Healthcare Contacts Form

TO BE COMPLETED FROM DIRECT INTERVIEW WITH A PATIENT AT 3, 6 AND 12 MONTHS FROM DATE OF RANDOMISATION

Trial Number: ☐☐☐☐ | Initials: *First, Middle, Last* ☐☐☐ | Site Name: ____________________

Section 1 - Visit Details

Timepoint (months) ◯ 3m ◯ 6m ◯ 12m | Date of trial appointment D D - M M M - Y Y Y Y

3 month follow up covers the period from discharge to the 3 month contact. 6 month follow up covers the period from 3 month contact to 6 month contact. 12 month follow up covers the period from 6 month contact to 12 month contact

Section 2 - NHS Care Visits

In this section we ask you about NHS healthcare you might have accessed

Since your last trial appointment have you attended any community NHS services for pain related to your surgery? (please do not include any sessions or treatments that you attended as part of the study).

◯ No ◯ Yes

If yes complete below section (if you haven't used a service enter '0'). If no please go to section 3.

NHS Service	Number of Visits
Your GP or another GP	☐☐
Practice Nurse	☐☐
Physiotherapist	☐☐
Psychologist	☐☐
Counsellor	☐☐
Pain Specialist (community)	☐☐
District Nurse	☐☐
Acupuncturist	☐☐
Osteopath	☐☐
Chiropractor	☐☐
Other, please write ____________________	☐☐

Please continue to next page.

Trial Number: ☐☐☐☐ | Initials: *First, Middle, Last* ☐☐☐

Section 3 - A&E Visits

Since your last trial appointment, have you visited an accident and emergency department because of pain related to your surgery?

○ No ○ Yes

If yes, please complete the section below for each visit. If no please go to section 4.

How many times did you visit A&E? ☐

Start date of first A&E visit: D D - M M M - Y Y Y Y

Primary reason for visit: *(refer to coded table 1 on pg. 10)* ☐ | If other please specify ______

Did you have any of the following procedures? If none please write '0'.

Investigations	
	Number performed
X-ray	☐
CT Scan	☐
MRI Scan	☐
Other, please write ______	☐

Start date of second A&E visit: D D - M M M - Y Y Y Y

Primary reason for visit: *(refer to coded table 1 on pg. 10)* ☐ | If other please specify ______

Did you have any of the following procedures? If none please write '0'.

Investigations	
	Number performed
X-ray	☐
CT Scan	☐
MRI Scan	☐
Other, please write ______	☐

Start date of third A&E visit: D D - M M M - Y Y Y Y

Primary reason for visit: *(refer to coded table 1 on pg. 10)* ☐ | If other please specify ______

Did you have any of the following procedures? If none please write '0'.

Investigations	
	Number performed
X-ray	☐
CT Scan	☐
MRI Scan	☐
Other, please write ______	☐

Please continue to next page.

Trial Number: ☐☐☐☐ | Initials: *First, Middle, Last* ☐☐☐

Section 4 - Hospital Admissions

Since your last trial appointment, have you been admitted to hospital because of pain related to your surgery? ◯ No ◯ Yes

If yes, please complete the section below for each visit. If no please go to section 5.

How many times were you admitted to hospital? ☐

If admission occurred within 30 days of intervention OR occurred more than 30 days from intervention and investigator evaluates as related to intervention report as SAE

1st Hospital Admission

Date of hospital admission D D - M M M - Y Y Y Y

Type of admission *(please tick one):* ◯ Elective ◯ Emergency

Number of days you spent in hospital ☐☐☐

Location of Patient During Admission (put '0' if patient did not stay on the relevant ward type)	
	Length of Stay (Days)
General Ward (Level 0)	☐☐☐
Acute (Level 1)	☐☐☐
HDU (Level 2)	☐☐☐
ITU (Level 3)	☐☐☐

Primary reason for admission: *(refer to coded table 1 on pg. 10)* ☐ | If other please specify ____________________

Location of Patient During Admission (put '0' if patient did not have any theatre visits)	
	Visits
Theatre Visits	☐☐

Reason for theatre visit: *(refer to coded table 2 on pg. 10)* ☐ | If other please specify ____________________

Did you have any of the following procedures? If none please write '0'.

Investigations/procedure	
	Number performed
X-ray	☐
CT scan	☐
MRI scan	☐
Chest drain	☐
Other, please write ________________________	☐

If you had a chest drain were you discharged with a flutter bag? ◯ No ◯ Yes

Please continue to next page.

Trial Number: ☐☐☐☐

Initials: *First, Middle, Last* ☐☐☐

Section 4 - Hospital Admissions Continued

2nd Hospital Admission

Date of hospital admission D D - M M M - Y Y Y Y

Type of admission *(please tick one):* ◯ Elective ◯ Emergency

Number of days you spent in hospital ☐☐☐

Location of Patient During Admission (put '0' if patient did not stay on the relevant ward type)	
	Length of Stay (Days)
General Ward (Level 0)	☐☐☐
Acute (Level 1)	☐☐☐
HDU (Level 2)	☐☐☐
ITU (Level 3)	☐☐☐

Primary reason for admission: *(refer to coded table 1 on pg. 10)* ☐

If other please specify ____________________

Location of Patient During Admission (put '0' if patient did not have any theatre visits)	
	Visits
Theatre Visits	☐☐

Reason for theatre visit: *(refer to coded table 2 on pg. 10)* ☐

If other please specify ____________________

Did you have any of the following procedures? If none please write '0'.

Investigations/procedure	
	Number performed
X-ray	☐
CT scan	☐
MRI scan	☐
Chest drain	☐
Other, please write ____________________	☐

If you had a chest drain were you discharged with a flutter bag? ◯ No ◯ Yes

Please continue to next page.

Trial Number: ☐☐☐☐ | Initials: *First, Middle, Last* ☐☐☐

Section 4 - Hospital Admissions Continued

3rd Hospital Admission

Date of hospital admission D D - M M M - Y Y Y Y

Type of admission *(please tick one):* ◯ Elective ◯ Emergency

Number of days you spent in hospital ☐☐☐

Location of Patient During Admission (put '0' if patient did not stay on the relevant ward type)	
	Length of Stay (Days)
General Ward (Level 0)	☐☐☐
Acute (Level 1)	☐☐☐
HDU (Level 2)	☐☐☐
ITU (Level 3)	☐☐☐

Primary reason for admission: *(refer to coded table 1 on pg. 10)* ☐ | If other please specify ____________

Location of Patient During Admission (put '0' if patient did not have any theatre visits)	
	Visits
Theatre Visits	☐☐

Reason for theatre visit: *(refer to coded table 2 on pg. 10)* ☐ | If other please specify ____________

Did you have any of the following procedures? If none please write '0'.

Investigations/procedure	
	Number performed
X-ray	☐
CT scan	☐
MRI scan	☐
Chest drain	☐
Other, please write ____________	☐

If you had a chest drain were you discharged with a flutter bag? ◯ No ◯ Yes

Please continue to next page.

Trial Number: ☐☐☐☐ Initials: *First, Middle, Last* ☐☐☐

Section 5 - Private Healthcare Costs

Since your last trial appointment did you use any healthcare services **you paid for yourself or paid by friends/relatives; or that were paid for by private insurance** for pain related to your surgery?

◯ No ◯ Yes

If yes complete below, if no go to next question

Please do not include any treatment paid for by the NHS. Please round the amounts to the nearest pound. If you have not used a private healthcare service please write 0 in number of visits. If you do not know the actual cost please give us your best estimate of the costs. If paid for by insurance please tick box in relevant row(s)

Private Healthcare Costs Table

	Number of visits	Cost paid by you or friends/relatives	Paid for by insurance?
Private physiotherapist	☐☐	£ £ £ £	☐
Private hospital doctor	☐☐	£ £ £ £	☐
Private psychologist	☐☐	£ £ £ £	☐
Private counsellor	☐☐	£ £ £ £	☐
Private massage therapist	☐☐	£ £ £ £	☐
Private osteopath	☐☐	£ £ £ £	☐
Private acupuncturist	☐☐	£ £ £ £	☐
Private pain specialist	☐☐	£ £ £ £	☐
Private GP	☐☐	£ £ £ £	☐
Private chiropractor	☐☐	£ £ £ £	☐
Other, please write ______	☐☐	£ £ £ £	☐

Since your last trial appointment have you been admitted to a private hospital because of pain related to your surgery? ◯ No ◯ Yes

If yes complete below, if no go to section 6

If yes, please write in the number of days in hospital ☐☐

How was this paid for? ◯ By you or friends/relatives ◯ By private insurance

If paid by you or paid by friends/relatives, what were the total costs paid? *To the nearest pound. If you don't know the actual cost please give your best estimate of cost.*

£ £ £ £ £

Please continue to next page.

Trial Number: ☐☐☐☐ | Initials: *First, Middle, Last* ☐☐☐

Section 6 - Medication

Since your last trial appointment has your doctor prescribed any medications for pain related to your surgery? ◯ No ◯ Yes

At 3 month contact, please include any medications you were given at the point of discharge from hospital, which you took at home

At 6 and 12 months contact, please include any medications you are still taking that was prescribed in the last period e.g. at discharge

If yes complete section below (if a medication was not taken, please write '0'), if no go to next question

Medications	How long taken (days)
Conventional Painkillers e.g. paracetamol, co-codamol	☐☐☐
Opioids e.g codeine, morphine, oxycodone, tramadol, dihydrocodine	☐☐☐
Neuropathic painkillers e.g. amitriptyline, pregabalin, gabapentin	☐☐☐
Anti-inflammatory drugs e.g. ibuprofen, naproxen, diclofenac	☐☐☐
Gels/Creams	☐☐☐
Sleeping pills	☐☐☐
Anti-depressants	☐☐☐
Patches	☐☐☐
Other, please write ______________________________	☐☐☐

Since your last trial appointment have you or friends/relatives bought any treatments for pain related to your surgery? ◯ No ◯ Yes

At 6 and 12 months contact, please include any medications you are still taking that you or friends/relatives bought you in the last period

If yes complete below, if no go to section 7

Please estimate the total cost to the nearest pound. If none please write '0'. If the cost was covered by health insurance please tick the box in the relevant row (a cost isn't required)

Medications	Overall cost paid by you or friends/relatives	Covered by health insurance (tick if applicable)
Painkillers	£ £ £ £	☐
Anti-inflammatory drugs (e.g. ibuprofen/nurofen)	£ £ £ £	☐
Gels/Creams (e.g. ibuleve/movelat)	£ £ £ £	☐
Other, please write ______________________________	£ £ £ £	☐
Other, please write ______________________________	£ £ £ £	☐
Other, please write ______________________________	£ £ £ £	☐

Please continue to next page.

Trial Number: ☐☐☐☐ | Initials: *First, Middle, Last* ☐☐☐

Section 7 - Equipment

Since your last trial appointment have you or friends/relatives bought or has the NHS provided items such as braces or aids, e.g. corset, a new bed/mattress, a chair, a massage machine, TENS machine or any other products or equipment because of your pain related to your surgery?
◯ No ◯ Yes

If yes complete below, if no go to section 8

Please estimate cost to the nearest pound. If equipment was provided by the NHS please tick the box in the relevant row (a cost isn't required). If you or a family member/friend paid please provide the cost below. If you do not know the actual cost please give us your best estimate of the costs.

Equipment			
	Item	Cost paid for by you or family/friends	Provided by NHS
1	______	£ £ £ £ £	☐
2	______	£ £ £ £ £	☐
3	______	£ £ £ £ £	☐
4	______	£ £ £ £ £	☐
5	______	£ £ £ £ £	☐

Section 8 - About your work

Are you currently in paid employment or have you been employed since your last appointment? ◯ No ◯ Yes

If you said that you are not working at the moment please tell us which of the following best describes your current situation:

- ◯ Looking for work
- ◯ Not able to work due to pain from surgery
- ◯ Permanently unable to work (for reasons other than pain from surgery)
- ◯ Retired
- ◯ Looking after home or family
- ◯ Other, please specify: ______

If you haven't worked since joining trial and are not intending to return to work please go to section 9

Have you stopped working since your last trial appointment? ◯ No ◯ Yes

If yes, have you stopped working at least in part due to pain associated with your surgery? ◯ No ◯ Yes

If yes, when did you stop working? D D - M M M - Y Y Y Y

Have you returned to work since your last trial appointment? ◯ No ◯ Yes

If yes, when did you start working again? D D - M M M - Y Y Y Y

Please indicate whether employment is full or part time ◯ Full-time ◯ Part-time

If part-time please indicate number of hours worked per week ☐☐

What is the name and title of your job?

Job name/title ______ | Industry ______

Please continue to next page.

Trial Number: ☐☐☐☐ | Initials: *First, Middle, Last* ☐☐☐

Section 8 - About your work continued

Since your last trial appointment have you needed to take time off work because of pain related to your surgery? ◯ No ◯ Yes

If yes provide number of days taken off work due to pain related to your surgery ☐☐

Since your last trial appointment have your hours of employment altered because of pain related to your surgery? ◯ No ◯ Yes, increased ◯ Yes, decreased

If yes, by how many hours per week has your employment changed? ☐☐

When did this change occur? *(please write date)* D D - M M M - Y Y Y Y

Since your last trial appointment have you been restricted in what you can do at work due to pain related to your surgery? ◯ No ◯ Yes

If yes, please provide details of what ways your work has been affected:

I have been able to do less work	◯ No ◯ Yes	I have needed additional help from others	◯ No ◯ Yes
I have had to change roles	◯ No ◯ Yes	Other	◯ No ◯ Yes

Other, please specify ____________________

Section 9 - Activities

Are you a main carer for a relative/friend? ◯ No ◯ Yes

If yes, do you care for relative/friend full or part time? ◯ Full time ◯ Part time

If you care part time how much time do you spend caring each week on average? *Please write number of hours* ☐☐

If yes, is this paid or unpaid? ◯ Paid ◯ Unpaid

Since your last trial appointment has pain related to your surgery stopped you doing your normal activities (other than paid work)? ◯ No ◯ Yes

If yes complete below, if no go to section 10

Please tick any activities that have been affected and enter the total number of days pain related to your surgery stopped you getting on with your normal activities.

Activities Table

	Has been affected	Number of days affected
Education	◯ No ◯ Yes	☐☐☐
Housework	◯ No ◯ Yes	☐☐☐
Leisure	◯ No ◯ Yes	☐☐☐
Caring for a friend/relative	◯ No ◯ Yes	☐☐☐

Section 10 - Willing to continue

Has the patient confirmed willingness to continue? ◯ No ◯ Yes

If no please complete trial exit/change of status form

Section 11 - Form Completion

Completed by (name): ____________________

Signed: ____________________ | Date Completed: D D - M M M - Y Y Y Y

Table 1: A&E Visit/Hospital Admission Reason Codes	
Reason	**Code**
Pleural effusion	1
Chyle	2
Pneumothorax/Surgical emphysema	3
Chest infection/pneumonia	4
Emphysema	5
Bronchopleural fistula	6
Lung torsion	7
ARDS	8
DVT/PE	9
Chest pain - angina	10
Abdominal pain	11
Wound infection	12
Deteroriation in overall condition	13
Increasing shortness of breath	14
Pain management	15
Constipation	16
Other, specify	17

Table 2: Theatre Visit Reason Codes	
Reason	**Code**
Insertion of a chest drain under general anaesthetic	1
Bronchopleural fistula repair	2
Decortication for empyema	3
Repair of air leak	4
Completion lobotomy	5
Bronchoscopy	6
Other, specify	7