

Participant Study No:

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Types of Urethral Catheter for Reducing Symptomatic Urinary Tract Infections

CONFIDENTIAL

FOLLOW UP QUESTIONNAIRE

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HOW TO FILL IN THIS QUESTIONNAIRE

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Most questions can be answered by putting a tick in the appropriate box or boxes. Please print your answers carefully within the boxes like this:

Did not have	Mild	Moderate	Severe
	✓		

If you make a mistake, shade out the wrong box completely and tick the correct one like this:
e.g. If you ticked Mild but meant to answer Moderate.

Did not have	Mild	Moderate	Severe
	✓	✓	

If you are unsure about how to answer a question, please give the best answer you can.

Please try to complete the whole questionnaire.

There are no right or wrong answers.

Thank you for your help

SECTION B – DESCRIBING YOUR OWN HEALTH TODAY – (EQ-5D)

By placing a cross in one box in each group below, please indicate which statements best describe your own health state today

Mobility

I have no problems in walking about

I have some problems in walking about

I am confined to bed

Self-care

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

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

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

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

Anxiety/Depression

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

Please indicate on this scale how good or bad your own health state is today.

The best health state you can imagine is marked 100 and the worst health state you can imagine is marked 0.

Please draw a line from the box below to the point on the scale that best indicates how good or bad your health state is today.

Your own health state today

Best imaginable health state

100

90

80

70

60

50

40

30

20

10

0

0

0

0

0

0

0

0

Worst imaginable health state

SECTION C – USE OF HEALTH SERVICES

C1. Have you seen your GP, in relation to a urine infection, in the last six weeks? Yes No

If yes to question 1 above, how many times

C2. Have you seen a practice nurse, in relation to a urine infection, in the last six weeks? Yes No

If yes to question 2 above, how many times

C3. Have you visited hospital outpatients, in relation to a urine infection, in the last six weeks? Yes No

If yes to question 3 above, how many times

C4. Have you visited any other health care professional, in relation to a urine infection, in the last six weeks? Yes No

If yes to question 4 above, specify who you have seen and the number of times you have seen them in the boxes provided

(i)	Times	<input style="width: 100%; height: 20px;" type="text"/>
(ii)	Times	<input style="width: 100%; height: 20px;" type="text"/>
(iii)	Times	<input style="width: 100%; height: 20px;" type="text"/>

C5. Were you re-admitted to hospital after you were discharged, in relation to a urine infection in the last six weeks? Yes No

If yes to question 5 above, how many nights were you re-admitted for in total?
(if you were admitted only as a day case write 0 in the box provided)

C6. Were you prescribed any medicines, in relation to a urine infection, in the last six weeks? Yes No

If yes to question 6 above please specify type of medicines below

(i) (ii) (iii)

C7. Did you have to buy any medicines to treat a urine infection? Yes No

If yes to question 7 above, how much in total did you spend? £ p

C8. Did you pay to see any health care professional, in relation to a urine infection, in the last six weeks? Yes No

8(A) If yes to question 8 above, how much did you spend? £ p

8(B) If you paid over £20, please specify what care was given
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**Thank you for filling in this questionnaire, please post it back to us
in the envelope provided.**

For further information or if you have any concerns please feel free to contact:

**CATHETER Trial Office, Academic Urology Unit/CHaRT, Health Sciences Building,
University of Aberdeen, Foresterhill, Aberdeen, AB25 2ZD. Tel: 01224 559043**

This study is taking place in centres across the UK but the questionnaires are being processed in Aberdeen at the Academic Urology Unit and the Centre for Healthcare Randomised Trials, Health Services Research Unit, University of Aberdeen, Foresterhill, ABERDEEN, AB25 2ZD. **CATHETER** is funded by the NHS Research and Development Health Technology Assessment Programme.