



# PEGASUS

## Patient Resource Use Questionnaire

(Adult: 16 and over)

### IDENTIFYING DETAILS

Trial No.: <input type="text"/> <input type="text"/> <input type="text"/>		Participant initials: <input type="text"/> <input type="text"/> <input type="text"/>	
Hospital Name:			
Principal Investigator:			
Date of visit:		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

### TIMEPOINTS

Please indicate below, which visit this CRF relates to

Visit 1, week 1 <input type="checkbox"/>	Visit 3, month 3 <input type="checkbox"/>	Visit 5, month 12 <input type="checkbox"/>
Visit 2, month 1 <input type="checkbox"/>	Visit 4, month 6 <input type="checkbox"/>	

### 1. Are you currently (please tick one option)

- Employed full-time  <sub>0</sub>      Employed part-time  <sub>1</sub>      Self-employed  <sub>2</sub>      Retired  <sub>3</sub>
- Full-time parent/  
guardian  <sub>4</sub>      Full-time carer  <sub>5</sub>      Unemployed  <sub>6</sub>      Student in full time  
education  <sub>7</sub>

Other (please specify): <sub>8</sub> \_\_\_\_\_

If you are currently in any form of employment please complete questions 1a, 1b & 1c.  
Otherwise, please move to question 2.

> 1a. What is your job title? \_\_\_\_\_

> 1b. Since your last appointment at this clinic, how many days of work have you missed because of your burn injury?

- 0 days       ½ a day       If 1 or more full days,  
please specify

**> 1c. If you are currently in employment:**

Since your last appointment, how much of the time **at work** did your burn injury make it difficult for you to do the following? (Please tick an appropriate box for each item)

	All of the time (100 %)	Most of the time	Half of the time (50%)	Some of the time	None of the time (0%)
<b>Time Management</b> (ability to handle time and scheduling demands of the job)					
<b>Physical work</b> (ability to perform job tasks involving bodily strength, movement, endurance, coordination & flexibility)					
<b>Mental</b> (ability to perform cognitive job tasks)					
<b>Interpersonal</b> (ability to perform interpersonal job tasks)					
<b>Output</b> (ability to produce work output in a high quality and timely manner)					

**2. Since your last appointment, have you seen a doctor at your doctor's surgery OR seen a doctor at home for any reason relating to your health?**

Yes  (complete 2a, 2b & 2c)

No  (move to Q3)

**> 2a. IF YES:** How many times have you...

Seen a doctor at the surgery

Have you been visited at home by a doctor

**> Were any of these visits related specifically to your burn injury?**

**> 2b. IF YES:** How many surgery visits?

**> 2c. IF YES:** How many home visits?

**3. Since your last appointment, have you seen a nurse at your doctors surgery OR seen a nurse at home for any reason relating to your health?**

Yes  (complete 3a, 3b & 3c)

No  (move to Q4)

> **3a. IF YES:** How many times have you...

Seen a nurse at the surgery

Have you been visited by a nurse at home

> **Were any of these visits related specifically to your burn injury?**

> **3b. IF YES:** How many visits to the surgery?

> **3c. IF YES:** How many home visits?

**4. Since your last appointment, have you been to hospital for any reason relating to your health (other than this appointment today)?**

Yes  (complete 4a & 4b)

No  (move to Q5)

> **4a. IF YES:** How many times have you been to hospital?

> **4b. IF YES:** How many of these visits related to your burn injury?

> **4c. IF YES:** please provide details (e.g. A&E)

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**5. Since your last appointment at this clinic, have you received physiotherapy?**

Yes  (complete 5a)

No  (move to Q6)

> **5a. IF YES:** How many times?

> **5b. IF YES:** How many times related to your burn injury?

> **5c. If YES:** Please tick a box below relating to the provider?

NHS at the hospital

NHS at home

Private (I paid)

**6. Since your last appointment at this clinic, have you received any counselling?**

Yes  (complete 6a, 6b & 6c)

No  (move to Q7)

> **6a. IF YES:** How many times?

Number

> **6b. IF YES:** How many times related to your burn injury?

Number

> **6c. IF YES:** Please tick a box below relating to the provider?

NHS at the hospital

NHS at home

Private (I paid)

**7. Since your last appointment has your GP prescribed any medicines or creams for your burn injury? (Do not include creams or medicines provided today as part of the research study)**

Type of item	Name of item (e.g. Ibuprofen)	Cost to you (i.e. prescription cost – could be £0)
Painkiller		£
Moisturiser		£
Antibiotics		£
Sun cream/block		£
Other		£

**8. Since your last appointment, have you bought any additional medicines, creams, gadgets, or clothing over the counter (without prescription), because of your burn injury?**

Type of item	Name of item (e.g. Paracetamol)	Cost to you
Painkiller		£
Sun cream		£
Moisturiser		£
Alternative / complementary therapy		£
Clothing (specifically relating to your burn injury)		£
Vitamin Supplement		£
Other		£

**9. Since your last appointment, how much have you spent on care because you have been unable to look after a child or dependent due to your burn injury? (Include any care you have arranged in order to attend this appointment and similar appointments)**

I do not have children or a dependent   
(i.e. not applicable)

Not needed any childcare/other care       Had only informal childcare/other care       I have spent £\_\_\_\_\_ on childcare/other care

**10. About how you travelled to this appointment**

<b>Cost of bus tickets</b>	£ <input type="text"/>	One way <input type="checkbox"/> Return <input type="checkbox"/>	<b>Cost of rail tickets</b>	£ <input type="text"/>	One way <input type="checkbox"/> Return <input type="checkbox"/>
<b>Cost of taxi fares</b>	£ <input type="text"/>	One way <input type="checkbox"/> Return <input type="checkbox"/>	<b>Approximate mileage by car</b>	<input type="text" value="Number"/>	One way <input type="checkbox"/> Return <input type="checkbox"/>
			<b>Car parking charges</b>	£ <input type="text"/>	

**Has another adult accompanied you to the hospital today?**

Yes       No

**> IF YES:** Have they taken time away from work or from caring for a dependent?      Yes       No

**11. If you have any further comments please use the box below...**

**THANK YOU!**

**When completed please return to a member of the study team**



**PEGASUS**  
**Patient Resource Use Questionnaire**  
**(Parents/ guardians of patients aged**  
**15 years and under)**

**IDENTIFYING DETAILS**

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**TIMEPOINTS**

Please indicate below, which visit this CRF relates to

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Visit 2, month 1 <input type="checkbox"/>	Visit 4, month 6 <input type="checkbox"/>	

**1. Are you currently (please tick one option)**

- Employed full-time  <sub>0</sub>      Employed part-time  <sub>1</sub>      Self-employed  <sub>2</sub>      Retired  <sub>3</sub>  
Full-time parent/  
guardian  <sub>4</sub>      Full-time carer  <sub>5</sub>      Unemployed  <sub>6</sub>      Student in full time  
education  <sub>7</sub>

Other (please specify): <sub>8</sub> \_\_\_\_\_

**If you are currently in any form of employment please complete questions 1a & 1b.**  
**Otherwise, please move to question 2.**

> **1a.** What is your job  
title? \_\_\_\_\_

> **1b. Since your child's last appointment at this clinic, how many days of work have you missed because of your child's burn injury (e.g. providing care at home and attending appointments such as this one)?**

0 days

½ a day

If 1 or more full days,  
please specify

Number

## 2. Is your partner / your child's other parent currently:

Employed full-time  0

Employed part-time  1

Self-employed  2

Retired  3

Full-time parent/  
guardian  4

Full-time carer  5

Unemployed  6

Student in full time  
education  7

Other (please specify): 8 \_\_\_\_\_

**If your partner / your child's other parent is currently in any form of employment please complete questions 2a & 2b. Otherwise, please move to question 3.**

> **2a.** What is their job  
title? \_\_\_\_\_

> **2b.** Since your child's last appointment at this clinic, how many days of work have they missed because of your child's burn injury (e.g. providing care at home and attending appointments such as this one)?

0 days

½ days

If 1 or more full days, please  
specify

Number

Don't know

## 3. Since their last appointment, has your child been seen by a doctor at their doctor's surgery OR been seen a doctor at home for any reason relating to their health?

Yes  (complete 3a, 3 & 3c)

No  (move to Q4)

> **3a. IF YES:** How many times in total have they...

Seen a doctor at the surgery  Number

Have they been visited at home by a  
doctor  Number

> **IF YES:** How many of these visits related specifically to their burn injury?

> **3b.** How many surgery visits?  Number

> **3c.** How many home visits?  Number



**4. Since their last appointment, has your child been seen a nurse at their doctors surgery OR seen a nurse at home for any reason relating to their health?**

Yes  (complete 4a,4b & 4c)

No  (move to Q5)

> **4a. IF YES:** How many times in total have they...

Seen a nurse at the surgery

Have they been visited by a nurse at home

> **IF YES:** Were any of these visits related specifically to their burn injury?

> **4b.** How many visits to the surgery?

> **4c.** How many home visits?

**5. Since their last appointment, has your child been to hospital for any reason relating to their health (other than this appointment today)?**

Yes  (complete 5a,5b & 5c)

No  (move to Q6)

> **5a. IF YES:** How many times have they been to hospital?

> **5b. IF YES:** How many of these visits related to their burn injury?

> **5c.** Please give brief details (e.g. A&E) \_\_\_\_\_

**6. Since their last appointment, has your child received physiotherapy?**

Yes  (complete 6a, 6b & 6c)

No  (move to Q7)

> **6a. IF YES:** How many times?

> **6b. IF YES:** How many times related to their burn injury?

> **6c IF YES:** Please tick the relevant box below regarding the provider of that physiotherapy?

NHS at hospital

NHS at home

Private (I paid)

**7. Since their last appointment, has your child received any counselling?**

Yes  (complete 7a, 7b & 7c)

No  (move to Q8)

> **7a. IF YES:** How many times?

Number

> **7b. IF YES:** how many times related to their burn injury?

Number

**IF YES:** Please tick the relevant box below regarding the provider?

NHS at hospital

NHS in the community

Private (I paid)

**8. Since their last appointment, has your child's GP prescribed any medicines or creams for their burn injury?** (Do not include creams or medicines provided today as part of the research study)

Type of item	Name of item (e.g. Ibuprofen)	Cost to you (i.e. prescription cost – could be £0)
Painkiller		
Moisturiser		
Antibiotics		
Sun cream/block		
Other		

**9. Since their last appointment, have you bought any additional medicines, creams, gadgets, or clothing over the counter (without prescription), because of your child's burn injury?**

Type of item	Name of item (e.g. Paracetamol)	Cost to you
Painkiller		£
Sun cream		£
Moisturiser		£
Alternative / complementary therapy		£
Clothing (specifically relating to your burn injury)		£
Vitamin Supplement		£
Other		£

**10. Since their last appointment, how much have you spent on childcare because of time away from school/nursery due to your child's burn injury or childcare for a sibling whilst attending appointments?**

Not needed any childcare

Had only informal childcare

I have spent £\_\_\_\_\_ on childcare

**11. About how you and your child travelled to this appointment**

**Cost of bus tickets**

£

One way

Return

**Cost of rail tickets**

£

One way

Return

**Cost of taxi fares**

£

One way

Return

**Approximate mileage by car**

Number

One way

Return

**Car parking charges**

£

**11a. Has another adult accompanied you and your child to the hospital today?**

Yes

No

> **11b. IF YES:** Have they taken time away from work or from caring for a dependent?)

Yes

No

> **11c. IF YES:** Have they incurred additional travel costs (not listed above)? (Please summarise with amounts)

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**12. If you have any further comments please use the box below...**

**THANK YOU!**

**When completed please return to a member of the study team**