Clinic Name: _____ Study ID: | | | | | |

E-Freeze Economic Questionnaire

Thank you for agreeing to be part of the E-Freeze study. We would really appreciate it if both you and your partner would each complete this questionnaire. All the information is confidential and your answers will not affect your treatment in any way.

We are interested in finding out about any extra time and travel costs that you may have incurred to access your IVF treatment as part of the study.

When you have completed the questionnaire, please seal it in the envelope provided and return it to a member of staff. The envelope will not be opened by staff at your clinic.

Name: _____ **Male** ☐ **Female** ☐

Date of completion: D D / M M / Y Y

For NPEU office use

	Date	Initials
Received	D D / M M / Y Y (Day / Month / Year)	
Logged	D D / M M / Y Y (Day / Month / Year)	
1st entry	D D / M M / Y Y (Day / Month / Year)	
2nd entry	D D / M M / Y Y (Day / Month / Year)	

NHS
National Institute for Health Research

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Section 1: Number of visits to the clinic

1.1 **Between the time of being allocated to your embryo transfer method as part of the E-Freeze trial and coming in for embryo transfer, have you visited your treatment clinic for any reason?** *(e.g. for blood / monitoring tests; counselling; or to accompany your partner - Please do not count this current visit)* Yes ☐ No ☐

If Yes, how many times? ☐☐

If you answered yes to question 1, please continue to question 2, otherwise, thank you, there are no further questions.

The next set of questions refer to **your last visit** to the clinic, rather than this visit.

Section 2: How you travelled

2.1 **When you last visited your IVF treatment clinic, how did you travel?**
If you used more than one form of transport, please indicate the way you travelled for the main (in terms of distance) part of your journey.

Mode of transport	Please tick one box
Train	☐
Bus / Tram	☐
Car	☐
Taxi	☐
Hospital transport / ambulance	☐
Walk / cycle	☐
Other, please specify below	☐

If Other, please specify here: _____

Section 3: Cost of your last visit

3.1 **If you travelled by taxi or public transport, what was the approximate total combined return cost of the fare(s)?** £ ☐☐.☐☐

3.2 **If you travelled by car (or similar), approximately:**

How much did you have to pay in parking fees? £ ☐☐.☐☐

How many miles did you travel ☐☐☐ miles

3.3 **Other costs. Please provide details of any additional costs, above your normal outlay, that you incurred as a result of your last visit.**

Cost incurred (e.g. childcare)	How much you had to pay?
	£ ☐☐·☐☐
	£ ☐☐·☐☐
	£ ☐☐·☐☐
	£ ☐☐·☐☐

Section 4: Time commitment for your last visit

4.1 **Please tell us how long in total it took you to travel to, attend, and return from your most recent visit** (please include time at the clinic as well as travel time. If you needed to stay overnight, please include this time).

☐☐☐ hours ☐☐ **mins**

If you were not attending your appointment, what would you otherwise have been doing? *(Please tick the appropriate box)*

Activity	Please tick one box
Paid work	☐
Voluntary work	☐
At home looking after family or dependents	☐
In education	☐
Unemployed	☐
Unable to work because of disability or ill health	☐
Leisure activities	☐
Other, please specify below	☐

If Other, please specify here: _____

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

E-Freeze Trial

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