

MAGnesium NEbuliser Trial In Children (MAGNETIC)

MAGNETIC TRIAL NUMBER:

Relationship to patient (e.g. mother/father):

Recently you went to hospital with your child who was having problems with their asthma. During the visit to hospital you gave permission for your child to take part in the MAGNETIC study. As part of the study, we would be very grateful if you could fill in this questionnaire. Your answers are important and the information that you give us will be treated confidentially.

The questionnaire asks you to think about the health and other care your child has received since that visit to hospital. It also asks about some of the expenses you may have incurred because of your child's asthma.

Thank you for allowing your child to take part in our study. If you have any concerns about this questionnaire, please feel free to telephone Mr John Lowe on 0151 282 4522 (Monday to Friday). Please return this questionnaire to the MAGNETIC Co-ordinating Centre in the freepost envelope provided.

Section1: Costs of attending hospital with a child having problems with their asthma

The questions in this section relate **only to the day (or night)** when you went to hospital with your child who was having problems with their asthma on 05/03/2009.

1.1 What would you have been doing if you had not taken your child to hospital?

- | | | | |
|-------------------------------------|--------------------------|----------------|--------------------------|
| Paid employment | <input type="checkbox"/> | Study time | <input type="checkbox"/> |
| Looking after children or relatives | <input type="checkbox"/> | Voluntary work | <input type="checkbox"/> |
| Housework | <input type="checkbox"/> | Sleeping | <input type="checkbox"/> |
| Leisure activities | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If other, please specify: _____

1.2 Did anyone else, such as your partner, relatives or friends go with you to the hospital or meet you there?

No Yes

If yes, what would they have been doing if they had not gone to the hospital?

- | | | | |
|-------------------------------------|--------------------------|----------------|--------------------------|
| Paid employment | <input type="checkbox"/> | Study time | <input type="checkbox"/> |
| Looking after children or relatives | <input type="checkbox"/> | Voluntary work | <input type="checkbox"/> |
| Housework | <input type="checkbox"/> | Sleeping | <input type="checkbox"/> |
| Leisure activities | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If other, please specify: _____

1.3 How much time did you or anyone else, such as your partner, relatives or friends spend at the hospital?

**Time spent at hospital
(hours)**

You	
Partner	
Relatives or friends	

1.4 Did you spend any money on travel when you went to the hospital?

No Yes

If yes, please estimate the total (to and from) travel costs for yourself and your child.

Total costs (£)

Car park fees	
Petrol/fuel costs	
Public transport fares	
Taxi fares	
Other (please specify):	

1.5 Did anyone else, such as your partner, relatives or friends, spend any money on travel to be with you and your child at the hospital?

No Yes

If yes, please estimate the total (to and from) travel costs for your partner, relatives or friends.

Costs to partner (£)	Costs to relatives/friends (£)

Car park fees		
Petrol/fuel costs		
Public transport fares		
Taxi fares		
Other (please specify):		

1.6 Did you or anyone else, such as your partner, relatives or friends incur any other expenses because of this hospital visit?

No Yes

If yes, please estimate the expenses incurred by you, your partner, relatives or friends.

Expenses incurred	Total costs (£)		
	Costs to you	Costs to partner	Costs to relatives/friends
Lost pay (due to travel/attending hospital)*			
Child care costs (due to hospital visit)			
Expenses in hospital (e.g. snacks/gifts)			
Other costs (please specify): _____ _____			

*Please do not record if annual or compassionate leave was taken or the time taken off work was made up at a later point.

Section 2: Health and social care use in the last four weeks

The questions in this section relate to the **four week period** since you went to hospital with your child who was having problems with their asthma on 05/03/2009.

2.1 Please list the prescribed inhalers that your child has used to help with asthma or breathing problems since the visit to hospital four weeks ago on 05/03/2009.

Name of inhaler*	Dose	Number of puffs per day	Number of days of inhaler use
<i>EXAMPLE ONLY: Child is given BECLOMETHASONE (100mcg) to be taken twice a day for four weeks</i>			
BECLOMETHASONE	100mcg	2	28

1.			
2.			
3.			

* Sometimes the name of the inhaler is written ON the inhaler. If you are unsure of the name of the inhaler, please write the colour of the inhaler instead (e.g. brown, orange, blue).

2.2 Please list any other prescribed medicines (e.g. painkillers, antibiotics or anti-inflammatory drugs) that your child has used to help with asthma or breathing problems since the visit to hospital four weeks ago on 05/03/2009:

Name of medicine/drug	Dose	Tablets or liquid	How many times per day	Number of days of treatment
<i>Example ONLY: Child is given a course of AMOXYCILLIN tablets (250mg) to be taken three times a day for five days for a lower respiratory tract infection</i>				
AMOXYCILLIN	250mg	Tablets	3	5

1.				
2.				

3.				
4.				
5.				

2.3 Please list any medicines (e.g. painkillers, heat or massage oils, herbal or complimentary remedies) that you have bought for your child from the chemist or other shops to help with asthma or breathing problems since the visit to hospital four weeks ago on 05/03/2009:

Medicines/preparations bought	Cost (£)

2.4 Has your child had any contact with non-hospital health or social care professionals for advice about asthma or breathing problems since the visit to hospital four weeks ago on 05/03/2009?

No Yes

If yes, please complete the following table:

Health and social care professional	Number of contacts	Type of contact (e.g. surgery visit, home visit, telephone call)	Typical length of contact (minutes)
Family doctor			
Nurse linked to family doctor			
Community asthma nurse			
Other (specify): _____			
Other (specify): _____			

2.5 Has your child attended a hospital outpatient department for advice about asthma or breathing problems since the hospital visit four weeks ago on 05/03/2009?

No Yes

If yes, please complete the following table:

Hospital outpatient department	Total number of visits	Typical length of visit (minutes)
Accident and Emergency Department		
Children's Assessment Unit		
Other (specify):		
Other (specify):		
Other (specify):		

2.6 Did your child stay in hospital overnight because of the visit to hospital four weeks ago on 05/03/2009?

No Yes

If yes, please complete the following table:

Hospital stay	Name of hospital and ward	Reason for hospital stay	Number of nights in hospital
Hospital visit four weeks ago ended in overnight stay			

2.7 Has your child stayed in hospital overnight because of asthma or breathing problems **since** the initial visit to hospital four weeks ago on 05/03/2009?

No Yes

If yes, please complete the following table:

Hospital stay	Name of hospital and ward	Reason for hospital stay	Number of nights in hospital
1 st hospital stay:			
2 nd hospital stay:			

Section 3: Time lost from school, work and other usual activities in the last four weeks

All of the questions in this section relate to the **four week period** since you went to hospital with your child who was having problems with their asthma on 05/03/2009.

3.1 How many full days (or half days) has your child been absent from school because of asthma or breathing problems (e.g. attending hospital or seeing the family doctor) since the visit to hospital four weeks ago on 05/03/2009:

	Full days
	Half days

3.2 Have you, your partner, relatives or friends had to reduce the amount of time spent on usual activities (e.g. paid work, leisure time, studying) over the last four weeks as a result of your child's recent asthma or breathing problems?

No Yes

If yes, please estimate how much time (total hours) had to be given up for each usual activity over the last four weeks as a result of your child's recent asthma or breathing problems.

Usual activity	You (hours)	Your partner (hours)	Relatives/ friends (hours)
Paid work			
Study time			
Caring for children/relatives			
Voluntary work			
Housework			
Sleep			
Leisure activities			
Other (please specify): _____			

Section 4: Extra costs to you, your partner, relatives or friends

The questions in this section relate to the **four week period** since you went to hospital with your child who was having problems with their asthma on 05/03/2009.

4.1 Have you, your partner, relatives or friends had to incur any other expenses because of your child's asthma or breathing problems since the day of the hospital visit four weeks ago on 05/03/2009?

No Yes

If yes, please estimate the extra costs over the last four weeks.

Costs	Extra costs over the last four weeks (£)		
	Cost to you	Cost to partner	Cost to relatives/ friends
Costs resulting from visits to family doctor:			
Travel costs			
Lost earnings*			
Child care costs			
Other expenses			
Costs resulting from visits to hospital since 05/03/2009:			
Travel costs			
Lost earnings*			
Child care costs			
Other expenses			
Other costs:			

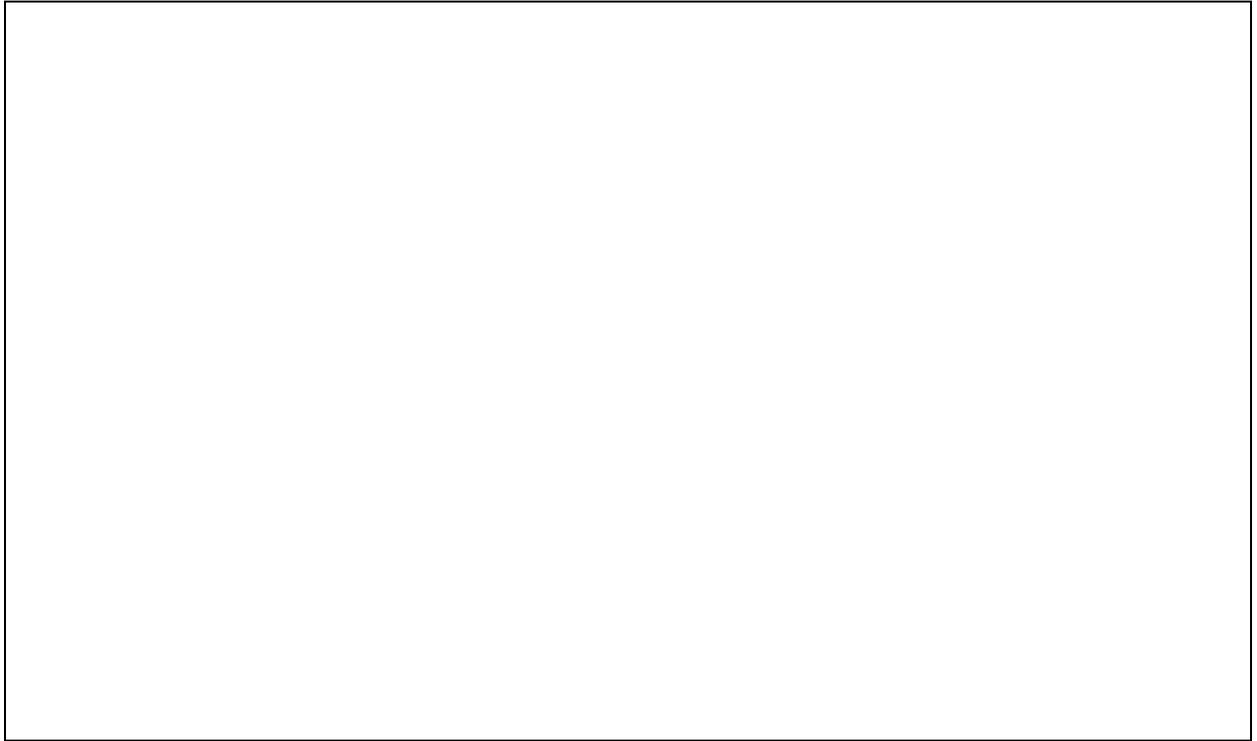
Help with housework			
Telephone bills			
Special equipment for child			
Other expenses			

*Please do not record if annual or compassionate leave was taken or the time taken off work was made up at a later point.

4.2 Is there anything else that you would like to tell us about the health or other care received by your child since the hospital visit four weeks ago on 05/03/2009?

No Yes

If yes, please give details in the box below.



Please return this questionnaire in the envelope provided.

Thank you very much for your time and help.