

Nerve Root Block Versus Surgery

Resource Use Questionnaire

(Booklet 2)



This questionnaire is about the health care you have received because of illness, and any related costs to you or your family. Please read each question and consider your answers carefully.

If you are completing the survey at the **Treatment visit**, all questions refer to the time you completed the questionnaire since the **baseline visit**.

For each question, please think about the health care you received or costs that relate to **your condition** (sciatic leg pain caused by a prolapsed disc) **and** health care or costs that relate to **any other illness**. Please read carefully, and where appropriate, enter costs to the nearest pound (£)

Centre use only:

Randomisation Number:

Please ensure the Randomisation number is also completed on all pages.

Questionnaire to be completed before patient receives randomised treatment and must be returned by the patient before they are discharged from hospital.

This questionnaire is to be provided to the patient when they attend for their treatment. Please enter the date of this appointment:

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1. Since you last completed this questionnaire have you been seen by a GP?

No Please go to Question 2

Yes Please enter the number of times for...

A visit to the GP surgery

A visit to a GP out-of-hours surgery

GP home visit (call-out)

| Reasons related to sciatica | Other reasons |
|-----------------------------|---------------|
| | |
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| | |

2. With regards to your sciatica, have you been seen by other healthcare professionals or practitioners of complementary medicine outside of hospital or GP practice since you last completed this questionnaire?

No Please go to Question 3

Yes Please enter details for...

Visits to the physiotherapist

Acupuncture

Visits to the osteopath / chiropractor

Other services outside of hospital

| Number of times | Total cost to you |
|-----------------|-------------------|
| | £ |
| | £ |
| | £ |
| | £ |

If you have been seen by other services outside of hospital please specify which:

3. Since you last completed this questionnaire have you visited an accident and emergency department?

No Please go to Question 4

Yes Please enter the number of times...

You visited accident and emergency

| Reasons related to sciatica | Other reasons |
|-----------------------------|---------------|
| | |

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4. Other than the clinics you may have attended as part of this study, have you had any other out-patient (hospital) clinic visits or day-case admissions **since you last completed this questionnaire?**

No Please go to Question 5

Yes Please **enter the number of times...**

You had out-patient clinic visits

You had day-case admissions

Reasons related to sciatica

Other reasons

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|--|--|
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| | |

5. With regards to your sciatica, have you been admitted to hospital as an in-patient (i.e. stayed overnight in hospital **since you last completed this questionnaire?**

No Please go to Question 6

Yes Please enter the number of nights

| Number of nights | Reason for admission |
|------------------|----------------------|
| | |
| | |
| | |

6. **Since you last completed this questionnaire**, have you bought any medicines from the pharmacy or other retailer (e.g. supermarket)?

No Please go to Question 7

Yes Please **enter ...**

the total cost (to the nearest pound)

Reasons related to sciatica

Other reasons

| | |
|---|---|
| £ | £ |
|---|---|

7. If you are in college or in work, did you take any time off *either* due to illness *or* in order to see any health professional, **since you last completed this questionnaire?**

No Please go to Question 8

Yes Please **enter ...**

the number of days (to the nearest half day) any lost earnings (to the nearest pound)

Reasons related to sciatica

Other reasons

| | |
|---|---|
| | |
| £ | £ |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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8. **Since you last completed this questionnaire**, did any family member, friend or companion take any time off paid work (or business activity if self-employed) to help care for you *either* due to your illness or in order for you to see any health professional?

No Please go to Question 9

Yes Please **enter** ...

the number of days
(to the nearest half day)
any lost earnings
(to the nearest pound)

| Reasons related to sciatica | Other reasons |
|-----------------------------|---------------|
| | |
| £ | £ |

9. Did you travel by bus, train or taxi for any of your visits to GP surgeries or hospital visits **since you last completed this questionnaire**?

No Please go to Question 10

Yes Please **enter** ...

the total cost
(to the nearest pound)

| Reasons related to sciatica | Other reasons |
|-----------------------------|---------------|
| £ | £ |

10. Did you travel by private car for any of your visits to GP surgeries or hospital visits **since you last completed this questionnaire**?

No

Yes Please **enter** ...

total number of miles
(to the nearest mile)

| Reasons related to sciatica | Other reasons |
|-----------------------------|---------------|
| | |

Thank you for filling in this questionnaire!

Please return the completed questionnaire to the research team