Health Resource Use Questionnaire

	[Form will be completed	by each partner separately]	
A Health Resource Use Que	stionnaire should be completed by both part couples who conceive withi	ners during the first cycle of treatment n 450 days of randomisation).	t and 19 months (and 25 months for
Couple Trial ID:			
The UNITY trial is trying to fir taking part. To work out how	nd out whether IVF or IUI is a more effective effective a treatment is, we also need to kno much the treatm	Itreatment for couples with unexplained by how much it costs. The purpose of ents have cost you.	d infertility. Thank you for agreeing to this questionnaire is to work out how
Your answers are important v	because they will help inform the decisions will be treated in the strictest confidence and	on possible fertility treatments within t I will not be shown to anyone outside t	he NHS. The information you provide he study.
Please complete one copy	y of this questionnaire each. If you need any hesitate to contact the trial	help completing the questionnaire, or office unity@trials.bham.ac.uk	have any questions, please do not
Date form completed: D	D - M M M - Y Y Y Y		
The following questions e	xplore how your treatment impacts on your following questions to	day-to-day activities in terms of both ti o the best of your ability.	me and money. Please answer the
Section 1 - Patient Time	Costs		
This section asks about the caring responsibilities, hou	he impact of treatment on your paid work, un sehold activities, voluntary work and non-lei includes any activity that is unrelated to	sure activities that involve your time w	rithout getting paid. Leisure activity
Thinking about your last trial	-related visit, how long did you spend at the	clinic? hours	mins
	u otherwise have been doing if you had not o		e 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/employmer	other Jld you otherwise have been doing if you had	I not some to the alinia?" answered Ot	nor show "If other places aposify"]
		Thot come to the clinic: answered ou	ilet, snow in other, please specify j
If other, please	e specify		
Did you have to take time off	paid work (or business activity if self-emplo	yed) in order to receive treatment?	Yes No
[If "Did you have to take tim much	ne off paid work (or business activity if self-e time did you take off work?" <u>AND</u> "If yes, did	mploved) in order to receive treatment you lose earnings as a result of this ti	t?" answered Yes , show "If yes, how me off work?"]
If yes, how mu	uch 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 a	as a result of this time off work?		Yes No
	ent status currently? Please only choose one		
Full-time work	Part-time work		sionally/casual work
Student	○ Unemployed		g for a relative or friend
[If "What is your main emp	ployment status currently?" answered Full ti specify the	<mark>ne work</mark> OR <mark>Part time work <u>OR</u> Occasi</mark> type of work"]	onally/casual work, show "Please
Please specify	y the type of work		
Section 2 - Patient Travel	Costs		
	This section asks about the cos	ts of travelling to the fertility clinic.	
Thinking about the last time	you visited the clinic for treatment, how did	ou travel to the clinic? Please select of	one answer that best describes
	e to the clinic. If you used more than one typ	e of transport, please indicate the way	you travelled for the main part of
your journey (the longest in t Walked	· · · · · · · · · · · · · · · · · · ·	sin/motro Tovi	Private car Other
	eycled Bus Tra	lin/metro Taxi	
If other, please		and you traver to the chille? answered	outer, snow in outer, please specify]
ii otilei, piedsi	e snecify		
_	<u> </u>		
How far away from the clinic	<u> </u>	Units	miles km

Section 3 - (Companion Cost	เร				
	This sec	ction asks abo	the time and travel costs to the person who acc	companied you to the clinic.		
Thinking abou	ut the last time of y	your treatment	cle/last visit to clinic, did anyone accompany yo	ou?	Yes	○ No
one answe	<mark>er that best describ</mark> would otherwise ha	bes the persor	ent cycle/last visit to clinic, did anyone accompar ho accompanied vou" AND "If ves. please select f they had not accompanied vou to the clinic." AN o accompany you to the clinic?" <u>AND</u> "What is yo	one answer that best describes	what vour m	ain paid
	If yes, please sele		hat best describes the person who accompanied Other relative			
[If "If yes	, please select one	answer that b	st describes the person who accompanied you" a	answered Other , show "If other, p	ease specify	<u>/"]</u>
	If c	other, please s	ecify			
	accompanied you Housework Voluntary w On sick lea	u to the clinic. k work	hat best describes what your main companion w Childcare Leisure activities Seeking work	Caring for a relative Attending school o Paid work/employr	e or friend r university	ot
[If "If you plo	Other	ouver that beat	position what your major companion would ather	wise have been doing if they had	not coopen	aniad
tii ii yes, pie	ease select one ansi	you i	scribes what your main companion would other the clinic." answered Other , show "If other, please	e specify"]	пот ассоттр	anieu
	If o	other, please s	ecify			
[If "If ves. ple you to the	ease select one ans e clinic." answered	swer that best I Paid work/en	escribes what vour main companion would other loyment, show "Did your companion have to take employed) to accompany you to the clinic?"]	wise have been doing if thev had e time off paid work (or business	not accomp activity if se	<mark>anied</mark> lf-
		id your compa inic?	on have to take time off paid work (or business a	ctivity if self-employed) to accon	npany you to	the No
[If "Did your c	companion have to t	take time off	id work (or business activity if self-employed) to	accompany you to the clinic?" a	swered Yes,	show
	Tit yes, now much ti		e off work?" <u>AND</u> "Did your companion lose earni es, how much time did they take off work? <i>Tick</i> (ull day	Other
	IIf "If yes		did they take off work?" answered Other , show "		uli day	Other
	įn nyes,	, now much th	If other, please give details	in other, please give details j		
		Г	your companion lose earnings as a result of this	s time off work?	Yes	No
	Full-time wo	vork ally/casual woi	rment status currently? Please only choose one Part-time Student	e work		
Fr. C. W. C. C.	Unemploye			or a relative or friend		
[If "What is	s your companion's	s employment	atus currently?" answered Full time work O <u>R</u> Par "Please specify the type of work"]	t time work <u>OR</u> Occasionally/cas	sual work, sh	OW
	Ple	lease specify t	type of work			
Section 4 - F	Dependent Costs	S				
Occion 4 - L						at the
			needed to look after any dependents (child/child clinic.	dren/parents/relatives/other), wh	ien you were	at the
This section a				dren/parents/relatives/other), wh	en you were	No No
This section a	asks about any assi	sistance that y	clinic. red Yes , show "Thinking about your last treatmen		Yes	No
This section a	asks about any assi any dependents? u have any depende	sistance that y	clinic.	nt cycle, when you were at the clin	Yes	No
This section a Do you have a [If "Do you	any dependents? u have any dependents Thinking about your last trea	dents?" is answour last treatm	clinic. red Yes. show "Thinking about your last treatmen someone to look after your dependents?"] nt cycle, when you were at the clinic, did you get seen you were at the clinic, did you get someone to bur dependents while you were at the clinic?" AN	nt cycle, when you were at the clinesomeone to look after your dependents?" ar	Yes nic, did you g ndents? Yes swered Yes.	No No No show
This section a Do you have a [If "Do you	any dependents? u have any depende Thinking about your last treations did they spendents	dents?" is answour last treatment cycle, will be desired to be desired t	clinic. red Yes. show "Thinking about your last treatmen someone to look after your dependents?"] at cycle, when you were at the clinic, did you get seen you were at the clinic, did you get someone to	someone to look after your dependents?" ar	Yes nic, did you g ndents? Yes swered Yes.	No No No show

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

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		If yes, did you pay	that person to l	ook after your de	pendents while you we	ere at the clinic?	Yes	○ No
[If "If yes, dic	d you pay that p	person to look after them t	r vour dependent to look after you	ts while vou were r dependents wh	e at the clinic?" answere ile you were at the clini	ed Yes , show "If yes, how ic?"]	much did yo	ou pay
		If y	es, how much d		to look after your depe	ndents while you were at	the clinic?	
Section 5 - A	dditional co	mmunity or soci	al care service	es use				
	•	•			munity or social care s actitioner, Practice Nur	ervices provided by the Nrse, or Counsellors?	IHS, and rela	ated No
IIf "Since the your treatmer	last treatment nt package, suc	cvcle have vou hac ch as General Pract	itioner, Practice	onsultations with Nurse, or Couns uctional text <u>AND</u>	ellors?" answered Yes ,	are services provided by t show "How many visits h	the NHS out	side of
	How many vis	sits have you had?						
In the table be	elow can you p	lease give details?	Please use a se	parate row for ea had?"]	ach visit <mark>[show same n</mark>	umber of rows as "how m	nany visits h	ave you
	Type of conta	act (e.g. GP, Nurse,	Social services (etc)	Purpose of each visi	it/consultation		

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Section 6 - 0	Other Costs			
Since the last	treatment cycle, have you had to p	urchase any private health care o	outside the treatment package?	◯ Yes ◯ No
[If "Since th many	ne last treatment cvcle. have vou ha v times have you purchased private	d to purchase any private health healthcare outside of the treatm	care outside the treatment packa ent package?" <u>AND</u> the instructio	de?" answered Yes . show "How nal text <u>AND</u> table below]
	How many times have you purcha	ased private healthcare outside o	f the treatment package?	_
In the table	e below can you please give details scans, visit to gynaecologist for ex number of rows as "How many	of what the private healthcare w tra consultation, additional blood	vas for and how much you spent? test. etc.) Please use a separate	(e.g. visit to a private GP extra row for each visit. show same
	number of rows as "How many	times have you purchased priva	te healthcare outside of the treatr	nent package?"]
	Purpose of each private visit/sca		te healthcare outside of the treatr	nent package?"]
				nent package?"]

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nformation you would like to	o add about the cost associated to you	r treatment?
	nformation you would like to	nformation you would like to add about the cost associated to your