HEALTH TODAY (EQ-5D)

By placing a cross in one box in each group below, please indicate which statements best describe your own health state today

C1. Mobility	I have no problems in walking about	
	I have some problems in walking about	
	I am confined to bed	
C2. Self-care	I have no problems with self-care	
	I have some problems washing or dressing myself	
	I am unable to wash or dress myself	
C3. Usual Activities (e.g. work, study,	I have no problems with performing my usual activities	
housework, family or leisure activities)	I have some problems with performing my usual activities	
ioisure delivities)	I am unable to perform my usual activities	
C4. Pain/Discomfort	I have no pain or discomfort	
	I have moderate pain or discomfort	
	I have extreme pain or discomfort	
C5. Anxiety/Depressi	on	
	I am not anxious or depressed	
	I am moderately anxious or depressed	
	I am extremely anxious or depressed	

SECTION D - YOUR GENERAL HEALTH (SF-36©)

Please fill in all the questions by crossing the relevant box of the answer that applies to you.

These questions ask for your views about your health and how you feel about life in general. Do not spend too much time in answering as your immediate response is likely to be the most accurate, but please make sure you answer every question.

D1.	In general,	would you say y	our health is?				
	Excellent	Very good	Good	Fair		Poor	
D2.	Compared now?	to one year ago,	how would yo	u rate you	ır health	n in gene	ral
	Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewh worse no one year	w than	Much wor now than year ago	
D3.		ing questions are health now limit					
					Yes limited a lot	Yes limited a little	No not limited at all
a)		ctivities, such as icipating in strenuc		heavy			
b)		ectivities , such as leaner, bowling or		, pushing			
c)	Lifting or ca	rrying groceries					
d)	Climbing se	everal flights of sta	irs				
e)	Climbing or	ne flight of stairs					
f)	Bending, kn	eeling or stooping					
g)	Walking mo	ore than one mile					
h)	Walking sev	veral hundred yar	ds				
i)	Walking on	e hundred yards					
j)	Bathing and	dressing yourself					

D4	D4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health? All of Most of Some A little None							
	physical health?	All of the time	Most of the time	Some of the time	A little of the time	None of the time		
a)	Cut down on the amount of time you spent on work or other activities							
b)	Accomplished less than you would like							
c)	Were limited in the kind of work or other activities							
d)	Had difficulty performing the work or other activities (for example, it took extra effor	(t)						
D5	During the past 4 weeks, how much of problems with your work or other demotional problems? (such as feeling of	aily reg	ular actived or anxi	ities as				
a)	Cut down on the amount of time you spent on work or other activities							
b)	Accomplished less than you would like							
c)	Did work or other activities less carefully than usual							
D6	During the past 4 weeks, to what exte problems interfered with your normaneighbours or groups?							
	Not at all A little bit Moderately	Quite a	bit Ext	remely				
D7	. How much bodily pain have you had du	ıring the	past 4 w	eeks?				
		Moderat			/ery sever			
D8	 During the past 4 weeks, how much (including both outside the home and h 			e with y	our norm	nal work		
	Not at all A little bit Mode	erately	Quite	a bit	Extremel	у		

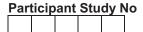
	during the past comes closest the past 4 week	to the way you l					
			All of the time	Most of the time	Some of the time	A little of the time	None of the time
a)	Did you feel full of	flife?					
b)	Have you been ve	ery nervous?					
c)	Have you felt so that nothing could	•	s				
d)	Have you felt caln	n and peaceful?					
e)	Did you have a lot	t of energy?					
f)	Have you felt dow depressed?	nhearted and					
g)	Did you feel worn	out?					
h)	Have you been ha	appy?					
i)	Did you feel tired?	•					
D1	During the pa emotional pro relatives etc)?	st 4 weeks, hov blems interfered					
D1	emotional pro				vities (lik		
D1	emotional pro relatives etc)? All of	blems interfered Most of	Some of	cial activ	vities (lik	e visiting	
	emotional pro relatives etc)? All of	Most of the time	Some of the time	A little of the time	vities (lik No the	e visiting	
	emotional pro relatives etc)? All of the time	Most of the time	Some of the time	A little of the time	vities (lik No the	e visiting one of e time	
D1	emotional pro relatives etc)? All of the time	Most of the time	Some of the time f the following Definitely true	A little of the time statemer Mostly	vities (lik	e visiting one of e time	friends,
D1	emotional pro relatives etc)? All of the time 1. How TRUE or I	Most of the time FALSE is each of a little easier than	Some of the time f the following Definitely true	A little of the time statemer Mostly	vities (lik	e visiting one of e time	friends,
D1	emotional pro relatives etc)? All of the time 1. How TRUE or I	Most of the time FALSE is each of a little easier than anybody I know	Some of the time f the following Definitely true	A little of the time statemer Mostly	vities (lik	e visiting one of e time	friends,
D1 a) b) c)	emotional pro relatives etc)? All of the time 1. How TRUE or I I seem to get sick other people I am as healthy as	Most of the time FALSE is each of a little easier than anybody I know to get worse	Some of the time f the following Definitely true	A little of the time statemer Mostly	vities (lik	e visiting one of e time	friends,

D9. These questions are about how you feel and how things have been with you

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:

The SUSPEND Trial Office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD
Tel:
Fax:
Email:





4 week QUESTIONNAIRE REMINDER

CONFIDENTIAL

This study is funded by the NHS National Institute for Health Research Health Technology Assessment Programme The following questionnaire is broken down into three sections (Section A - Section C). Please work through all the sections as best you can from start to finish.

Some of the sections ask you to indicate your answers to the questions by placing a cross (X) in the appropriate box, and other sections ask you to circle your answer.

Please read the questions carefully and answer each one as accurately as you can.

The sections covered in this questionnaire are as follows:

Section A: Stone Passage

Section B: Your Pain

Section C: Describing Your Own Health Today (EQ-5D)

There are no right or wrong answers.

Please try to complete the whole questionnaire even though some questions may appear similar.

Your answers will be treated with complete confidentiality.

Thank you for your time in completing this questionnaire.

Please start here:		N.4 N.4	V \	/ V V
Date questionnaire filled in	D D /	IVI IVI /	Y I	Y Y
SECTION A	- STONE PA	SSAGE		
Please fill in all the questions by place answer that applies to you or writing in				ox of the
A1. Have you passed the stone?	Yes \square	No \square	Don't	know \square
If Yes, when did you pass the stone (if you're not su re please give an ap proximate	date)	M M	Υ	/ Y Y
A2. Did you complete the 28 days cours treatment?	e of	Yes		No 🗖
If No,				
How many days of treatment did you tal	ke?			Days
If you did not complete the 28 day cours because:	se, was it			
The stone passed?		Yes		No 🗖
The treatment was making you unwell?		Yes		No 🗆
Other reason		Yes		No 🗖

SECTION B - YOUR PAIN

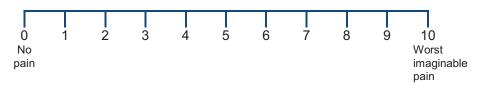
B1. In the past FOUR WEEKS have you had pain related to your ureteric stone?

Yes No		
If Yes,		
How many days (approximately) have you taken pain medication? (If you have not taken any, please write zero in the box provided)		days

B2. Please rate the level of pain that you are experiencing TODAY.

The following line represents pain of increasing intensity from 'no pain' to 'worst imaginable pain'. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain).

Please circle the most appropriate number that describes your pain.



SECTION C - DESCRIBING YOUR OWN HEALTH TODAY (EQ-5D)

By placing a cross in one box in each group below, please indicate which statements best describe your own health state today C1. Mobility I have no problems in walking about I have some problems in walking about I am confined to bed C2. Self-care I have no problems with self-care I have some problems washing or dressing myself I am unable to wash or dress myself C3. Usual Activities I have no problems with performing my usual activities (e.g. work, study, housework, family or I have some problems with performing my usual activities leisure activities) I am unable to perform my usual activities C4. Pain/Discomfort I have no pain or discomfort I have moderate pain or discomfort I have extreme pain or discomfort C5. Anxiety/Depression I am not anxious or depressed I am moderately anxious or depressed

I am extremely anxious or depressed

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:

The SUSPEND Trial Office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD
Tel:
Fax:
Email:

Part	ticip	ant	Stu	dy	Νo



12 WEEK QUESTIONNAIRE

CONFIDENTIAL

This study is funded by the NHS National Institute for Health Research Health Technology Assessment Programme The following questionnaire is broken down into three sections (Section A - Section C). Please work through all the sections as best you can from start to finish.

Some of the sections ask you to indicate your answers to the questions by placing a cross (X) in the appropriate box, and other sections ask you to circle your answer.

Please read the questions carefully and answer each one as accurately as you can.

The sections covered in this questionnaire are as follows:

Section A: Describing Your Own Health Today (EQ-5D)

Section B: Health Service Use and Costs

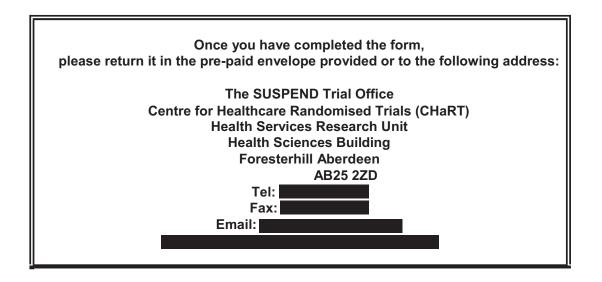
Section C: Your General Health (SF-36©)

There are no right or wrong answers.

Please try to complete the whole questionnaire even though some questions may appear similar.

Your answers will be treated with complete confidentiality.

Thank you for your time in completing this questionnaire.



Please start here:

Date questionnaire filled in

D	D	/	M	M	/	Υ	Υ	Υ	Υ

SECTION A-DESCRIBING YOUR OWN HEALTH TODAY - (EQ-5D)

By placing a cross in one box in each group below, please indicate which statements best describe your own health state today A1. Mobility I have no problems in walking about I have some problems in walking about I am confined to bed A2. Self-care I have no problems with self-care I have some problems washing or dressing myself I am unable to wash or dress myself A3. Usual Activities I have no problems with performing my usual activities (e.g. work, study, I have some problems with performing my usual activities housework, family or leisure activities) I am unable to perform my usual activities A4. Pain/Discomfort I have no pain or discomfort I have moderate pain or discomfort I have extreme pain or discomfort A5. Anxiety/Depression I am not anxious or depressed I am moderately anxious or depressed

I am extremely anxious or depressed

ISRCTN69423238

Version 1.2, 07 December 2012

SECTION B - HEALTH SERVICE USE AND COSTS

Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested.

B1. Have you had any other investigation (e. since you started the study treatment approx		c stone symptoms
Yes	No	Don't know
B1a . If Yes, please give details, e.g. what i	nvestigation and when?	
B1b . If this occurred at a different hospital please tell us where you went:	to the one you received your st	udy treatment from
B2. Have you had any further treatment or s stone symptoms?	surgery to treat your ureteric	Yes No
B2a. If Yes, please give details, e. g. what	treatment and when?	
B3. Were you re-admitted to hospital for ar your study treatment for your ureteric stone during		Yes No
B3a. If Yes, how many nights were you add (If you were admitted only as a day can		
B3b. If Yes, why were you admitted? (Ple	ease give details):	

B4.	Have you seen your GP, in relation to your ureteric stone symptoms in the last 3 months?	Yes		lo
B4a.	If yes how many times did you see your GP?			times
B5.	Have you seen a practice nurse in relation to your ureteric stone symptoms in the last 3 months?	Yes	N	0
B5a.	If yes, how many times did you see the nurse?			times
B6.	Were you prescribed any medicines by a doctor or nurse in relation to your ureteric stone symptoms in the last 3 months?	Yes	N	0
B6a.	If yes, what were you prescribed?			
B7.	Did you buy any medicines over the counter to treat your ureteric stone symptoms in the last 3 months?	Yes	No.	
В7а.	If yes how much in total did you spend?	£		
B8.	Excluding your study visits have you visited NHS hospital outpatients to see a doctor, in relation to your ureteric stone symptoms in the last 3 months?	Yes	N	0
В8а.	If yes specify whom you have seen and the number of times you	have se	een them:	
B9.	Excluding your study visits have you visited any other NHS health care professional, in relation to your ureteric stone symptoms in the last 3 months?	Yes		lo
В9а.	If yes specify whom you have seen and the number of times you	have se	een them:	
B10.	Did you pay to see any private health care professional, in relation to your ureteric stone symptoms in the last 3 months?	Yes	N	0
B10a.	If yes how much in total did you spend?	£	<u> </u>	

SECTION C - YOUR GENERAL HEALTH (SF-36©)

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Please fill in all the questions by crossing the relevant box of the answer that applies to you.

These questions ask for your views about your health and how you feel about life in general. Do not spend too much time in answering as your immediate response is likely to be the most accurate, but please make sure you answer every question.

C1.	In general, would	d you say your he	ealth is?				
	Excellent	Very good	Good	Fair		Poor	
C2.	Compared to one	e year ago, how v	would you rate	your heal	th in ge	neral <u>nov</u>	<u>v</u> ?
	Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewh worse no one year	w than	Much wor now than year ago	
	The following qu Does your health						day.
		,			Yes limited a lot	Yes limited a little	No not limited at all
a)	•	ivities, such as ru ipating in strenuou	0.	avy			
b)		i vities , such as m aner, bowling or p	•	ushing			
c)	Lifting or carry	ing groceries					
d)	Climbing seve	eral flights of stairs	3				
e)	Climbing one	flight of stairs					
f)	Bending, knee	eling or stooping					
g)	Walking more	than one mile					
h)	Walking seve	ral hundred yard	s				
i)	Walking one I	nundred yards					
j)	Bathing and d	ressing yourself					

ISRCTN69423238

ķ	orol	ing the past 4 weeks, how much of the tir blems with your work or other regular dai lth?					
			All of the time	Most of the time	Some of the time	A little of the time	None of the time
	a)	Cut down on the amount of time you spent on work or other activities					
	b)	Accomplished less than you would like					
	c)	Were limited in the kind of work or other activities					
	d)	Had difficulty performing the work or other activities (for example, it took extra effor	t)				
	pro	ing the past 4 weeks, how much of the tirblems with your work or other daily regublems? (such as feeling depressed or an	lar activ				
	•	, , ,	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	a)	Cut down on the amount of time you spent on work or other activities					
	b)	Accomplished less than you would like					
	c)	Did work or other activities less carefully than usual					
	pro	ring the past 4 weeks, to what extent has blems interfered with your normal social groups?					hbours
		Not at all A little bit Moderat	ely	Quite a b	oit E	extremely	
C 7.	Hov	v much bodily pain have you had during	the past	4 weeks	?		
		None Very mild Mild	Moderat	e So	evere	Very sever	e
		ing the past 4 weeks, how much did pain luding both outside the home and house. Not at all A little bit Mode		-	our norn a bit	nal work Extremel	у

		past 4 weeks. F the way you have	or each question been feeling. H						
					All of the time	Most of the time	Some of the time	A little of the time	None of the time
	a)	Did you feel full o	of life?						
	b)	Have you been v	very nervous?						
	c)	Have you felt so that nothing coul	down in the dump d cheer you up?	s					
	d)	Have you felt cal	m and peaceful?						
	e)	Did you have a lo	ot of energy?						
	f)	Have you felt do depressed?	wnhearted and						
	g)	Did you feel wor	n out?						
	h)	Have you been h	парру?						
	i)	Did you feel tired	1?						
C10	en		veeks, how much ns interfered with						,
C10	en	notional problem			ocial act		ke visitin No		,
C10	en	notional problem latives etc)? All of	ns interfered with Most of	your so	ocial act	ivities (li A little of	ke visitin No	g friends one of	,
	en	notional problem latives etc)? All of the time	ns interfered with Most of	Some of the time	ocial act	A little of the time	ke visitin No the	g friends one of	,
	en	notional problem latives etc)? All of the time	Most of the time	Some of the time	ocial act	A little of the time	ke visitin No the	g friends one of	, Definitely false
	en re	notional problem latives etc)? All of the time	Most of the time	Some the tim	ocial act of ne ng stater Definitely	A little of the time ments for Mostly	ke visitin No the	g friends one of e time Mostly	Definitely
	en re . Ho	notional problem latives etc)? All of the time DW TRUE or FALS I seem to get sic other people	Most of the time SE is each of the	Some of the time	ocial act of ne ng stater Definitely	A little of the time ments for Mostly	ke visitin No the	g friends one of e time Mostly	Definitely
	en re a)	notional problem latives etc)? All of the time DW TRUE or FALS I seem to get sic other people	Most of the time SE is each of the k a little easier that as anybody I know	Some of the time	ocial act of ne ng stater Definitely	A little of the time ments for Mostly	ke visitin No the	g friends one of e time Mostly	Definitely

C9. These questions are about how you feel and how things have been with you during

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE PLEASE RETURN USING THE PRE-PAID ENVELOPE

Part	ticip	ant	Stu	dy	No
•					



12 week QUESTIONNAIRE REMINDER

CONFIDENTIAL

This study is funded by the NHS National Institute for Health Research Health Technology Assessment Programme

Date questionnaire	filled	in
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D	D	/	M	M	/	Υ	Υ	Υ	Υ
					<i>'</i>				

DESCRIBING YOUR OWN HEALTH TODAY - (EQ- 5D)

By placing a cross in one box in each group below, please indicate which statements best						
describe your own health state today						
A1. Mobility	I have no problems in walking about					
	I have some problems in walking about					
	I am confined to bed					
A2. Self-care	I have no problems with self-care					
	I have some problems washing or dressing myself					
	I am unable to wash or dress myself					
A3. Usual Activities	I have no problems with performing my usual activities					
(e.g. work, study,						
housework, family or leisure activities)	I have some problems with performing my usual activities					
leisure activities)	I am unable to perform my usual activities					
A4. Pain/Discomfort	I have no pain or discomfort					
	I have moderate pain or discomfort					
	I have extreme pain or discomfort					
A5. Anxiety/Depression	I am not anxious or depressed					
	I am moderately anxious or depressed					
	I am extremely anxious or depressed					
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THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE PLEASE RETURN IN THE PREPAID ENVELOPE						
Email:	Tel:					