

## Health Resource Use Questionnaire

[Form will be completed by each partner separately]

A Health Resource Use Questionnaire should be completed by both partners during the first cycle of treatment and 19 months (and 25 months for couples who conceive within 450 days of randomisation).

Couple Trial ID:     /

The UNITY trial is trying to find out whether IVF or IUI is a more effective treatment for couples with unexplained infertility. Thank you for agreeing to taking part. To work out how effective a treatment is, we also need to know how much it costs. The purpose of this questionnaire is to work out how much the treatments have cost you.

Your answers are important because they will help inform the decisions on possible fertility treatments within the NHS. The information you provide will be treated in the strictest confidence and will not be shown to anyone outside the study.

Please complete one copy of this questionnaire each. If you need any help completing the questionnaire, or have any questions, please do not hesitate to contact the trial office [unity@trials.bham.ac.uk](mailto:unity@trials.bham.ac.uk)

Date form completed:    -     -

The following questions explore how your treatment impacts on your day-to-day activities in terms of both time and money. Please answer the following questions to the best of your ability.

## Section 1 - Patient Time Costs

This section asks about the impact of treatment on your paid work, unpaid work or leisure activity. By unpaid work we mean activities such as caring responsibilities, household activities, voluntary work and non-leisure activities that involve your time without getting paid. Leisure activity includes any activity that is unrelated to work (e.g. hobbies and social activities).

Thinking about your last trial-related visit, how long did you spend at the clinic?  hours  mins

What main activity would you otherwise have been doing if you had not come to the clinic? *Please only choose one option*

- ☐ Housework
 ☐ Childcare
 ☐ Caring for a relative or friend
 ☐ Voluntary work  
☐ Leisure activities
 ☐ Attending school or university
 ☐ On sick leave
 ☐ Seeking work  
☐ Paid work/employment
 ☐ Other

[If "What main activity would you otherwise have been doing if you had not come to the clinic?" answered **Other**, show "If other, please specify"]

If other, please specify

Did you have to take time off paid work (or business activity if self-employed) in order to receive treatment? ☐ Yes ☐ No

[If "Did you have to take time off paid work (or business activity if self-employed) in order to receive treatment?" answered **Yes**, show "If yes, how much time did you take off work?" AND "If yes, did you lose earnings as a result of this time off work?"]

If yes, how much time did you take off work? *Tick one* ☐ Half day ☐ Full day ☐ Other

[If "If yes, how much time did you take off work?" answered **Other**, show "If other, please give details"]

If other, please give details

If yes, did you lose earnings as a result of this time off work? ☐ Yes ☐ No

What is your main employment status currently? *Please only choose one option*

- ☐ Full-time work
 ☐ Part-time work
 ☐ Occasionally/casual work  
☐ Student
 ☐ Unemployed
 ☐ Caring for a relative or friend

[If "What is your main employment status currently?" answered **Full time work** OR **Part time work** OR **Occasionally/casual work**, show "Please specify the type of work"]

Please specify the type of work

## Section 2 - Patient Travel Costs

This section asks about the costs of travelling to the fertility clinic.

Thinking about the last time you visited the clinic for treatment, how did you travel to the clinic? *Please select one answer that best describes how you travelled from home to the clinic. If you used more than one type of transport, please indicate the way you travelled for the main part of your journey (the longest in terms of distance).*

- ☐ Walked
 ☐ Cycled
 ☐ Bus
 ☐ Train/metro
 ☐ Taxi
 ☐ Private car
 ☐ Other

[If "Thinking about the last time you visited the clinic for treatment, how did you travel to the clinic?" answered **Other**, show "If other, please specify"]

If other, please specify

How far away from the clinic do you live?  Units ☐ miles ☐ km

The last time you visited the clinic, how long did it take to travel there from your home?  hours  mins

## Section 3 - Companion Costs

This section asks about the time and travel costs to the person who accompanied you to the clinic.

Thinking about the last time of your treatment cycle/last visit to clinic, did anyone accompany you?

☐ Yes ☐ No

[If "Thinking about the last time of your treatment cycle/last visit to clinic, did anyone accompany you?" answered **Yes**, show "If yes, please select one answer that best describes the person who accompanied you" AND "If yes, please select one answer that best describes what your main companion would otherwise have been doing if they had not accompanied you to the clinic." AND "Did your companion have to take time off paid work (or business activity if self-employed) to accompany you to the clinic?" AND "What is your companion's employment status currently?"]

If yes, please select one answer that best describes the person who accompanied you.

☐ Partner/spouse ☐ Other relative ☐ Paid caregiver ☐ Other

[If "If yes, please select one answer that best describes the person who accompanied you" answered **Other**, show "If other, please specify"]

If other, please specify \_\_\_\_\_

If yes, please select one answer that best describes what your main companion would otherwise have been doing if they had not accompanied you to the clinic.

☐ Housework ☐ Childcare ☐ Caring for a relative or friend  
☐ Voluntary work ☐ Leisure activities ☐ Attending school or university  
☐ On sick leave ☐ Seeking work ☐ Paid work/employment  
☐ Other

[If "If yes, please select one answer that best describes what your main companion would otherwise have been doing if they had not accompanied you to the clinic." answered **Other**, show "If other, please specify"]

If other, please specify \_\_\_\_\_

[If "If yes, please select one answer that best describes what your main companion would otherwise have been doing if they had not accompanied you to the clinic." answered **Paid work/employment**, show "Did your companion have to take time off paid work (or business activity if self-employed) to accompany you to the clinic?"]

Did your companion have to take time off paid work (or business activity if self-employed) to accompany you to the clinic?

☐ Yes ☐ No

[If "Did your companion have to take time off paid work (or business activity if self-employed) to accompany you to the clinic?" answered **Yes**, show "If yes, how much time did they take off work?" AND "Did your companion lose earnings as a result of this time off work?"]

If yes, how much time did they take off work? *Tick one*

☐ Half day ☐ Full day ☐ Other

[If "If yes, how much time did they take off work?" answered **Other**, show "If other, please give details"]

If other, please give details \_\_\_\_\_

Did your companion lose earnings as a result of this time off work?

☐ Yes ☐ No

What is your companion's employment status currently? *Please only choose one option*

☐ Full-time work ☐ Part-time work  
☐ Occasionally/casual work ☐ Student  
☐ Unemployed ☐ Caring for a relative or friend

[If "What is your companion's employment status currently?" answered **Full time work** OR **Part time work** OR **Occasionally/casual work**, show "Please specify the type of work"]

Please specify the type of work \_\_\_\_\_

## Section 4 - Dependent Costs

This section asks about any assistance that you needed to look after any dependents (child/children/parents/relatives/other), when you were at the clinic.

Do you have any dependents?

☐ Yes ☐ No

[If "Do you have any dependents?" is answered **Yes**, show "Thinking about your last treatment cycle, when you were at the clinic, did you get someone to look after your dependents?"]

Thinking about your last treatment cycle, when you were at the clinic, did you get someone to look after your dependents?

☐ Yes ☐ No

[If "Thinking about your last treatment cycle, when you were at the clinic, did you get someone to look after your dependents?" answered **Yes**, show "If yes, how long did they spend looking after your dependents while you were at the clinic?" AND "If yes, did you pay that person to look after your dependents while you were at the clinic?"]

If yes, how long did they spend looking after your dependents while you were at the clinic?

If yes, did you pay that person to look after your dependents while you were at the clinic?

☐ Yes ☐ No

[If "If yes, did you pay that person to look after your dependents while you were at the clinic?" answered **Yes**, show "If yes, how much did you pay them to look after your dependents while you were at the clinic?"]

If yes, how much did you pay them to look after your dependents while you were at the clinic?

\_\_\_\_\_. \_\_\_\_ £

### Section 5 - Additional community or social care services use

Since the last treatment cycle have you had any visits or consultations with community or social care services provided by the NHS, and related to your fertility treatment, outside of your treatment package, such as General Practitioner, Practice Nurse, or Counsellors?

☐ Yes ☐ No

[If "Since the last treatment cycle have you had any visits or consultations with community or social care services provided by the NHS outside of your treatment package, such as General Practitioner, Practice Nurse, or Counsellors?" answered **Yes**, show "How many visits have you had?" **AND** the instructional text **AND** table below]

How many visits have you had? \_\_\_\_

In the table below can you please give details? **Please use a separate row for each visit** [show same number of rows as "how many visits have you had?"]

Type of contact (e.g. GP, Nurse, Social services etc)	Purpose of each visit/consultation


**Section 6 - Other Costs**

Since the last treatment cycle, have you had to purchase any private health care outside the treatment package?

☐ Yes☐ No

[If "Since the last treatment cycle, have you had to purchase any private health care outside the treatment package?" answered **Yes**, show "How many times have you purchased private healthcare outside of the treatment package?" **AND** the instructional text **AND** table below]

How many times have you purchased private healthcare outside of the treatment package?             

In the table below can you please give details of what the **private healthcare** was for and how much you spent? (e.g. visit to a private GP, extra pregnancy scans, visit to gynaecologist for extra consultation, additional blood test, etc.) **Please use a separate row for each visit.** [show same number of rows as "How many times have you purchased private healthcare outside of the treatment package?"]

Purpose of each private visit/scan/test	Amount spent (£)
	<u>    </u> <u>    </u> <u>    </u> <u>    </u> . <u>    </u> <u>    </u>
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Do you have any further comments or any information you would like to add about the cost associated to your treatment?

\_\_\_\_\_

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