



Form 3 – 3 Month Follow-up Visit

Participant Initials

Randomisation Number

Date of visit

Section 7 Health utility index questionnaire assessment

Has the parent completed the health utilities index (HU12/3) questionnaire?

(applicable to all aged 3 years or more)

Yes No N/A

If no, please provide an explanation below

Has the participant completed the health utilities index (HU12/3) questionnaire?

(applicable to all aged 12 years or more)

Yes No N/A

If no, please provide an explanation below

Section 8 Resource use assessments

	Service Provider – <u>excluding inpatient stays and visits</u> Number of contacts since last study visit (if zero, enter: "0")							
	Consultant	Doctor – non consultant grade	GP	Nurse	Dietician	Psychologist	Infusion Specialist	Social Worker
A&E visits								
Home visits								
GP practice								
Outpatient visits								
Telephone calls, emails and SMS (Text)								
School visits								
Additional visits (please specify)								

Completed date: _____

Completed by (Signature) _____

MCRN CTU use only

Received date: _____

Entered date _____

Entered by (Initials): _____



Form 3 – 3 Month Follow-up Visit

Participant Initials

Randomisation Number

Section 8 Resource use assessments		Continued..
Has the participant stayed in the hospital (overnight) since the last study visit? If yes, give details of the ward and total number of nights.		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Ward speciality ^a	Overnight stay (number of nights)
Visit 1		
Visit 2		
Visit 3		
Visit 4		
Visit 5		
Visit 6		
Visit 7		
Visit 8		
Visit 9		
Visit 10		
^a Ward speciality code list 1= General Ward 2= Surgical Ward 3= Medical Ward 4= Critical Care 88= Others (Specify)		
Is the participant a school pupil?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the participant been absent from school because of sickness in the last 3 months?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the participant have a job at weekends / or in the holidays?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the participant been absent from work because of sickness in the last 3 months?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, please estimate the number of days to the nearest half a day <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>		
Has the parent been absent from work because of the participant's sickness in the last 3 months?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If yes, please estimate the number of days to the nearest half a day <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/>		

Once completed this form should be sent within 7 days to the SCIP Trial Manager, CTRC, University of Liverpool, Institute of Child Health, Alder Hey Children's NHS Foundation Trust Liverpool, L12 2AP. A copy of these forms should be retained at site.

Completed date: _____

Completed by (Signature) _____

MCRN CTU use only

Received date: _____

Entered date _____

Entered by (Initials): _____