

PATIENT'S QUESTIONNAIRE	Cost questionnaire	Participant UTIN	Visit date
	Part 1	___/___	DD / MMM / YYYY

QUESTIONNAIRE FOR MEASURING COSTS TO PREGNANT MOTHERS WITH EPILEPSY ON ANTIEPILEPTIC MEDICATION

The aim of the questionnaire:

Health care programmes that treat conditions affect a large number of people. However, very little is known about the hidden costs of these treatments to the health service and to individuals taking part. An estimation of the costs would be incomplete if we did not consider the cost to the patients when attending for treatment. By doing this we can find out if the service we provide is valuable for each individual. The information we get from this questionnaire will help us to find out this valuable information, and will be part of the EMPIRE study.

What you need to do:

We would appreciate it if you would take time to fill in this short questionnaire. Please answer every question. We are interested in this particular visit for your pregnancy. If you are not sure or cannot remember the exact details, please give the best answer you can. You do not have to put your name on the questionnaire and therefore the information you provide is anonymous.

For all visits after the first one

If your travel cost arrangements have not changed since you last filled in the questionnaire, please tick **HERE**.

If they have changed, please can you complete the questionnaire below.

Thank you for your participation in the EMPIRE study, your time and interest are very much appreciated

Thinking about your most recent visit to the hospital clinic:

1. What would have been your **main** activity if you had not attended the clinic?

- Paid employment
- Looking after relatives
- Leisure activities
- Housework
- Studying at college
- Other *Please specify* _____

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If you are in paid employment, please answer question 2, if not go to question 3.

2. What arrangements did you make to take time off work? (Please tick one box)

- Paid absence from work
- Unpaid absence from work
- Will make the time up
- Came to clinic outside work time
- Took holiday
- Other arrangements *Please specify* _____

3. How long did it take you to travel to the clinic?

_____ hours _____ minutes

4. Approximately what distance did you have to travel to get to the clinic (one-way)?

_____ miles

5.a) How did you travel to the clinic? Please tick the main forms of transport.

- Walking
- Private car
- Public transport - bus
- Public transport - train
- Taxi
- Other *Please specify* _____

b) If you travelled by **private car, were you given a lift by someone else?**

Yes No

c) If you travelled by **private car, how much was paid in car park fees?**

£ ____ p ____

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d) If you travelled by **public transport (bus or train)**, what was the cost of the one-way fare? If you were given a return fare, simply halve it. Put zero if you did not travel by public transport at all or you did not pay a fare.

£____p____

e) If you travelled by **taxi** what was the cost of the (one-way) fare? Put zero if you did not travel by taxi at all or you did not pay a fare.

£____p____

6. Did anyone accompany you to the clinic

and wait for you while you received your care? Yes No

If yes, did they take time off work? Yes No

7. If you have other dependants,

Did you pay someone to look after them?

Yes No Not Applicable

If yes, how much did it cost? £____ p____

or

Did someone take time off work to look after them? Yes No

8. How long did you spend waiting at the clinic before your appointment?

_____ hours _____ minutes

If you have any comments about your costs for attending the clinic or anything else about this study please write them below.

Thank you for taking the time to complete this questionnaire.