

<b>SUPPLEMENTARY COSTING QUESTIONNAIRE</b>
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### **Costing Questionnaire**

**In the following questionnaire, we are interested in the resource use which would typically be required in the delivery of ICH evacuation surgery in the STITCH (Trauma) trial. We are interested in two main areas:**

- (i) Which staff are involved in providing ICH evacuation surgery (e.g. surgeon, anaesthetist, Nurse) and the costs of their time;**
  
- (ii) The cost of care in various departments throughout the hospital where the patient may be treated for traumatic brain injury (e.g. Intensive Treatment Units / High Dependency Units / Neurosurgical wards).**

**It is likely that the clinician responsible for performing surgery as part of the trial will need to fill in the staff requirement sections of this form [\(Blue colouring\)](#). Please consider the requirements for an average, typical procedure. If you are unsure, or if the procedure is dependent on individual circumstances, please give a range of requirements as you see fit. Please remember to include all staff which would be involved in the procedure.**

**For resource costing questions, it may be that your individual hospital's financing department will need to provide further information [\(questions highlighted in Green\)](#). We are looking for as much detail as possible, so please append any additional information to this document which you feel may help us to develop an accurate measure of costing for the STITCH (Trauma) trial.**

**We are very grateful for your time and efforts in helping us deliver a robust and internationally valid health economic assessment of the STITCH (Trauma) trial.**

Clinician to fill in Finance department to fill in (GREEN):  
(BLUE):

**QUESTION 1:**

Please tell us about ALL members of staff involved in delivering a typical ICH evacuation surgery at your hospital (please also indicate how many staff would normally be present in the operating theatre, e.g. if 1 consultant surgeon present for 3.5 hours, please enter Surgeon, Consultant, 1, 3 hours in the boxes below):

Staff member <i>(e.g. surgeon)</i>	Staff Grade <i>(e.g. consultant)</i>	Number of staff present? <i>(e.g. 1)</i>	Length of time (hrs: mins) of involvement? <i>(e.g. 3 hours : 30mins)</i>

Pay rate <i>(in your local currency)</i>	Period of time pay scale refers to <i>(e.g. per hour / week / year etc)</i>

Please indicate how long the following ICH evacuation procedures would take (time in theatre):

<i>Minimally Invasive</i>		
<i>Craniotomy</i>		
<i>Craniectomy</i>		

**QUESTION 2:**

**This section relates to the cost of providing care in various departments throughout your hospital.**

**2.A Are you aware of any national unit cost / tariff data for your country?**

Yes

No

If yes, please specify a website or reference where this information is available

**2.B. Please indicate the costs of the following types of care in your hospital. We are interested in cost per unit of time. (E.g. cost per hour in a recovery room or cost per night on a neurosurgical ward). If information per unit of time is not available, please indicate a cost per procedure or cost per patient and detail your unit in the table below.**

	<b>Cost in your hospital (in local currency)</b>	<b>Please indicate unit (e.g. cost per hour or cost per day / night etc.)</b>
<b>Theatre costs</b>		
<b>Recovery room costs</b>		
<b>Intensive care unit costs</b>		
<b>High Dependency Unit costs</b>		

<b>Neurosurgical ward costs</b>		
<b>General surgical ward costs</b>		
<b>General medical ward costs</b>		
<b>Other costs (please give details)</b>		
<b>General anesthesia</b>		

**Please give details about any other costs which you feel may be relevant, including sources where appropriate.**

**Thank you very much for your assistance.**

**Please return the completed form to:**

**STITCH (Trauma), Neurosurgical Trials Unit, 3-4 Claremont Terrace, Newcastle University,  
Newcastle upon Tyne, NE2 4AE, U.K.**

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