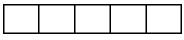
ISR

Visit questionnaire

Patient initials

Patient E Number



Randomisation Number

(leave blank at baseline - can be applied after randomisation)

Patient date of birth



Date of visit

d d m m y y y y	d c	n b	n m	У	У	У	У
-----------------	-----	-----	-----	---	---	---	---

Did the patient self-complete?: Yes / No

This questionnaire is only to be completed by the individual on their first visit to the site.



We would now like to ask you about your visit to the clinic. If you are unsure about an answer, please provide your best estimate.

1. Which modes of transport did you use in travelling to and from the centre today?

Car 🗌 Taxi 🗌 Bus / t	rain 🗆 Hospital transp	port \Box Bicycle / on foot \Box
Other		
2. If using public transp	oort or taxi, what is tl	ne total cost of your return travel?
£		Not applicable 🗌
3. If travelling by car, he	ow many miles is yo	ur return journey?
miles		Not applicable 🗌
4. If travelling by car, w	hat is the total cost o	of parking?
£		Not applicable 🗌
5. How much time did y travel time and attendir	-	this visit, including preparation,
hours	minutes	
6. Are you currently in	employment?	
Yes 🗌 No 🗌		
7. Did you take time off	work to attend toda	y?
Yes 🗌 No 🗌		Not applicable \Box
8. Did a friend, family m	nember or any other	person assist you in attending
your appointment toda	y?	
Yes 🗌 No 🗌		
9. Did they take time of	f work to do so?	
Yes 🗌 No 🗌		Not applicable \Box
10. How much time did	they spend helping	you to attend this visit?
hours	minutes	Not applicable \Box
ISDR Study WS E. A Randomised	Controlled Trial. Visit question	naire Version v2.0 24/01/2014