

UNIVERSITY OF
NEWCASTLE



NESSTAC

North of England and Scotland Study of Tonsillectomy and
Adeno-tonsillectomy in Children

The Tonsil Study

Parent's Questionnaire



How to answer these questions

Throughout this questionnaire we talk about your child's "condition". By "condition" we mean any **sore throats** your child has had, together with any **complications as a result of the sore throats** and any treatment **side-effects**. We are interested in finding out whether your child's condition has affected everyday life, both for him or her and for you and your family. We would also like to know about any use of health services for your child's condition. **It is important to hear from you even if your child has not suffered any sore throats for a while.**

Some questions ask you to think back over the **last month** and some over the **last three months**. This is because we realise that some things are easier to recall than others. Please read the instructions carefully throughout the questionnaire.

Almost all the questions can be answered simply by ringing a number next to the answer which applies to your child. Occasionally you are asked to write in the answer.

Usually, after answering a question, you should go on to the next one. Sometimes there will be an instruction in a shaded box next to the number you ring, telling you which question to answer next.

Example:	Yes	1	Answer a)
	No.....	2	Go to Q7

In this example if you circle 1 for 'Yes' you should go on to answer part a).

If you circle 2 for 'No' you should go to question 7.

If you are unsure about how to reply to a particular question, please give the best answer you can and write in any other comments you have. Please contact us if you have any questions – a contact number is given at the end of the questionnaire.

The information you provide will be **strictly confidential**. Your child's name will not appear on the questionnaire and any information you give us will not be used in any way that could identify you or your child personally.

Your child's condition

1. **Over the last three months**, has your child had any sore throats at all?

Yes..... 1

Answer Q2

No..... 2

Go to Q8

9

2. **Over the last three months**, how many sore throats, each lasting **less than two weeks**, has your child had?

sore throats

10-11

3. How long did your child's **most recent** sore throat last?

days

12-13

4. **Over the last 3 months**, has your child had any **constant or chronic** sore throats that lasted more than 2 weeks?

Yes..... 1

Answer a)

No..... 2

Go to Q5

14

If yes, a) How many weeks were they affected in total? weeks

15-16

5. Sometimes sore throats can lead on to other problems or complications. Did any of the episodes of sore throat your child had result in any complications?

Yes, ear infection..... 1

Yes, other complications (*please say what these were below*)..... 2

.....

No, no complications..... 3

Please ring
all that
apply

17

19

6. **Over the last 3 months**, has your child taken any antibiotics to treat his/her sore throats and/or related complications?

Yes..... 1

Answer Q7

No..... 2

Go to Q8

20

7. Sometimes children get side-effects from the antibiotics they take. **Over the last three months**, has your child suffered any of these symptoms either while they were taking or during the week after taking antibiotics?

Feeling sick (nausea) and or being sick (vomiting)..... 1

Diarrhoea..... 2

Skin rash..... 3

Thrush (yeast infection)..... 4

Other side-effects (*please say what these were*)..... 5

.....

No, no side effects..... 6

**Please ring
all that
apply**

21

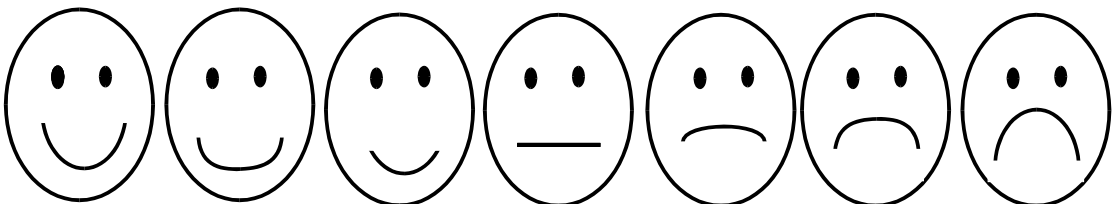
26

The next set of questions asks you to say how much you **agree or disagree** with each of the statements. Please show how much you agree or disagree **by circling one number on each line.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
8. Over the last 3 months , my child has not grown or not put on as much weight as I think he/she should	1	2	3	4	5	27
9. Over the last 3 months , my child has put on too much weight	1	2	3	4	5	
10. Over the last 3 months , my child has missed out on their usual day to day activities (eg playing with friends, regular clubs and hobbies) because of their condition	1	2	3	4	5	
11. Over the last 3 months , my child has missed out on activities that are important to him/her (eg birthday parties, playing sport in a school team, being in the school play, school trips out) because of their condition	1	2	3	4	5	
12. Over the last 3 months , the whole family has had to reschedule or miss out on activities because of my child's condition	1	2	3	4	5	31

13. **Taking everything together**, which of the faces below shows **best** how you feel about your child's life as a whole?

(Please ring the number under the face which shows **best** how you feel)



1

2

3

4

5

6

7

About the next set of questions

Please tell us **how much of a problem** each one has been for your child during the past **ONE month** by circling:

- 0** if it is **never** a problem
- 1** if it is **almost never** a problem
- 2** if it is **sometimes** a problem
- 3** if it is **often** a problem
- 4** if it is **almost always** a problem

There are no right or wrong answers.

Physical functioning (problems with...)	Never	Almost Never	Some -times	Often	Almost Always
14. Walking down the road a little bit	0	1	2	3	4
15. Running	0	1	2	3	4
16. Participating in sports or running games	0	1	2	3	4
17. Lifting heavy things	0	1	2	3	4
18. Having a bath or shower by him or herself	0	1	2	3	4
19. Doing chores, like picking up his or her toys	0	1	2	3	4
20. Having hurts or aches	0	1	2	3	4
21. Feeling very tired	0	1	2	3	4

33

40

Emotional functioning (problems with...)	Never	Almost Never	Some -times	Often	Almost Always
22. Feeling afraid or scared	0	1	2	3	4
23. Feeling sad or unhappy	0	1	2	3	4
24. Feeling angry or cross	0	1	2	3	4
25. Trouble sleeping at night	0	1	2	3	4
26. Worrying about what will happen to him or her	0	1	2	3	4

41

45

Social functioning (problems with...)	Never	Almost Never	Some -times	Often	Almost Always
27. Getting on with other children	0	1	2	3	4
28. Other children not wanting to be his or her friend	0	1	2	3	4
29. Getting bullied by other children	0	1	2	3	4
30. Not able to do things that other children his or her age can do	0	1	2	3	4
31. Keeping up when playing with other children	0	1	2	3	4

46

50

School functioning (problems with...)	Never	Almost Never	Some -times	Often	Almost Always
32. Paying attention in class	0	1	2	3	4
33. Forgetting things	0	1	2	3	4
34. Keeping up with schoolwork	0	1	2	3	4
35. Having days off school because of not feeling well	0	1	2	3	4
36. Having days off school to go to the doctor or hospital	0	1	2	3	4

51

55

Use of NHS health services

The next set of questions asks you about your child's use of NHS health services **over the last three months**. We are interested **both** in **overall** use of NHS health services and in use of NHS health services **for the condition**. **Remember – by condition we mean any sore throats, complications of sore throats, and any side-effects of treatment.**

37. **Over the past three months**, have you done any of the following because of your child's **condition** or **other health reasons**?
If yes, please tell us the number of times. (Please be sure to answer either 'yes' or 'no' to every item.)
- a) **Has your child been seen by the family doctor or another GP at a doctor's surgery?**
- | | | | | | | |
|---|---|---|---------------------------|----------------------|----------------------|-------|
| Yes, because of their condition | 1 | → | Please write in no. times | <input type="text"/> | <input type="text"/> | 9-11 |
| Yes, because of other health reasons .. | 2 | → | Please write in no. times | <input type="text"/> | <input type="text"/> | 12-14 |
| No | 3 | | | | | 15 |
- b) **Has your child been seen by a nurse at a surgery?**
- | | | | | | | |
|---|---|---|---------------------------|----------------------|----------------------|-------|
| Yes, because of their condition | 1 | → | Please write in no. times | <input type="text"/> | <input type="text"/> | 16-18 |
| Yes, because of other health reasons .. | 2 | → | Please write in no. times | <input type="text"/> | <input type="text"/> | 19-21 |
| No | 3 | | | | | 22 |
- c) **Did you speak to a nurse from a doctor's surgery about your child on the telephone?**
- | | | | | | | |
|---|---|---|---------------------------|----------------------|----------------------|-------|
| Yes, because of their condition | 1 | → | Please write in no. times | <input type="text"/> | <input type="text"/> | 23-25 |
| Yes, because of other health reasons .. | 2 | → | Please write in no. times | <input type="text"/> | <input type="text"/> | 26-28 |
| No | 3 | | | | | 29 |
- d) **Did you speak to a doctor about your child on the telephone?**
- | | | | | | | |
|---|---|---|---------------------------|----------------------|----------------------|-------|
| Yes, because of their condition | 1 | → | Please write in no. times | <input type="text"/> | <input type="text"/> | 30-32 |
| Yes, because of other health reasons .. | 2 | → | Please write in no. times | <input type="text"/> | <input type="text"/> | 33-35 |
| No | 3 | | | | | 36 |
- e) **Did you phone NHS Direct about your child?**
- | | | | | | | |
|---|---|---|---------------------------|----------------------|----------------------|-------|
| Yes, because of their condition | 1 | → | Please write in no. times | <input type="text"/> | <input type="text"/> | 37-39 |
| Yes, because of other health reasons .. | 2 | → | Please write in no. times | <input type="text"/> | <input type="text"/> | 40-42 |
| No | 3 | | | | | 43 |

f) Has your child been seen by a nurse at home?

Yes, because of their condition 1 → Please write in no. times

--	--

 44-46

Yes, because of other health reasons .. 2 → Please write in no. times

--	--

 47-49

No 3 50

g) Has your child been seen by a doctor at home?

Yes, because of their condition 1 → Please write in no. times

--	--

 51-53

Yes, because of other health reasons .. 2 → Please write in no. times

--	--

 54-56

No 3 57

h) Has your child visited an emergency doctor at an "out of hours" clinic?

Yes, because of their condition 1 → Please write in no. times

--	--

 58-60

Yes, because of other health reasons .. 2 → Please write in no. times

--	--

 61-63

No 3 64

i) Has your child been to a hospital casualty (A&E) department?

Yes, because of their condition 1 → Please write in no. times

--	--

 65-67

Yes, because of other health reasons .. 2 → Please write in no. times

--	--

 68-70

No 3 71

j) Has your child been seen by a doctor at a hospital clinic, hospital ward or outpatient department?

Yes, because of their condition 1 → Please write in no. times

--	--

 72-74

Yes, because of other health reasons .. 2 → Please write in no. times

--	--

 75-77

No 3 78

k) Has your child been admitted to hospital as an in-patient or a day patient?

Yes, because of their condition 1 → Please write in no. times

--	--

 79-81

Yes, because of other health reasons .. 2 → Please write in no. times

--	--

 82-84

No..... 3 85

l) Did your child make use of the emergency ambulance service at all?

Yes, because of their condition 1 → Please write in no. times

--	--

 86-88

Yes, because of other health reasons .. 2 → Please write in no. times

--	--

 89-91

No 3 92

m) Has your child had some other contact with the NHS?

Yes, because of their condition 1 → Please write in no. times

--	--

 93-95

Yes, because of other health reasons .. 2 → Please write in no. times

--	--

 96-98

No 3 99

Costs of your child's condition

The next set of questions are about the costs of your child's **condition** and of any **treatment for their condition**. Remember – by condition we mean any sore throats, complications of sore throats, and any side-effects of treatment.

38. **Over the last three months**, have you bought any medicines (for example Calpol, throat sweets, herbal remedies) for your child from a pharmacy or other shop? **Do not include prescription medicines like antibiotics as we are getting this information from your doctor.**

Yes..... 1

Answer a)

No..... 2

Go to Q39

If yes, a) Please write down the name of each medication you bought for your child **over the last three months**, and how much you spent on it.

Please give the name(s) of the medication <i>(Brand name if possible)</i>	How much did you pay for it overall?		Did they take this medication for their condition? (please tick if yes)
	£	p	

10-16

17-23

24-30

31-37

38-44

39. **Over the last three months**, has your child missed any days at school **because of his/her condition**?

Yes..... 1

Answer a)

No..... 2

Go to Q40

Does not apply – my child is not yet at school..... 3

Go to Q42

45

If yes, a) How many days of school has your child missed in the last three months **because of their condition**?

Number of days missed (*please write in*) days

46-47

40. **Over the last three months**, do you think **your child's condition** has affected his/her progress at school?

Yes, progress has been affected..... 1

Go to Q41

No, progress has not been affected..... 2

Go to Q42

Not sure..... 3

48

41. **Over the last three months**, has your child had any private tuition/coaching because his/her progress at school has been affected **due to their condition**?

Yes..... 1

Answer a)

No..... 2

Go to Q42

49

If yes, a) How much did you pay for this?

£ . p

50-55

42. **Over the last three months, did you have any other extra expenses because of your child's condition?**

Yes..... 1

Answer a)

No..... 2

Go to Q43

56

If yes, a) Please tell us the reason and how much you have spent on each item:

Item 1: Reason for expense 57-58

Amount spent overall £ . p 59-62

Item 2: Reason for expense 63-64

Amount spent overall £ . p 65-68

Item 3: Reason for expense 69-70

Amount spent overall £ . p 71-74

Item 4: Reason for expense 75-76

Amount spent overall £ . p 77-80

Your child and your work

The next set of questions are about the impact of your child's **condition and treatment** on your employment. **Remember – by condition we mean any sore throats, complications of sore throats, and any side-effects of treatment.**

43. Which of the following **best** describes your current position about paid work?
*Please ring **one** number only.*

Full or part time..... 1

Retired..... 2

At home and not looking for paid employment..... 3
(eg looking after your home, family or other dependants)

Unable to work due to illness or disability..... 4

Unemployed and looking for work..... 5

In full time education..... 6

Other (*please write in*)..... 7

.....



The next set of questions asks about you and your work. **If you are not working at present for any reason then please tell us about your last main job.**

44. **IF YOU ARE WORKING**, please answer a) to f) below about your **present** job.

IF YOU ARE RETIRED OR ARE NOT WORKING AT PRESENT, please answer a) to f) below about your **last main** job.

IF YOU HAVE NEVER WORKED, please tick this box and go to Q52. 10

a) How many hours do you/did you work? hours per week 11-12

b) Please write in your job title: 13-16

c) What do/did you actually do? 17-18

d) What does the firm or organisation you work(ed) for make or do?

e) Are/were you? 19
An employee..... 1
or self-employed..... 2 20

f) Are/were you a manager, foreman or supervisor of any kind? 21
Yes, manager..... 1
Yes, supervisor..... 2
No, neither..... 3

49. **Over the last three months**, has your work **situation** been affected in any way **by your child's condition** (including changes due to an **improvement** in your child's condition)? *(please ring all that apply)*

No, no effect on my work at all..... 1

I took some time off work to look after my child but **no other effect**..... 2

Yes, I have not been able to work at all over the last 3 months 3

Yes, I stopped working and haven't started again..... 4

Yes, I was not working but I am now..... 5

Yes, I changed the type of job or tasks I do..... 6

Yes, I changed my place of work..... 7

Yes, I changed the number of hours I work..... 8

Yes, I retired early from work..... 9

Other *(please write in what)*..... 0

.....

Go to Q52

35

Go to Q50

44



50. **Over the last three months**, has there been any change in your earnings **from paid or self employment** because **of your child's condition**?

Yes, earnings have changed..... 1

Answer a) b) and c)

No, no change..... 2

Go to Q51

45

If your earnings have changed,

a) What were your earnings before the change? *(please give the amount before tax)*

£ p

Was that per ... *(please circle the one that applies)*

week

month

year

1

2

3

46-53

and b) What are your earnings now? *(please give the amount before tax)*

£ p

Is that per ... *(please circle the one that applies)*

week

month

year

1

2

3

54-61

and c) Was the change in your earnings due to:

A change in the number of hours you work..... 1

Answer a)

An increase in your wage..... 2

A decrease in your wage..... 3

Loss of a job..... 4

Go to Q51

62

If hours changed,

a) How many hours per week were you working **before the change**? hours

63-64

How many hours per week do you work **now**? hours

65-66

52. Are you:

Married or living with a partner..... 1

Divorced or separated..... 2

Widowed..... 3

Single..... 4

Answer Q53

Go to Q62

9

The next set of questions are about the impact of your child's condition and treatment on your **spouse or partner** and their employment. **(Remember – by condition we mean any sore throats, complications of sore throats, and any side-effects of treatment).**

53. Which of the following **best** describes your spouse or partner's current position about paid work? *Please ring **one** number only.*

Full or part time..... 1

Retired..... 2

At home and not looking for paid employment..... 3
(eg looking after your home, family or other dependants)

Unable to work due to illness or disability..... 4

Unemployed and looking for work..... 5

In full time education..... 6

Other (*please write in*)..... 7

.....

10

The next set of questions asks about your spouse or partner and their work. **If they are not working at present for any reason then please tell us about their last main job.**

54. **IF YOUR SPOUSE OR PARTNER IS WORKING**, please answer a) to f) below about their **present** job.

IF YOUR SPOUSE OR PARTNER IS RETIRED OR NOT WORKING AT PRESENT, please answer a) to f) below about their **last main** job.

IF YOUR SPOUSE OR PARTNER HAS NEVER WORKED, please tick this box and go to Q62.

11

a) How many hours does/did your partner work? hours per week

12-13

b) Please write in your spouse or partner's job title:

14-17

c) What do/did they actually do?

18-19

d) What does the firm or organisation they work(ed) for make or do?

e) Are/were they?

20

An employee..... 1

or self-employed..... 2

21

f) Are/were they a manager, foreman or supervisor of any kind?

Yes, manager..... 1

Yes, supervisor..... 2

No, neither..... 3

22

55. **Over the last three months**, has your spouse or partner been in paid employment/self employment **at all**?

Yes..... 1

Answer Q56

No..... 2

Go to Q59

23

56. **Over the last three months**, has your spouse or partner taken any time off work **because of your child's condition** (eg to look after your child when they were ill or to go with your child to the doctor or hospital)? **Do not include times when they took work home or made up the time later.**

Yes..... 1

Answer Q57

No..... 2

Go to Q59

24

57. How many days or hours did your spouse or partner take **altogether** in that time?

days **or** hours

25-28

58. Did your spouse or partner lose any earnings while off work to look after your child in that time?

Yes..... 1

Answer a)

No..... 2

Go to Q59

29

If yes, a) Please write in the amount of earnings they lost: £ p

30-35

59. **Over the last three months**, has your **spouse or partner's** work **situation** been affected in any way **by your child's condition** (including changes due to an **improvement** in your child's condition)? *(please ring all that apply)*

No, no effect on their work at all..... 1

They took some time off work but **no other effect**..... 2

Go to Q62

36

Yes, they have not been able to work at all over the last 3 months3

Yes, they stopped working and haven't started again..... 4

Yes, they were not working but they are now..... 5

Yes, they changed the type of job or tasks they do..... 6

Yes, they changed their place of work..... 7

Yes, they changed the number of hours they work..... 8

Yes, they retired early from work..... 9

Other *(please write in what)*..... 0

.....

Go to Q60

45



60. **Over the last three months**, has there been any change in your spouse or partner's earnings **from paid or self employment** because of **your child's condition**?

Yes, earnings have changed..... 1

Answer a) b) and c)

No, no change..... 2

Go to Q61

46

If your spouse or partner's earnings have changed,

a) What were their earnings before the change? *(please give the amount before tax)*

£ p

Was that per ... *(please circle the one that applies)*

week

month

year

1

2

3

47-54

and b) What are their earnings now? *(please give the amount before tax)*

£ p

Is that per ... *(please circle the one that applies)*

week

month

year

1

2

3

55-62

and c) Was the change in your spouse or partner's earnings due to:

A change in the number of hours they work..... 1

An increase in their wage..... 2

A decrease in their wage..... 3

Loss of a job..... 4

Answer a)

Go to Q61

63

If hours changed,

a) How many hours per week were they working **before the change**? hours

64-65

How many hours per week do they work **now**? hours

66-67

61. **Over the last three months**, has your spouse or partner been unemployed at any time **because of your child's condition**? *Please include all times when they were not working even if they were not eligible for unemployment benefits.*

Yes..... 1

Answer a) and b)

No..... 2

Go to Q62

68

If yes, a) Altogether, how many days were they unemployed in that time?

days

69-70

and b) What were their earnings before they lost or gave up work?

Was that per ... *(please circle the one that applies)*

£ p

week

month

year

1

2

3

71-78

62. **Over the last three months**, has anybody else other than you and your spouse or partner looked after your child **because of his/her condition**?

Yes..... 1

Answer Q63

No..... 2

Go to Q64

79

63. Can you please tell us about the people who looked after your child? *Please provide as much information as you can in the box below.*

If you paid anything for that help, please tell us how much you paid **altogether** over the last three months.

Who looked after your child?	Please tick all that apply.	How long did they look after your child altogether over the last three months? (Days or Hours)		If you paid anything for that help, please tell us how much you paid altogether over the last three months.		
		Days	Hours	£	p	
A grandparent						9-17
Another relative						18-26
A friend						27-35
A child minder						36-44
A nanny						45-53
Other <i>(please write in who)</i>						54-62

About you and your child

64. What is your relationship to your child? Are you:

His/her mother..... 1

His/her father..... 2

His/her step-mother..... 3

His/her step-father..... 4

Other (*please write in relationship*)..... 5

.....

63

65. What is his/her date of birth? (*please write the date in the boxes provided*)

day

month

year

64-69

66. What is your date of birth?

day

month

year

70-75

67. When did you answer these questions? (*please write the date in the boxes provided*)

day

month

year

76-81

68. If there is anything else you would like to tell us about your child's condition and any related costs you have had to meet, or this questionnaire, please write it in the space below.

82-83

84-85

Thank you for taking the time to fill in the questionnaire. We are very grateful for your help.

Please return the questionnaire in the envelope provided. No stamps are needed.


If you have any questions about the questionnaire, or about the NESSTAC study in general, please contact **Mary Dickinson** at:

Centre for Health Services Research

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Newcastle upon Tyne

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 0191 222 8709