

**CONFIDENTIAL**

	PCT	GP	Arm	Patient	
1-9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*lifelax*

UNIVERSITY OF  
NEWCASTLE UPON TYNE



## Telephone questionnaire



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ISRCTN7388134

## HEALTH PROFESSIONAL COST

- 1) In the last three months,  
(that is since.....[add date])  
have you been seen by anyone at your **doctor's surgery**  
about your constipation?

Yes..... 1 **(ANSWER Q1a then Q1b)**  
No.....2 **(GO TO Q3)** 10

### IF YES

- 1a) Were you seen by...(ask each option below)

Your family doctor or another GP?

Yes..... 1  
No.....2 11

### IF YES

Please tell me the number of times .....   12-13

**(Enter 'don't know' or 'can't remember' as 99)**

A practice nurse?

Yes..... 1  
No.....2 14

### IF YES

Please tell me how often.....   15-16

**(Enter 'don't know' or 'can't remember' as 99)**

A dietician?

Yes..... 1  
No.....2 17

### IF YES

Please tell me how often.....   18-19

**(Enter 'don't know' or 'can't remember' as 99)**

**THIS QUESTION CONTINUES ON THE NEXT PAGE**

Anyone else?

Yes..... 1

No.....2

20

**(Please write in who it was)** .....

21-22

Please tell me how often.....

23-24

**(Enter 'don't know' or 'can't remember' as 99)**

Anyone else?

Yes..... 1

No.....2

25

**(Please write in who it was)** .....

26-27

Please tell me how often.....

28-29

**(Enter 'don't know' or 'can't remember' as 99)**

1b) **IF THE RESPONDENT SAID 'YES' TO ANY OF THE ABOVE THEN PLEASE ASK.....**

Because of any of the visits you told me before, did you have to pay someone to carry out any tasks (such as looking after children or an elderly relative) on your behalf?

Yes..... 1

No.....2

**(GO TO Q2)**

30

**(Please write what the task was)** .....

31-32

**(SPECIFY THE AMOUNT):** ..... £    -   p

33-37

**(Enter 'don't know' or 'can't remember' as 999.99)** .....

**(Please write what the task was)** .....

38-39

**(SPECIFY THE AMOUNT):** ..... £    -   p

40-44

**(Enter 'don't know' or 'can't remember' as 999.99)** .....

**(Please write what the task was)** .....

45-46

**(SPECIFY THE AMOUNT):** ..... £    -   p

47-51

**(Enter 'don't know' or 'can't remember' as 999.99)** .....

## PATIENT TRAVEL COST

2. How do you usually travel to your GP's surgery? I need you to tell me about the main (longest part) of the journey?

Walk ..... 1  
 Cycle ..... 2  
 Bus or minibus..... 3 ..... (ANSWER 2a)  
 Train/metro ..... 4 ..... (ANSWER 2a)  
 Taxi..... 5 ..... (ANSWER 2a)  
 Private car ..... 6 ..... (ANSWER 2b)  
 Motorbike/motor scooter..... 7 ..... (ANSWER 2b)  
 Other mode of transport ..... 8 ..... 52  
     Please specify mode of transport  
 ..... (ANSWER 2b) ..... 53-54

2a) Cost of return journey.....£ \_\_\_\_ . \_\_\_\_ p. .... (GO TO Q.3) ..... 55-58

2b) Distance of return journey ... \_\_\_\_ \_\_\_\_ \_\_\_\_ miles ..... 59-61

Parking fee .....£ \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ p ..... 62-65

Any other charges.....£ \_\_\_\_ . \_\_\_\_ . \_\_\_\_ . \_\_\_\_ p . .... (GO TO Q.3) ..... 66-69

**THE QUESTIONNAIRE CONTINUES ON THE NEXT PAGE**

## HEALTH PROFESSIONAL COST – HOSPITAL

3. Over the last three months have you been seen by anyone at hospital for your constipation?

Yes ..... 1 (ANSWER Q3a then Q3b)

No.....2 (GO TO Q5)

10

### IF YES

3a) Have you been seen by...(ask each option below)

A hospital doctor?

Yes ..... 1

No.....2

11

### IF YES

Please tell me how often .....

12-13

(Enter 'don't know' or 'can't remember' as 99)

A hospital nurse?

Yes ..... 1

No.....2

14

### IF YES

Please tell me how often.....

15-16

(Enter 'don't know' or 'can't remember' as 99)

A dietician?

Yes ..... 1

No.....2

17

### IF YES

Please tell me how often.....

18-19

(Enter 'don't know' or 'can't remember' as 99)

**THIS QUESTION CONTINUES ON THE NEXT PAGE**

A Radiographer? (This might have been for an investigative x-ray for your constipation)

Yes.....1

No.....2

20

**IF YES**

Please tell me how often.....

21-22

**(Enter 'don't know' or 'can't remember as 99')**

Anyone else?

Yes.....1

No.....2

23

**(Please write in who it was)**.....

24-25

Please tell me how often.....

26-27

**(Enter 'don't know' or 'can't remember' as 99)**

Anyone else?

Yes.....1

No.....2

28

**(Please write in who it was)**.....

29-30

Please tell me how often.....

31-32

**(Enter 'don't know' or 'can't remember' as 99)**

**THIS QUESTION CONTINUES ON THE NEXT PAGE**

3b) **IF THE RESPONDENT SAID 'YES' TO ANY OF THE ABOVE THEN PLEASE ASK.....**

Because of any of the visits you told me before, did you have to pay someone to carry out any tasks (such as looking after children or an elderly relative) on your behalf?

Yes.....1

No.....2

33

**(Please write what the task was)** .....

34-35

**(SPECIFY THE AMOUNT):** ..... £    p

36-40

*(Enter 'don't know' or 'can't remember' as 999.99)* .....

**(Please write what the task was)** .....

41-42

**(SPECIFY THE AMOUNT):** ..... £    -   p

43-47

*(Enter 'don't know' or 'can't remember' as 999.99)* .....

**THE QUESTIONNAIRE CONTINUES ON THE NEXT PAGE**

## PATIENT TRAVEL COST – HOSPITAL

4. How do you usually travel to the hospital? I need you to tell me about the main (longest part) of the journey?

	Walk .....	1		
	Cycle .....	2		
	Bus or minibus.....	3	.....	<b>(ANSWER 4a)</b>
	Train/metro .....	4	.....	<b>(ANSWER 4a)</b>
	Taxi.....	5	.....	<b>(ANSWER 4a)</b>
	Private car .....	6	.....	<b>(ANSWER 4b)</b>
	Motorbike/motor scooter.....	7	.....	<b>(ANSWER 4b)</b> 48
	Pre-booked ambulance or 'ambulance car' .....	8		
	Distance of return journey.....	_____ miles		<b>(GO TO Q5)</b> 49-51
	Other mode of transport .....	9		
	Please specify mode of transport			
	.....	_____	.....	<b>(ANSWER 4b)</b> 52-53
4a)	Cost of return journey.....	£_____ p	.....	<b>(GO TO Q.5)</b> 54-57
4b)	Distance of return journey ...	_____ miles		58-60
	Parking fee .....	£_____ p		61-64
	Any other charges.....	£_____ p	.....	<b>(GO TO Q.5)</b> 65-68

**THE QUESTIONNAIRE CONTINUES ON THE NEXT PAGE**



## PRIVATE HEALTH COSTS

5. Over the last three months have you seen anyone privately about your constipation e.g., an aromatherapist, homeopath?

Yes ..... 1 (ANSWER Q5a then Q5b)

No.....2 (GO TO Q6)

10

### IF YES

5a) Whom did you see?

(Please write in who it was) .....

11-12

Please tell me the number of times .....

13-14

(Enter 'don't know' or 'can't remember' as 99)

How much did the treatment cost altogether?

(Please check that this is the total cost not the 'per visit cost')

(Please write how much): ..... £    -   p

15-19

(Enter 'don't know' or 'can't remember' as 999.99) .....

How much did it cost you to travel for this treatment?

(Please check that this is the total cost not the 'per visit cost')

(Please write how much) ..... £   -   p

20-23

(Enter 'don't know' or 'can't remember' as 999.99) .....

Have you seen anyone else privately?

(Please write in who it was) .....

24-25

Please tell me how often.....

26-27

(Enter 'don't know' or 'can't remember' as 99)

How much did the treatment cost altogether?

(Please write how much): ..... £    -   p

28-32

(Enter 'don't know' or 'can't remember' as 999.99) .....

How much did it cost you to travel for this treatment?

(Please write how much) .....£   -   p 33-36  
 (Enter 'don't know' or 'can't remember' as 999.99) .....

5b) **IF THE RESPONDENT SAID 'YES' TO ANY OF THE ABOVE THEN PLEASE ASK.....**

Because of any of the visits you told me before, did you have to pay someone to carry out any tasks (such as looking after children or an elderly relative) on your behalf?

Yes.....1 37  
 No.....2

(Please write what the task was) .....   38-39

(SPECIFY THE AMOUNT): ..... £    -   p 40-44

(Enter 'don't know' or 'can't remember' as 999.99) .....

(Please write what the task was) .....   45-46

(SPECIFY THE AMOUNT): ..... £    -   p 47-51

(Enter 'don't know' or 'can't remember' as 999.99) .....

**THE QUESTIONNAIRE CONTINUES ON THE NEXT PAGE**

## TELEPHONE CONSULTATIONS

6. Over the last three months have you spoken to any health professional on the telephone about your constipation?

Yes..... 1 **(ANSWER Q6a)**

No.....2 **(GO TO Q7)**

52

### IF YES

6a) Have you spoken to...(ask each option below)

Your family doctor or another GP?

Yes..... 1

No.....2

53

**(SPECIFY NUMBER OF TIMES)** .....

54-55

**(Enter 'don't know' or 'can't remember' as 99).....**

A nurse from your doctor's surgery?

Yes..... 1

No.....2

56

**(SPECIFY HOW OFTEN)** .....

57-58

**(Enter 'don't know' or 'can't remember' as 99).....**

A hospital nurse?

Yes..... 1

No.....2

59

**(SPECIFY HOW OFTEN)** .....

60-61

**(Enter 'don't know' or 'can't remember' as 99).....**

A hospital doctor?

Yes.....1

No.....2

62

(SPECIFY HOW OFTEN).....

63-64

(Enter 'don't know' or 'can't remember' as 99).....

NHS Direct?

Yes.....1

No.....2

65

(SPECIFY HOW OFTEN).....

66-67

(Enter 'don't know' or 'can't remember' as 99).....

Have you spoken to anyone else?

Yes.....1

No.....2

68

(SPECIFY WHO).....

69-70

(SPECIFY HOW OFTEN).....

71-72

(Enter 'don't know' or 'can't remember' as 99).....

**THE QUESTIONNAIRE CONTINUES ON THE NEXT PAGE**

**LOSSES IN THE LAST 3 MONTHS DUE TO CONSTIPATION**

7. Are you currently.....
- In paid work: full-time employed*..... 1 (GO TO Q8)
  - In paid work: part-time employed*..... 2 (GO TO Q8)
  - In paid work: full-time self-employed*..... 3 (GO TO Q8)
  - In paid work: part-time self-employed* ..... 4 (GO TO Q8)
  - Retired*..... 5 (GO TO Q11)
  - Unable to work because of long-term illness or disability* ..... 6 (GO TO Q11)
  - Looking after home/family*..... 7 (GO TO Q11)
  - Other* ..... 8 10
- (Please write in) .....(If this is paid work of any form  
GO TO Q8, if not paid work GO TO Q11)

8. In the last three months did you take any time off work because of your constipation?
- Yes..... 1 (ANSWER 8a)
  - No ..... 2 (GO TO Q9) 11

**IF YES**

- 8a) How many hours did you take off work **altogether** in that time?
- (SPECIFY NUMBER OF HOURS OFF WORK)  
(IF RESPONDENT SAYS 1 DAY THIS = 8 HOURS)
- |  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

 Hours 12-14  
 999

If the interviewee 'can't remember' or 'doesn't know' enter 9999.99

- Did you lose any pay while you were off work?
- Yes ..... 1
  - No ..... 2 (GO TO Q9) 15

(SPECIFY THE AMOUNT OF LOST INCOME) £ 

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 p 16-21

9. In the last three months has your work situation been affected in any other way because of your constipation?

Yes ..... 1 (ANSWER Q9a)

No.....2 (GO TO Q11)

22

**IF YES**

9a) What happened:

*I changed the type of job/tasks*..... 1 (GO TO Q10)

*I changed my place of work*.....2 (GO TO Q10)

*I changed the number of hours worked*.....3 (GO TO Q10)

*I gave up work altogether*.....4 (GO TO Q10)

*None of these*.....5 (GO TO Q10)

23

10. In the last three months have there been any changes in your gross monthly earnings because of the things you just told me?

Yes ..... 1 (GO TO Q10a)

No.....2 (GO TO Q11)

24

**IF YES**

10a) Can you please tell me has your monthly income increased or decreased

*Increased* ..... 1 (GO TO Q10b)

*Decreased*.....2 (GO TO Q10b)

25

10b) To the nearest £100.00, by how much has your monthly income changed?

Income change      £ 

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26-29

11) Thinking back over the last four weeks, how have your bowels been in general? (*Briefly note what respondent says*).

.....  
.....  
.....

--	--	--

30-32

12) How satisfied or dissatisfied are you with your bowel movements during the last four weeks?

- Very dissatisfied..... 1
- Dissatisfied..... 2
- Neither satisfied nor dissatisfied ..... 3
- Satisfied ..... 4
- Very satisfied ..... 5

33

13 Now please tell me how you would define “**successfully managed constipation?**”

*(Briefly note what respondent says).*

.....  
.....  
..... 

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34-36

14 How successfully or unsuccessfully has your constipation been managed during the last the four weeks?

- Very unsuccessfully ..... 1
- Unsuccessfully ..... 2
- Neither successfully nor unsuccessfully ..... 3
- Successfully ..... 4
- Very successfully ..... 5

37