

QUESTIONNAIRE ON USE OF HEALTH SERVICES DURING THE AARDVARK TRIAL

We would be grateful if you would take a few minutes to answer the following questions about services you may have used since you enrolled in the AARDVARK trial on

Please insert date of enrolment here and where requested on each page.

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Please only provide information since this date.

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Section A (Questions 1-5) is about services you may have used because of your aneurysm.

Section B (Questions 6) is about services you may have used for other health reasons.

Date of completion:

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HOW TO FILL IN THE QUESTIONNAIRE

Most questions can be answered by ticking the box next to the answer that applies to you. Please tick one box only for each question.

Example:

Since you enrolled in the AARDVARK trial for have you had further hospital treatment of your aneurysm, by either a doctor or nurse?

Yes No

If yes, where was this?

Name of Hospital: e.g. West Middlesex

If yes, did you an operation?

Yes No

Example:

How many appointments have you had with the doctor or nurse at an outpatient's department because of your aneurysm?

	Who?	How many times?	<u>OR if you can't remember the exact number of times tick one of the following boxes</u>
1	A doctor		1 or 2 <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 5 or more <input type="checkbox"/>
2	A nurse or similar		1 or 2 <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 5 or more <input type="checkbox"/>

Services used since your enrolment in the AARDVARK trial on

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Section A: Service use for reasons related to your aneurysm

1.1 Have you had further hospital treatment of your aneurysm?

Yes No

(If no, go to question 1.3)

1.2A If yes, where was this? Name of Hospital: _____

1.2B If yes, did you have a different type of scan (not ultrasound) to image your aneurysm?

Yes No

1.2C If yes, did you have an operation?

Yes No

1.2D How many appointments have you had with the doctor or nurse at an outpatients department because of your aneurysm?

	Who?	How many times?	<u>OR</u> if you can't remember the exact number of times <u>tick one of the following boxes</u>		
1	A doctor		0 <input type="checkbox"/>	1 or 2 <input type="checkbox"/>	3 or more <input type="checkbox"/>
2	A nurse or similar		0 <input type="checkbox"/>	1 or 2 <input type="checkbox"/>	3 or more <input type="checkbox"/>

1.3 Have you seen your GP because of your aneurysm?

Yes No (if no go to question 2 about Social Services)

1.4 If yes, how many times have you seen the GP?

<u>Exact number of times</u>	<u>OR if you can't remember the exact number of times tick one of the following boxes</u>		
<u> </u> time(s)	1 or 2 <input type="checkbox"/>	3 or 4 <input type="checkbox"/>	5 or more <input type="checkbox"/>

2 Use of social services

2.1 Have you seen a social worker for reasons related to your aneurysm since

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(enrolment)

Yes No

2.2 If yes, how many times?

<u>Exact number of times</u>	<u>OR if you can't remember the exact number of times tick one of the following boxes</u>		
_____ time(s)	1 or 2 <input type="checkbox"/>	3 or 4 <input type="checkbox"/>	5 or more <input type="checkbox"/>

2.3 Has a home carer (someone from social services who comes to assist with cleaning and feeding) visited you since

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*<please relevant insert date here >

Yes No

2.4 If yes, how often have has the home carer visited you?

Once a day 1 – 2 times a week
Once a month Other (please specify) _____

2.5 For how many weeks have you had a home carer?

<u>Exact number of weeks</u>	<u>OR if you can't remember exactly how many weeks tick one of the following boxes</u>
____ weeks	1-3 weeks <input type="checkbox"/> 4-7 weeks <input type="checkbox"/> 8-12 weeks <input type="checkbox"/>

2.6 Did you have a home carer before *<please relevant insert date here >?

Yes No

3 Input from patients and carers

3.1 Have you had to leave paid employment because of your aneurysm?

Yes No

3.2 Have you had to take time off work because of your aneurysm?

Yes No

3.3 If yes, how many days?

<u>Exact number of days</u>	<u>OR if you can't remember the exact number of days tick one of the following boxes</u>
____ days	1-5 days <input type="checkbox"/> 6-10 days <input type="checkbox"/> more than 10 days <input type="checkbox"/>

3.4 Have any of your friends or relatives had to have time off work for reasons relating to your aneurysm?

Yes No

3.5 If yes, how many days?

<u>Exact number of days</u>	<u>OR if you can't remember the exact number of days tick one of the following boxes</u>
____ days	1-5 days <input type="checkbox"/> 5-10 days <input type="checkbox"/> more than 10 days <input type="checkbox"/>

3.6 Do any of your family or friends help you with feeding, washing or dressing?

Yes No

3.7 If **yes**, on average for how many hours a day?

<u>Exact</u> number of hours	<u>OR</u> if you can't remember the exact number of hours <u>tick one of the following boxes</u>
____ hours	2 hours or less <input type="checkbox"/> 3 to 5 hours <input type="checkbox"/> More than 5 hours <input type="checkbox"/>

Section B: Service use for reasons *not related* to your aneurysm

4.1 Have you had hospital treatment by either a **doctor or nurse** for **anything other** than your aneurysm (examples might include breathing problems, skin rashes, chest pain, constipation etc) since

date of enrollment

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Yes No

4.2 If **yes**, where was this?

Name of Hospital: _____

4.3 If **yes**, what was the treatment for?

4.4 How many appointments have you had with the doctor or nurse at an outpatients department for reasons *unrelated* to your aneurysm?

Who?	How many times?	<u>OR if you can't remember the exact number of times tick one of the following boxes</u>
A doctor		1 or 2 <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 5 or more <input type="checkbox"/>
A nurse		1 or 2 <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 5 or more <input type="checkbox"/>

4.5 Have you seen your GP for reasons *unrelated* to your aneurysm?

Yes No

4.6 If yes, how many times have you seen the GP for reasons *unrelated* to your aneurysm?

<u>Exact</u> number of times	<u>OR</u> if you can't remember the exact number of times <u>tick one of the following boxes</u>
____times	1 or 2 <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 5 or more <input type="checkbox"/>

Many thanks for your help.