



Patient Quality of Life Questionnaire (baseline)

(v2.9)

PLEASE DO NOT WRITE ON THIS QUESTIONNAIRE.

IT IS FOR INFORMATION ONLY. ALL ANSWERS WILL BE RECORDED BY THE
RESEARCH PROFESSIONAL

The CONSTRUCT study

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Section E: Resource use questionnaire

This section is about the health care you have received – **apart from any services at the hospital where you were recruited.**

All questions refer to the **three months** before completing this questionnaire.

We would like to know about contacts you have had with health professionals in the last three months **for any reason - not just with regard to your bowel condition.**

1. In the last **3 months**, have you been seen for any reason by any of the following at **your GP surgery?**

- *Your own or another GP*
- *Nurse*
- *Any other health professional (e.g. dietician, physiotherapist, health visitor)*

No Please go to Question 2

Yes Please enter the number of times for...

Your own or another GP

Nurse

Other (please specify) _____

2. In the last **3 months**, have you been seen for any reason by any of the following at **home?**

- *Your own or another GP*
- *Nurse*
- *Any other health professional (e.g. dietician, physiotherapist, health visitor)*

No Please go to Question 2

Yes Please enter the number of times

Your own or another GP

Nurse

Other (please specify) _____

3. In the last **3 months**, have you discussed your health over the telephone with any

health professional (apart from to make or change appointments).

No Please go to Question 4

Yes Please enter number of times

With anyone at your GP surgery
With anyone at the hospital
With NHS Direct (NHS 24 in Scotland)

4. In the last **3 months**, have you visited an accident and emergency department **other than** at the hospital where you were recruited to the study?

No Please go to Question 4

Yes Please enter the number of times

In the last **3 months**, have you been admitted as an in-patient (i.e. stayed overnight in hospital) for any reason at a hospital **other than** at the hospital where you were recruited to the study?

No Please go to Question 5

Yes Please enter the number of **nights** you spent in hospital

6 If you are in work, did you take any time off work *either* due to illness or in order to see any health professional, for any reason, in the last **3 months**?

No Please go to Section F

Yes Please enter the number of day (to the nearest **half day**)

Section F: Drugs use questionnaire

Have you taken any of the following **prescribed** drugs in the last **3 months**?

Drugs for colitis (prescribed in the last **3 months**)

Name of Drug	Strength	Number taken	Frequency	Tick if taken PRN (as required)*	Duration (days) if short course
Asacol MR				<input type="checkbox"/>	
Budenofalk	_____	_____	_____	<input type="checkbox"/>	_____
Codeine phosphate	_____	_____	_____	<input type="checkbox"/>	_____
Colazide dipentum	_____	_____	_____	<input type="checkbox"/>	_____
Entocort	_____	_____	_____	<input type="checkbox"/>	_____
Imodium	_____	_____	_____	<input type="checkbox"/>	_____
Lomotil	_____	_____	_____	<input type="checkbox"/>	_____
Mesavant XL	_____	_____	_____	<input type="checkbox"/>	_____
Pentasa	_____	_____	_____	<input type="checkbox"/>	_____
Prednisolone by mouth**	_____	_____	_____	<input type="checkbox"/>	_____
Salazopyrin	_____	_____	_____	<input type="checkbox"/>	_____
Salofalk	_____	_____	_____	<input type="checkbox"/>	_____

*For PRN drugs, record instead the **average** number taken per day and **average** frequency (N^o of days per week)

**For oral prednisolone with reducing dose, please record details

Suppositories for colitis (prescribed in the last **3 months**)

	Strength	N° Suppositories / day	If not continuous, for how many days
Asacol			
Pentasa	_____	_____	_____
Salofalk	_____	_____	_____
Steroids	_____	_____	_____
	_____	_____	_____

Enemas for colitis (prescribed in the last **3 months**)

Asacol		Predenema		Predsol	
Colifoam	_____	Predfoam	_____	Salofalk	_____
Pentasa	_____		_____		_____

Medication for general GI disorders (prescribed in the last 3 months)

Name of Drug	Strength	Number taken	Frequency	Tick if taken PRN (as required)*	Duration (days) if short course
Axid (Nizatidine)	_____	_____	_____	<input type="checkbox"/>	_____
Buscopan (Hyoscine)	_____	_____	_____	<input type="checkbox"/>	_____
Colofac (Mebeverine)	_____	_____	_____	<input type="checkbox"/>	_____
Colpermin (Peppermint oil)	_____	_____	_____	<input type="checkbox"/>	_____
Fybogel (Ispaghula husk)	_____	_____	_____	<input type="checkbox"/>	_____
Maxolon (Metoclopramide)	_____	_____	_____	<input type="checkbox"/>	_____
Merbentyl (Dicycloverine)	_____	_____	_____	<input type="checkbox"/>	_____
Motilium (Domperidone)	_____	_____	_____	<input type="checkbox"/>	_____
Nexium (Esomeprazole)	_____	_____	_____	<input type="checkbox"/>	_____
Losec (Omeprazole)	_____	_____	_____	<input type="checkbox"/>	_____
Pariet (Rabeprazole)	_____	_____	_____	<input type="checkbox"/>	_____
Pepcid (Famotodine)	_____	_____	_____	<input type="checkbox"/>	_____
Protium (Pantoprazole)	_____	_____	_____	<input type="checkbox"/>	_____
Questran (Colestyramine)	_____	_____	_____	<input type="checkbox"/>	_____
Spasmonal (Alverine)	_____	_____	_____	<input type="checkbox"/>	_____
Tagamet (Cimetidine)	_____	_____	_____	<input type="checkbox"/>	_____
Zantac (Ranitidine)	_____	_____	_____	<input type="checkbox"/>	_____
Zoton (Lansoprazole)	_____	_____	_____	<input type="checkbox"/>	_____

*For PRN drugs, record instead the **average** number taken per day and **average** frequency (N^o of days per week)

Medication not listed (prescribed in the last 3 months)

Have you been **prescribed** any other drugs regularly in the last **3 months** that have

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not been listed here (excluding paracetamol, aspirin and ibuprofen)?

If so, please tell us the:

- **name**
- **strength**
- **number of tablets you take per dose and dose frequency (e.g. two tablets four times a day, etc)**

If the medication is not taken continuously over the last three months, please tell us whether it is taken "**as required**" or whether it was a **short course**.

Please also indicate the **average** number taken per day and the average frequency (N^o days per week) for drugs taken "as required" or the number of days it was taken for if a short course.

Thank you for completing this questionnaire.

If you are diagnosed with acute severe ulcerative colitis, you may be eligible for the CONSTRUCT drugs treatment trial. If you consent to participate into the trial, you **may** be asked to take part in a telephone interview with a researcher.

Please indicate below if you are happy to be asked about taking part in a telephone interview, should you take part in the drugs trial.

<input type="checkbox"/>
<input type="checkbox"/>

Yes, I am happy to be asked about taking part in a telephone interview

No, I am not happy to be asked about taking part in a telephone interview