

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