BASELINE QUESTIONNAIRE

Participant Study No

Spontaneous Urinary Stone Passage Enabled by Drugs

Baseline QUESTIONNAIRE

CONFIDENTIAL

This study is funded by the NHS National Institute for Health Research Health Technology Assessment Programme

ISRCTN69423238

Version 1.0, 11 May 2010

The following questionnaire is broken down into three sections (Section A - Section C). Please work through all the sections as best you can from start to finish.

Some of the sections ask you to indicate your answers to the questions by placing a cross **(X)** in the appropriate box, and other sections ask you to circle your answer.

Please read the questions carefully and answer each one as accurately as you can.

The sections covered in this questionnaire are as follows:

Section A: Your Pain Today

Section B: Describing Your Own Health Today (EQ-5D)

Section C: Your General Health (SF-36©)

There are no right or wrong answers.

Please try to complete the whole questionnaire even though some questions may appear similar.

Your answers will be treated with complete confidentiality.

Thank you for your time in completing this questionnaire.

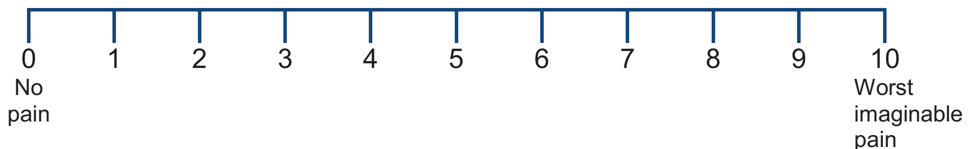
Please start here:

Date questionnaire filled in D D / M M / Y Y Y Y

SECTION A – YOUR PAIN TODAY

A1. Please rate the level of pain that you are experiencing TODAY.
The following line represents pain of increasing intensity from 'no pain' to 'worst imaginable pain'. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain).

Please circle the most appropriate number that describes your pain today.



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

B1. Mobility	I have no problems in walking about	☐
	I have some problems in walking about	☐
	I am confined to bed	☐
B2. 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	☐

B3. 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	☐

B4. Pain/Discomfort

	I have no pain or discomfort	☐
	I have moderate pain or discomfort	☐
	I have extreme pain or discomfort	☐

B5. Anxiety/ Depression

	I am not anxious or depressed	☐
	I am moderately anxious or depressed	☐
	I am extremely anxious or depressed	☐

SECTION C - YOUR GENERAL HEALTH (SF-36©)

Please fill in all the questions by crossing the relevant box of the answer that applies to you.

These questions ask for your views about your health and how you feel about life in general. Do not spend too much time in answering as your immediate response is likely to be the most accurate, but please make sure you answer every question.

C1. In general, would you say your health is?

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

C2. Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
☐	☐	☐	☐	☐

C3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes limited a lot	Yes limited a little	No not limited at all
a) **Vigorous activities**, such as running, lifting heavy, objects participating in strenuous sport	☐	☐	☐
b) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐	☐	☐
c) Lifting or carrying groceries	☐	☐	☐
d) Climbing **several** flights of stairs	☐	☐	☐
e) Climbing **one** flight of stairs	☐	☐	☐
f) Bending, kneeling or stooping	☐	☐	☐
g) Walking **more than one mile**	☐	☐	☐
h) Walking **several hundred yards**	☐	☐	☐
i) Walking **one hundred yards**	☐	☐	☐
j) Bathing and dressing yourself	☐	☐	☐

C4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down on the **amount of time** you spent on work or other activities	☐	☐	☐	☐	☐
b) **Accomplished less** than you would like	☐	☐	☐	☐	☐
c) Were limited in the **kind** of work or other activities	☐	☐	☐	☐	☐
d) Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐	☐	☐	☐	☐

C5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other daily regular activities as a result of any emotional problems? (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down on the **amount of time** you spent on work or other activities	☐	☐	☐	☐	☐
b) **Accomplished less** than you would like	☐	☐	☐	☐	☐
c) Did work or other **activities less carefully than usual**	☐	☐	☐	☐	☐

C6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

C7. How much bodily pain have you had during the past 4 weeks?

None	Very mild	Mild	Moderate	Severe	Very severe
☐	☐	☐	☐	☐	☐

C8. During the past 4 weeks, how much did pain interfere with your normal work (including both outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

C9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Did you feel full of life?	☐	☐	☐	☐	☐
b) Have you been very nervous?	☐	☐	☐	☐	☐
c) Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐
d) Have you felt calm and peaceful?	☐	☐	☐	☐	☐
e) Did you have a lot of energy?	☐	☐	☐	☐	☐
f) Have you felt downhearted and depressed?	☐	☐	☐	☐	☐
g) Did you feel worn out?	☐	☐	☐	☐	☐
h) Have you been happy?	☐	☐	☐	☐	☐
i) Did you feel tired?	☐	☐	☐	☐	☐

C10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

C11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get sick a little easier than other people	☐	☐	☐	☐	☐
b) I am as healthy as anybody I know	☐	☐	☐	☐	☐
c) I expect my health to get worse	☐	☐	☐	☐	☐
c) My health is excellent	☐	☐	☐	☐	☐

SF-36v2(tm) Health Survey (c) 2000 by QualityMetric Incorporated - All rights reserved.
SF-36v2(tm) is a trademark of QualityMetric Incorporated

THANK YOU FOR YOUR HELP IN COMPLETING THIS FORM

The SUSPEND Trial Office

Health Services Research Unit
Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD
Tel:
Fax:
Email:

4 WEEK QUESTIONNAIRE

Participant Study No

4 week QUESTIONNAIRE

CONFIDENTIAL

This study is funded by the NHS National Institute for Health Research
Health Technology Assessment Programme

ISRCTN69423238

Version 1.1, 01 Sept 2010

The following questionnaire is broken down into four sections (Section A - Section D). Please work through all the sections as best you can from start to finish.

Some of the sections ask you to indicate your answers to the questions by placing a cross **(X)** in the appropriate box, and other sections ask you to circle your answer.

Please read the questions carefully and answer each one as accurately as you can.

The sections covered in this questionnaire are as follows:

Section A: Stone Passage

Section B: Your Pain

Section C: Describing Your Own Health Today (EQ-5D)

Section D: Your General Health (SF-36©)

There are no right or wrong answers.

Please try to complete the whole questionnaire even though some questions may appear similar.

Your answers will be treated with complete confidentiality.

Thank you for your time in completing this questionnaire.

Please start here:

Date questionnaire filled in D D / M M / Y Y Y Y

SECTION A- STONE PASSAGE

Please fill in all the questions by placing a cross in the relevant box of the answer that applies to you or writing in the information requested.

A1. Have you passed the stone? Yes ☐ No ☐ Don't know ☐

If Yes, when did you pass the stone
(if you're not sure please give an approximate date) D D / M M / Y Y Y Y

A2. Did you complete the 28 days course of treatment? Yes ☐ No ☐

If No,

How many days of treatment did you take? ☐☐ Days

If you did not complete the 28 day course, was it because:

The stone passed? Yes ☐ No ☐

The treatment was making you unwell? Yes ☐ No ☐

Other reason Yes ☐ No ☐

SECTION B – YOUR PAIN

B1. In the past FOUR WEEKS have you had pain related to your ureteric stone?

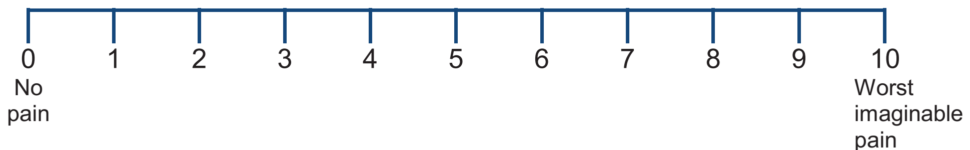
Yes ☐ No ☐

If Yes,
How many days (approximately) have you taken pain medication?
(If you have not taken any, please write zero in the box provided)

☐☐ days

B2. Please rate the level of pain that you are experiencing TODAY.
The following line represents pain of increasing intensity from 'no pain' to 'worst imaginable pain'. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain).

Please circle the most appropriate number that describes your pain.



SECTION C - 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

C1. Mobility

- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

C2. 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 ☐

C3. 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 ☐

C4. Pain/Discomfort

- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

C5. Anxiety/Depression

- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

SECTION D - YOUR GENERAL HEALTH (SF-36©)

Please fill in all the questions by crossing the relevant box of the answer that applies to you.

These questions ask for your views about your health and how you feel about life in general. Do not spend too much time in answering as your immediate response is likely to be the most accurate, but please make sure you answer every question.

D1. In general, would you say your health is?

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

D2. Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
☐	☐	☐	☐	☐

D3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes limited a lot	Yes limited a little	No not limited at all
a) **Vigorous activities**, such as running, lifting heavy objects participating in strenuous sport	☐	☐	☐
b) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐	☐	☐
c) Lifting or carrying groceries	☐	☐	☐
d) Climbing **several** flights of stairs	☐	☐	☐
e) Climbing **one** flight of stairs	☐	☐	☐
f) Bending, kneeling or stooping	☐	☐	☐
g) Walking **more than one mile**	☐	☐	☐
h) Walking **several hundred yards**	☐	☐	☐
i) Walking **one hundred yards**	☐	☐	☐
j) Bathing and dressing yourself	☐	☐	☐

D4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a) Cut down on the **amount of time** you spent on work or other activities	☐	☐	☐	☐	☐
b) **Accomplished less** than you would like	☐	☐	☐	☐	☐
c) Were limited in the **kind** of work or other activities	☐	☐	☐	☐	☐
d) Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐	☐	☐	☐	☐

D5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other daily regular activities as a result of any emotional problems? (such as feeling depressed or anxious)?

	All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a) Cut down on the **amount of time** you spent on work or other activities	☐	☐	☐	☐	☐
b) **Accomplished less** than you would like	☐	☐	☐	☐	☐
c) Did work or other **activities less carefully than usual**	☐	☐	☐	☐	☐

D6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

D7. How much bodily pain have you had during the past 4 weeks?

None	Very mild	Mild	Moderate	Severe	Very severe
☐	☐	☐	☐	☐	☐

D8. During the past 4 weeks, how much did pain interfere with your normal work (including both outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

D9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Did you feel full of life?	☐	☐	☐	☐	☐
b) Have you been very nervous?	☐	☐	☐	☐	☐
c) Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐
d) Have you felt calm and peaceful?	☐	☐	☐	☐	☐
e) Did you have a lot of energy?	☐	☐	☐	☐	☐
f) Have you felt downhearted and depressed?	☐	☐	☐	☐	☐
g) Did you feel worn out?	☐	☐	☐	☐	☐
h) Have you been happy?	☐	☐	☐	☐	☐
i) Did you feel tired?	☐	☐	☐	☐	☐

D10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

D11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get sick a little easier than other people	☐	☐	☐	☐	☐
b) I am as healthy as anybody I know	☐	☐	☐	☐	☐
c) I expect my health to get worse	☐	☐	☐	☐	☐
d) My health is excellent	☐	☐	☐	☐	☐

SF-36v2(tm) Health Survey (c) 2000 by QualityMetric Incorporated - All rights reserved.
SF-36v2(tm) is a trademark of QualityMetric Incorporated

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

Once you have completed the form, please return it in the pre-paid envelope provided or to the following address:

The SUSPEND Trial Office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD
Tel:
Fax:
Email:

4 WEEK QUESTIONNAIRE

Participant Study No

Spontaneous Urinary Stone Passage Enabled by Drugs

4 week QUESTIONNAIRE REMINDER

CONFIDENTIAL

This study is funded by the NHS National Institute for Health Research
Health Technology Assessment Programme

The following questionnaire is broken down into three sections (Section A - Section C). Please work through all the sections as best you can from start to finish.

Some of the sections ask you to indicate your answers to the questions by placing a cross **(X)** in the appropriate box, and other sections ask you to circle your answer.

Please read the questions carefully and answer each one as accurately as you can.

The sections covered in this questionnaire are as follows:

Section A: Stone Passage

Section B: Your Pain

Section C: Describing Your Own Health Today (EQ-5D)

There are no right or wrong answers.

Please try to complete the whole questionnaire even though some questions may appear similar.

Your answers will be treated with complete confidentiality.

Thank you for your time in completing this questionnaire.

Please start here:

Date questionnaire filled in D D / M M / Y Y Y Y

SECTION A- STONE PASSAGE

Please fill in all the questions by placing a cross in the relevant box of the answer that applies to you or writing in the information requested.

A1. Have you passed the stone? Yes ☐ No ☐ Don't know ☐

If Yes, when did you pass the stone D D / M M / Y Y Y Y
(if you're not sure please give an approximate date)

A2. Did you complete the 28 days course of treatment? Yes ☐ No ☐

If No,

How many days of treatment did you take? ☐☐ Days

If you did not complete the 28 day course, was it because:

The stone passed? Yes ☐ No ☐

The treatment was making you unwell? Yes ☐ No ☐

Other reason Yes ☐ No ☐

SECTION B – YOUR PAIN

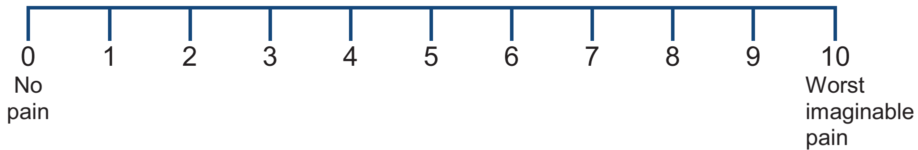
B1. In the past FOUR WEEKS have you had pain related to your ureteric stone?

Yes ☐ No ☐

If Yes,
How many days (approximately) have you taken pain medication? ☐☐ days
(If you have not taken any, please write zero in the box provided)

B2. Please rate the level of pain that you are experiencing TODAY.
The following line represents pain of increasing intensity from 'no pain' to 'worst imaginable pain'. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain).

Please circle the most appropriate number that describes your pain.



SECTION C - 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

C1. Mobility

I have no problems in walking about ☐

I have some problems in walking about ☐

I am confined to bed ☐

C2. 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 ☐

C3. 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 ☐

C4. Pain/Discomfort

I have no pain or discomfort ☐

I have moderate pain or discomfort ☐

I have extreme pain or discomfort ☐

C5. Anxiety/Depression

I am not anxious or depressed ☐

I am moderately anxious or depressed ☐

I am extremely anxious or depressed ☐

UK (English) © 1990 EuroQol Group EQ-5D™ is a trade mark of the EuroQol Group

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE

Once you have completed the form, please return it in the pre-paid envelope provided or to the following address:

The SUSPEND Trial Office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD
Tel:
Fax:
Email:

12 WEEK QUESTIONNAIRE

Participant Study No

12 WEEK QUESTIONNAIRE

CONFIDENTIAL

This study is funded by the NHS National Institute for Health Research
Health Technology Assessment Programme

The following questionnaire is broken down into three sections (Section A - Section C). Please work through all the sections as best you can from start to finish.

Some of the sections ask you to indicate your answers to the questions by placing a cross **(X)** in the appropriate box, and other sections ask you to circle your answer.

Please read the questions carefully and answer each one as accurately as you can.

The sections covered in this questionnaire are as follows:

Section A: Describing Your Own Health Today (EQ-5D)

Section B: Health Service Use and Costs

Section C: Your General Health (SF-36©)

There are no right or wrong answers.

Please try to complete the whole questionnaire even though some questions may appear similar.

Your answers will be treated with complete confidentiality.

Thank you for your time in completing this questionnaire.

Once you have completed the form,
please return it in the pre-paid envelope provided or to the following address:

The SUSPEND Trial Office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
Health Sciences Building
Foresterhill Aberdeen
AB25 2ZD
Tel:
Fax:
Email:

Please start here: **Date questionnaire filled in** D D / M M / Y Y Y Y

SECTION A- 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

A1. Mobility
- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

A2. 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 ☐

A3. 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 ☐

A4. Pain/Discomfort
- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

A5. Anxiety/Depression
- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

SECTION B - HEALTH SERVICE USE AND COSTS

Please fill in all the questions by crossing the relevant box of the answer that applies to you or writing in the information requested.

B1. Have you had any other investigation (e. g. scan, X-ray) for your ureteric stone symptoms since you started the study treatment approximately 3 months ago?

Yes ☐ No ☐ Don't know ☐

B1a. *If Yes,* please give details, e.g. what investigation and when?

B1b. If this occurred at a different hospital to the one you received your study treatment from please tell us where you went:

B2. Have you had any further treatment or surgery to treat your ureteric stone symptoms? Yes ☐ No ☐

B2a. *If Yes,* please give details, e. g. what treatment and when?

B3. Were you re-admitted to hospital for any reason, since you started your study treatment for your ureteric stone during the last 3 months? Yes ☐ No ☐

B3a. *If Yes,* how many nights were you admitted for in total?
(*If you were admitted only as a day case, write 0 in the box provided*) ☐☐

B3b. *If Yes,* why were you admitted? (*Please give details):*

B4. Have you seen your GP, in relation to your ureteric stone symptoms in the last 3 months? Yes ☐ No ☐

B4a. If yes how many times did you see your GP? ☐☐ times

B5. Have you seen a practice nurse in relation to your ureteric stone symptoms in the last 3 months? Yes ☐ No ☐

B5a. If yes, how many times did you see the nurse? ☐☐ times

B6. Were you prescribed any medicines by a doctor or nurse in relation to your ureteric stone symptoms in the last 3 months? Yes ☐ No ☐

B6a. If yes, what were you prescribed?

B7. Did you buy any medicines over the counter to treat your ureteric stone symptoms in the last 3 months? Yes ☐ No ☐

B7a. If yes how much in total did you spend? £ ☐☐ . ☐☐

B8. Excluding your study visits have you visited NHS hospital outpatients to see a doctor, in relation to your ureteric stone symptoms in the last 3 months? Yes ☐ No ☐

B8a. If yes specify whom you have seen and the number of times you have seen them:

B9. Excluding your study visits have you visited any other NHS health care professional, in relation to your ureteric stone symptoms in the last 3 months? Yes ☐ No ☐

B9a. If yes specify whom you have seen and the number of times you have seen them:

B10. Did you pay to see any private health care professional, in relation to your ureteric stone symptoms in the last 3 months? Yes ☐ No ☐

B10a. If yes how much in total did you spend? £ ☐☐ . ☐☐

SECTION C - YOUR GENERAL HEALTH (SF-36©)

SF-36v2(tm) Health Survey (c) 2000 by QualityMetric Incorporated - All rights reserved.
SF-36v2(tm) is a trademark of QualityMetric Incorporated.

Please fill in all the questions by crossing the relevant box of the answer that applies to you.

These questions ask for your views about your health and how you feel about life in general. Do not spend too much time in answering as your immediate response is likely to be the most accurate, but please make sure you answer every question.

C1. In general, would you say your health is?

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

C2. Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
☐	☐	☐	☐	☐

C3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? *If so,* how much?

		Yes limited a lot	Yes limited a little	No not limited at all
a)	**Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sport	☐	☐	☐
b)	**Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐	☐	☐
c)	Lifting or carrying groceries	☐	☐	☐
d)	Climbing **several** flights of stairs	☐	☐	☐
e)	Climbing **one** flight of stairs	☐	☐	☐
f)	Bending, kneeling or stooping	☐	☐	☐
g)	Walking **more than one mile**	☐	☐	☐
h)	Walking **several hundred yards**	☐	☐	☐
i)	Walking **one hundred yards**	☐	☐	☐
j)	Bathing and dressing yourself	☐	☐	☐

C4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down on the **amount of time** you spent on work or other activities	☐	☐	☐	☐	☐
b) **Accomplished less** than you would like	☐	☐	☐	☐	☐
c) Were limited in the **kind** of work or other activities	☐	☐	☐	☐	☐
d) Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐	☐	☐	☐	☐

C5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other daily regular activities as a result of any emotional problems? (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down on the **amount of time** you spent on work or other activities	☐	☐	☐	☐	☐
b) **Accomplished less** than you would like	☐	☐	☐	☐	☐
c) Did work or other **activities less carefully than usual**	☐	☐	☐	☐	☐

C6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

C7. How much bodily pain have you had during the past 4 weeks?

None	Very mild	Mild	Moderate	Severe	Very severe
☐	☐	☐	☐	☐	☐

C8. During the past 4 weeks, how much did pain interfere with your normal work (including both outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

C9.These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Did you feel full of life?	☐	☐	☐	☐	☐
b) Have you been very nervous?	☐	☐	☐	☐	☐
c) Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐
d) Have you felt calm and peaceful?	☐	☐	☐	☐	☐
e) Did you have a lot of energy?	☐	☐	☐	☐	☐
f) Have you felt downhearted and depressed?	☐	☐	☐	☐	☐
g) Did you feel worn out?	☐	☐	☐	☐	☐
h) Have you been happy?	☐	☐	☐	☐	☐
i) Did you feel tired?	☐	☐	☐	☐	☐

C10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

C11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get sick a little easier than other people	☐	☐	☐	☐	☐
b) I am as healthy as anybody I know	☐	☐	☐	☐	☐
c) I expect my health to get worse	☐	☐	☐	☐	☐
d) My health is excellent	☐	☐	☐	☐	☐

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE
PLEASE RETURN USING THE PRE-PAID ENVELOPE

12 WEEK QUESTIONNAIRE

Participant Study No

12 week QUESTIONNAIRE REMINDER

CONFIDENTIAL

This study is funded by the NHS National Institute for Health Research Health Technology Assessment Programme

ISRCTN69423238

Version 1.0, 20 Feb 2013

Date questionnaire filled in D D / M M / Y Y Y Y

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

A1. Mobility	I have no problems in walking about	☐
	I have some problems in walking about	☐
	I am confined to bed	☐
A2. 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	☐
A3. 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	☐
A4. Pain/Discomfort	I have no pain or discomfort	☐
	I have moderate pain or discomfort	☐
	I have extreme pain or discomfort	☐
A5. Anxiety/Depression	I am not anxious or depressed	☐
	I am moderately anxious or depressed	☐
	I am extremely anxious or depressed	☐

UK (English) © 1990 EuroQol Group EQ-5D™ is a trade mark of the EuroQol Group

THANK YOU FOR YOUR HELP IN COMPLETING THIS QUESTIONNAIRE PLEASE RETURN IN THE PREPAID ENVELOPE

Email: [redacted] **Tel:** [redacted]