

# Visit questionnaire

**Patient initials**

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**Patient E Number**

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**Randomisation Number**

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

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**Patient date of birth**

d	d	m	m	y	y	y	y
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**Date of visit**

d	d	m	m	y	y	y	y
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**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 / train  Hospital transport  Bicycle / on foot

Other \_\_\_\_\_

**2. If using public transport or taxi, what is the total cost of your return travel?**

£ \_\_\_\_\_ Not applicable

**3. If travelling by car, how many miles is your return journey?**

\_\_\_\_\_miles Not applicable

**4. If travelling by car, what is the total cost of parking?**

£ \_\_\_\_\_ Not applicable

**5. How much time did you spend in total on this visit, including preparation, travel time and attending?**

\_\_\_\_\_hours \_\_\_\_\_minutes

**6. Are you currently in employment?**

Yes  No

**7. Did you take time off work to attend today?**

Yes  No  Not applicable

**8. Did a friend, family member or any other person assist you in attending your appointment today?**

Yes  No

**9. Did they take time off work to do so?**

Yes  No  Not applicable

**10. How much time did they spend helping you to attend this visit?**

\_\_\_\_\_hours \_\_\_\_\_minutes Not applicable