A randomised controlled trial of early laparoscopic cholecystectomy versus conventional management for newly diagnosed gallbladder disease: A cost minimisation and outcome study

**Pain relief**

1) **From discharge, have you had much pain in your tummy?** Yes / No
   If yes, was the pain in
   - RUQ / deep inside tummy generally / around scars (and which one)

2) **What pain relief did you use when you got home?**
   - Paracetomol
   - Ibuprofen
   - Diclofenac
   - Codeine
   - Tramadol
   - Regularly
   - When required
   - Only before bed

3) **On which day were you able to stop taking any pain relief at home after**
   - a) discharge from hospital following diagnosis (conventional group)? ............... 
   - b) discharge from hospital following operation? ............... 

4) **Do you take pain relief tablets for another condition normally?** Yes / No

5) **Did you have a long enough supply of tablets from the hospital?** Yes / No
   If no,
   - a) did you buy more over the counter, and how much did that cost you?
   - b) Did you get more from your GP? .... Yes / No (if yes, did you see the GP personally .. Yes / No
   - c) What pain relief tablets were they?
   - d) Were these tablets – regular or when needed

**Surgical wounds and scars**

1) **Were you surprised by the size of the scars?**
   - More scars than expected? Yes / No
   - Scars - bigger / smaller than expected

2) **Are you happy with the appearance of the scars?** Yes / No

3) **How long did it take for the glue to come off?** ........ days

4) **Did you:** daily / alternate day shower / bath 

5) **Did you have any redness around any of the scars?**

6) **Did you need any antibiotics prescribed after you left hospital?**
   If yes: what antibiotic was it?
   - What was it for? Infected wound (and which one)
   - Chest infection
   - Urine infection

**Did you have any home visits from:**

- Your GP     Yes / No     No. of visits ........
- District Nurse Yes / No     No. of visits ........
- Practice Nurse Yes / No     No. of visits ........

Have you had any additional problems that you think might be connected with the operation?
Unique identifier
Name

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Travel and Support

1) From the time of your admission for your surgery until now, how many times have you visited QMC or your GP (please tick):
   a) Only attended for the surgery – not re-attended since or seen GP ............
   b) Or if multiple visits by patient
      QMC .................... How did you get there (Private car, taxi)?..............
      Your GP ............... How did you get there (Private car, taxi)?..............
      Did anyone go with you (e.g. partner or friend)?

From the time of your admission for your surgery until now, how many times did your partner or closest friend accompany you to / visit you at QMC or GP

QMC .................... How did they get there (Private car, taxi)?..............
Your GP ............... How did they get there (Private car, taxi)?..............

How much did it cost you
   a) to come to QMC* £........
   b) to go to your GP (if you needed)* £ ........
   *If taxi (the fare each time); car (mileage from home to hospital and cost of parking)

How much did it cost your partner or closest friend
   c) to come to QMC*£........ (includes mileage and cost of parking)
   d) to go to your GP (if you needed)* £ ........
   *If taxi (the fare each time); car (mileage from home to hospital)

If you were not at that appointment, what would you or your friend have been doing?
   You ............
   Friend ............

Working (tick)
   At home
   Caring for someone else

Main occupation and length of sick leave:
(e.g. shop assistant, teacher, retired, unemployed, self employed)

How many days of work has this gallbladder problem caused from diagnosis till now?

Patient: Job .................... ... Hours per week? .......... No of days off work? ..........
Gross yearly salary?  <5K  <10K  <15K  <20K  <30K  <40K  >40K

Partner or closest friend:
Job .................... ... Hours per week? .......... No of days off work? ..........
Gross yearly salary?  <5K  <10K  <15K  <20K  <30K  <40K  >40K

If you are self employed, could give an approximate figure of the amount of work and its approximate value that was forgone due to your illness and subsequent period of recovery?

Did you taper your return to work (e.g. return for half the hours) Yes / No
   Do you do any unpaid work? Yes / No  When did you return to this?
Childcare arrangements or informal care duties (looking after elderly relative)
Here we are interested only in assistance that you needed in addition to any usual childcare or informal care arrangements.

1) When you were in hospital or at home recovering from the operation, did you usually get someone to look after your child/children or other dependants (if you have any)?
   Yes / No / Not applicable (no children or other dependants)

If Yes, how many hours (in total) did they usually spend looking after your child/children or other dependants while you were in hospital or recovering
   Number of hours __________ minutes

2) Thinking only of the main childcarer, did you usually pay that person to look after your child/children or other dependants while you were in hospital or recovery ............................Yes / No

If they were not paid, what would that person usually have been doing as their main activity if they had not been looking after your child/children or other dependants

   Housework......................................................... 1
   Childcare.............................................................. 2
   Caring for a relative or friend.................................... 3
   Voluntary work..................................................... 4
   Leisure activities.................................................. 5
   Attending school or university................................. 6
   On sick leave ....................................................... 7
   Unemployed.......................................................... 8
   Paid work............................................................ 9
   Other (please specify). ........................................... 10

If the main caregiver usually took time off from paid work (or business activity if self-employed)

What is the caregiver’s job ...................... No of days off work? .................

Gross yearly salary? <5K <10K <15K <20K <30K <40K >40K

Professional care?
Did you need any care from an agency or professional care giver? Yes / No
If yes, do you normally have care like this Yes / No
   How often did the carer come? TDS BD OD alternate twice weekly
   How many carers were required? 1 2 3
   How long did they stay for per visit (hrs)? 0.5 1 2 3 4 5

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