TOPSAT 2

TREATMENT OF POOR-GRADE SUBARACHNOID HAEMORRHAGE TRIAL 2

12-month follow-up questionnaire

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NIHR 13/29/83

About this Questionnaire

These questions ask about your health.

Please think carefully about each question. They can be answered by ticking the box next to the answer which applies to you.

If you are unsure how to answer any question, please give the best answer you can and write in any comments you want to make.

If you are unable to answer the questions yourself please ask a relative, friend or carer to help you.

If you make any errors whilst completing this form, please strike through the incorrect data with a horizontal line and initial and date any changes.

Please contact the study team if you have any uncertainty regarding completion.

If you would prefer to complete this questionnaire online please log on to the study website (www.topsat2.co.uk) using your study randomisati on number

Section 1

First some details about yourself and where you are living since completing your 6 month questionnaire.

1. Today's date? / /

DD / MMM / YYYY

2. Please indicate who is completing this questionnaire:

Yourself ☐

Yourself with help ☐

Someone else ☐ (please specify relationship) _____

3. At present are you living:

Please tick only ***one*** of the boxes

At home alone ☐

At home not alone ☐

In a residential home ☐

In a nursing home ☐

In a hospital ☐

4. If you are living in a residential or nursing home when did you move there?

/ /

DD / MMM / YYYY

Please could you read the following descriptions from people who have similar medical problems to you and choose the one which most closely describes your present state <u>today</u>?

Tick one box only below		mRS (Office use only)
	I have no symptoms at all and cope well with life.	0
	I have few symptoms but these do not interfere with my everyday life.	1
	I have symptoms which have caused some changes in my life but I am still able to look after myself.	2
	I have symptoms which have significantly changed my life and prevent me from coping fully, and I need some help in looking after myself.	3
	I have quite severe symptoms which mean I need to have help from other people but I am not so bad as to need attention day and night.	4
	I have major symptoms which severely handicap me and I need constant attention day and night.	5

(Please tick ***one*** of the boxes only)

<u>Section 2</u>

These questions concern your health state today.

Please indicate which statement best describes your own health state today.

Mobility (Please tick ***one*** of the boxes only)

I have no problems in walking about ☐

I have some problems in walking about ☐

I am confined to bed ☐

Self Care

(Please tick ***one*** of the boxes only)

I have no problems with self-care ☐

I have some problems washing and dressing myself ☐

I am unable to wash or dress myself ☐

Usual Activities (e.g. work, study, housework, family or leisure activities)

(Please tick ***one*** of the boxes only)

I have no problems with performing my usual activities ☐

I have some problems with performing my usual activities ☐

I am unable to perform my usual activities ☐

Pain/Discomfort

(Please tick ***one*** of the boxes only)

I have no pain or discomfort ☐

I have moderate pain or discomfort ☐

I have extreme pain or discomfort ☐

Anxiety/Depression

(Please tick ***one*** of the boxes only)

I am not anxious or depressed ☐

I am moderately anxious or depressed ☐

I am extremely anxious or depressed ☐

Section 3

These questions concern the contacts you have had with hospital since completing your 6 month questionnaire.

1. The date that you completed your 6 month questionnaire was: ☐ / / ☐

DD / MMM / YYYY

2. Have you needed to go to hospital since your last questionnaire?

Yes ☐

No ☐

(Please tick ***one*** of the boxes only)

3. Was this for a routine follow-up appointment or for another reason?

Routine follow-up regarding your brain haemorrhage ☐

Emergency admission regarding your brain haemorrhage ☐

Something different not concerning your brain haemorrhage ☐

4. Did you have to stay in hospital?

Yes ☐ Number of days ☐

No ☐

5. What was the reason for your stay in hospital?

_____

_____

_____

_____

6. Have you experienced any other serious medical problems since your last questionnaire?

Yes ☐
No ☐

If yes, please give details:

_____

_____

_____

_____

Your answers to these questions will help us improve treatment for brain haemorrhage in the future. If there are any queries, we may contact you directly.

Thank you very much for filling in this questionnaire.

Please return it to:

in the stamped addressed envelope enclosed

If you need the help of a study team member to complete this questionnaire please telephone XXXX