



University of
BRISTOL

ACADEMIC UNIT OF PRIMARY HEALTH CARE
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NIHR Health Technology Assessment programme

NIHR
National Institute for
Health Research



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



DUTY: Diagnosis of Urinary Tract Infections in Young Children Study

Date:

d	d	m	m	y	y
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PID:

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** once PID is confirmed, the following should appear on database

Child's Name

Centre ID

--

Parent/Carer's
Details:

Recruitment
Location

GP surgery, WIC, OOH, A&E

Telephone administered Symptoms and Resource use data questionnaire (up to day 14)

Instructions to project administrator: for this section, please ask the parent/guardian the following questions and complete on behalf of the parent/guardian.

Symptoms

I am going to ask you about how [name of child] has been since you went to the doctor and agreed that [he/she] would take part in the DUTY study.

1. How many days since [name of child] joined the DUTY study (day 0) was it until [his/her] symptoms improved?

<i>Fill in one box below</i>	
Number of days (enter number)	
OR symptoms not yet improved (tick box)	

2. How many days since [name of child] joined the DUTY study (day 0) was it until [he/she] was entirely well AND had returned to their normal activities of daily living (e.g. feeding, sleeping, playing, going to play group) for two consecutive days?

<i>Fill in one box below</i>	
Number of days (enter number)	
OR not yet returned to normal activities (tick box)	

Resource Use – Primary Care Visits

The next few questions are about health care use for [name of child] in the two weeks since you went to the doctor and agreed that [name of child] would take part in the DUTY study. Throughout this questionnaire, we use the term '14 days' to refer to this time period.

We are interested in your use of NHS services, and anything you have spent caring for your child, and any other costs you have incurred because of your child's illness.

Can you tell me if you've needed to use any of the following for [name of child]? If your child joined the DUTY study at the GP surgery, please **DO NOT** include the visit when you agreed to take part.

We would like to know **how many** consultations, you have had, **where** they took place, and **who** the consultation was with.

	Number of contacts (if none, write 'zero')
3. PRACTICE- BASED CONTACTS IN- HOURS	
General Practitioner at the surgery	
Practice Nurse/Nurse Practitioner at the surgery	
Telephone consultation with doctor at the surgery	
Telephone consultation with nurse at the surgery	
Home visit by the doctor	
4. OUT- OF- HOURS CONTACTS FROM OOH CENTRE	
Out-of Hours telephone contact - nurse	
Out-of Hours telephone contact - doctor	
Out-of Hours face-to-face contact - nurse	
Out-of Hours face-to-face contact - doctor	
Out-of-Hours home visit by doctor from OOH centre	
5. COMMUNITY BASED AND OTHER CONTACTS	
Walk-in Centre – nurse	
NHS Direct	
Health Visitor	
Baby Clinic	
Other (e.g. community nurse, midwife, please specify)	

Resource Use – Hospital Visits

Please can you now think about any contacts [name of child] has had at **any hospital** during the last **14 days**. If your child joined the DUTY study at the Accident and Emergency Department, please **DO NOT** include that visit when answering.

7. Has [name of child] visited an **Accident and Emergency** department during the last **14 days**?

No
Yes → Number of visits

Reason for visit 1:

For same illness: No → Please state: _____
Yes

Reason for visit 2:

For same illness: No → Please state: _____
Yes

8. Has [name of child] visited a **hospital clinic** during the last **14 days**?

No
Yes → Number of visits

Please describe the reason for visit/s and the type of clinic (e.g. paediatrics):

Reason for visit 1:

For same illness: No → Please state: _____/Clinic: _____
Yes

Reason for visit 2:

For same illness: No → Please state: : _____/Clinic: _____
Yes

9. Has [name of child] stayed **overnight in hospital (admitted to hospital)** during the last **14 days**?

No
Yes → Please give the number of nights and reason for stay:

Admission 1: Number of nights: _____

Reasons for stay: For same illness: No → Please state: _____
Yes

Admission 2: Number of nights: _____

Reasons for stay: For same illness: No → Please state: _____
Yes

10. Has [name of child] needed an **ambulance** during the last **14 days**?

No
Yes → Please give details of journey and any treatment received:

Could you tell me about any expenses you have had because of these and how much these have cost you? For example, if you travelled by public transport or taxi, you will have paid a fare. If you travelled by private car you may have paid for car parking. If you travelled by private car, we would also like to know the approximately how far you travelled.

[Note to research nurse: Please complete all that apply: each visit may involve more than one means of transport and may include any number of people. We are interested in the total cost of each visit, record the return journey. DO NOT include the recruitment visit

[Please continue on a separate sheet if more than 4 visits]

6		Primary Care Visit 1	Primary Care Visit 2	Primary Care Visit 3	Primary Care Visit 4
No Primary Care visits: tick here <input type="checkbox"/>					
Destination e.g. GP surgery, Walk-in Centre, Other (specify)					
Total cost of return fares paid for all people travelling together	Bus	£..... _p	£..... _p	£..... _p	£..... _p
	Taxi	£..... _p	£..... _p	£..... _p	£..... _p
	Train/Tube	£..... _p	£..... _p	£..... _p	£..... _p
Total distance of return journey	Car or other motor vehiclemilesmilesmilesmiles
Parking charge		£..... _p	£..... _p	£..... _p	£..... _p
Other cost (please specify)		£..... _p	£..... _p	£..... _p	£..... _p
If no cost incurred e.g. walk, cycle, please tick box		No Cost	No Cost	No Cost	No Cost

Hospital Tests

We would now like to know about any **special tests** [name of child] has received during the last **14 days**.

11. Has [he/she] had any x-rays, ultrasound or MRI scans during the last **14 days**?

- No
 Yes

—————> Type of tests, [number] & location
 []
 []
 []

Hospital Travel Costs*

Please could you think about all the **journeys to hospital** that you or members of your immediate family have made during the **14 day** time period because of [name of child's] health. This includes taking a child to hospital for treatment plus any journeys made to visit a child who is in hospital. If your child joined the DUTY study at the Accident and Emergency Department, please **DO NOT** include that visit when answering

We would like to know about the cost of travel: If you travelled by public transport or taxi, you will have paid a fare. If you travelled by private car you may have paid for car parking. If you travelled by private car, we would also like to know the approximately how far you travelled.

[Note to research nurse: Please complete all that apply: each visit may involve more than one means of transport and may include any number of people. We are interested in the total cost of each visit. Record the return journey. DO NOT include the recruitment visit if recruited in A&E]

[Please continue on a separate sheet if more than 4 visits]

12		Visit 1	Visit 2	Visit 3	Visit 4
No Hospital visits: tick here <input type="checkbox"/>					
Destination e.g. Hospital, A&E Dept, Out-Patients Dept etc					
Total cost of return fares paid for all people travelling together	Bus	£..... _p	£..... _p	£..... _p	£..... _p
	Taxi	£..... _p	£..... _p	£..... _p	£..... _p
	Train/Tube	£..... _p	£..... _p	£..... _p	£..... _p
Total distance of return journey	Car or other motor vehiclemilesmilesmilesmiles
Parking charge		£..... _p	£..... _p	£..... _p	£..... _p
Other cost (please specify)		£..... _p	£..... _p	£..... _p	£..... _p
If no cost incurred e.g. walk, cycle, please tick box					

Medication

Please could you tell us about any **medication** [name of child] has received during the last **14 days**.

Firstly, has [name of child] taken any medications prescribed by a Doctor since taking part in the DUTY study? This may have been prescribed by your GP (family doctor) or by a hospital doctor. If possible, please copy the information from the label on the bottle or packet.

13	Name	Date started	Strength / Dose	Formulation e.g. suspension/ suppository	Quantity and frequency of dose	Total number of doses given in last 14 days
Example	Trimethoprim	01/01/10	50mg/5ml	Oral suspension	5ml twice daily	10
Medicine 1						
Medicine 2						
Medicine 3						
Medicine 4						
Medicine 5						
Medicine 6						

Secondly, has [name of child] taken any other **medication in the last 14 days** without a prescription e.g. bought over-the-counter at a chemist or supermarket?

14	Name	Size of packet / bottle	Proportion used	Cost of packet / bottle
Example	Calpol infant suspension	100 ml	One third	£2-78
Item 1				£..... _p
Item 2				£..... _p
Item 3				£..... _p
Item 4				£..... _p
Item 5				
Item 6				

Expenses

Finally, we'd like to ask you about any **other out-of-pocket expenses** you or your immediate family members have had to pay as a result of [name of child] illness during the past **14 days**.

15. Have you or any members of your immediate family taken **time off work** during the past **14 days** because of [name of child] illness?

No
Yes → Please give the number of days in total (to nearest half)
.....

16. Have you or any members of your immediate family suffered any **loss of earnings** as a result of taking time off work to care for [name of child] in the past **14 days**?

No
Yes → Please give the approximate amount of gross income that has been lost in total: £..... ..p

17. Have you incurred any extra costs of **childcare** or care of other dependents, during the past **14 days**, because of [name of child] illness?

No
Yes → Please give the approximate total amount: £..... ..p

Feedback from Parent

18. Please tell us about your overall experience of the study:

TAPQOL

Questionnaire

for parents of children aged 9 months to 6 yrs

Would you please answer the following questions first?

Is the child in question a boy or a girl?

boy

girl

What is the child's date of birth?

(day)

(month)

(year)

On what date was this questionnaire completed?

(day)

(month)

(year)

INSTRUCTIONS

Dear Sir / Madam,

The questions in this questionnaire relate to all kinds of different aspects of your child's health. You can answer the questions by ticking the answer which best describes your child.

For example:

In the last 14 days, has your child had ..

Ear-ache

never occasionally often

1

At that time, my child felt:

fine not so good quite bad bad

If things were not entirely satisfactory, you are also asked how your child felt when there was a problem.

So, if you say that your child had ear-ache 'occasionally' or 'often', you can state, in the second part of the question, how your child felt at that time.

For example:

In the last 14 days, has your child had ..

Ear-ache

never occasionally often

1

At that time, my child felt:

fine not so good quite bad bad

In the last 14 days, has your child had ..

Stomach-ache or abdominal pain

never occasionally often

1

At that time, my child felt:

fine not so good quite bad bad

Colic (uncontrollable crying)

never occasionally often

2

At that time, my child felt:

fine not so good quite bad bad

Eczema

never occasionally often

3

At that time, my child felt:

fine not so good quite bad bad

Itchiness

never occasionally often

4

At that time, my child felt:

fine not so good quite bad bad

Dry skin

never occasionally often

5

At that time, my child felt:

fine not so good quite bad bad

Bronchitis

never occasionally often

6

At that time, my child felt:

fine not so good quite bad bad

Difficulty with breathing or lung problems

never occasionally often

7

At that time, my child felt:

fine not so good quite bad bad

In the last 14 days, has your child been ...

Short of breath

never occasionally often

8

At that time, my child felt:

fine not so good quite bad bad

Nauseous (feeling sick)

never occasionally often

9

At that time, my child felt:

fine not so good quite bad bad

How did your child sleep in the last 14 days?

Did your child sleep restlessly?

never occasionally often

10

At that time, my child felt:

fine not so good quite bad bad

Was your child awake at night?

never occasionally often

11

At that time, my child felt:

fine not so good quite bad bad

Did your child cry at night?

never occasionally often

12

At that time, my child felt:

fine not so good quite bad bad

Did your child have difficulty sleeping through the night?

never occasionally often

13

At that time, my child felt:

fine not so good quite bad bad

How did your child eat and drink in the last 14 days?

Was your child's appetite poor?

never occasionally often

14

At that time, my child felt:

fine not so good quite bad bad

Did your child have difficulty eating enough?

never occasionally often

15

At that time, my child felt:

fine not so good quite bad bad

Did your child refuse to eat?

never occasionally often

16

At that time, my child felt:

fine not so good quite bad bad

Your child's behaviour in the last 14 days?

My child was short-tempered

never occasionally often

17

My child was aggressive

never occasionally often

18

My child was irritable

never occasionally often

19

My child was angry

never occasionally often

20

My child was restless or impatient with me

never occasionally often

21

My child was defiant / awkward with me

never occasionally often

22

I could not manage my child

never occasionally often

23

How was your child in the last 14 days?

In good spirits

never occasionally often

24

Cheerful

never occasionally often

25

Happy

never occasionally often

26

Frightened

never occasionally often

27

Tense

never occasionally often

28

Anxious

never occasionally often

29

Energetic

never occasionally often

30

Active

never occasionally often

31

Lively

never occasionally often

32

If your child is aged below eighteen months, you do not have to complete the rest of this questionnaire.

If your child is older than eighteen months, you should continue with the questions on the following pages.

How was your child's behaviour with other children in the last 14 days?

My child was able to play happily with other children

never occasionally often

33

My child was at ease with other children

never occasionally often

34

My child was confident with other children

never occasionally often

35

In the last 14 days, did your child have, compared to other children of the same age ...

Difficulty with walking

no yes, a little yes, a lot cannot walk

36

At that time, my child felt:

fine not so good quite bad bad

Difficulty with running

no yes, a little yes, a lot cannot walk

37

At that time, my child felt:

fine not so good quite bad bad

Difficulty with walking up stairs without help?

no yes, a little yes, a lot cannot walk

38

At that time, my child felt:

fine not so good quite bad bad

Difficulty with balance

no yes, a little yes, a lot cannot walk

39

At that time, my child felt:

fine not so good quite bad bad

In the last 14 days, did your child have, compared to other children of the same age ...

Difficulty in understanding what others said?

never occasionally often

40

At that time, my child felt:

fine not so good quite bad bad

Difficulty in talking clearly?

never occasionally often

41

At that time, my child felt:

fine not so good quite bad bad

Difficulty in saying what he / she meant?

never occasionally often

42

At that time, my child felt:

fine not so good quite bad bad

Difficulty in making it clear what he / she wanted?

never occasionally often

43

At that time, my child felt:

fine not so good quite bad bad

This is the end of the questionnaire.

Thank you for completing it!