Health Resource Use Questionnaire

	[Form will be completed	by each partner separately]	
A Health Resource Use Ques	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 fin taking part. To work out how	d out whether IVF or IUI is a more effective effective a treatment is, we also need to known the treatment is the treatment i	Itreatment for couples with unexplained whow 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 b	pecause they will help inform the decisions will be treated in the strictest confidence and	on possible fertility treatments within t will not be shown to anyone outside t	he NHS. The information you provide he study.
Please complete one copy	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 ex	xplore how your treatment impacts on your of following questions to	day-to-day activities in terms of both ti the best of your ability.	me and money. Please answer the
Section 1 - Patient Time (Costs		
This section asks about th caring responsibilities, hou	ne impact of treatment on your paid work, ur 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 o	clinic? hours	mins
What main activity would you	otherwise have been doing if you had not c		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/employmen	t Other Id you otherwise have been doing if you had	not come to the clinic?" answered Oth	nor show "If other places specify"]
		That come to the chilic: answered ou	ilet, snow in other, please specify j
If other, please	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 t	e off paid work (or business activitv 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	ch time did you take off work? Tick one		Half day Full day Other
[If "If y	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	s a result of this time off work?		○ Yes ○ No
	nt 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	oloyment status currently?" answered Full tir 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	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 y	ou visited the clinic for treatment, how did y	ou travel to the clinic? Please select o	one answer that best describes
	to the clinic. If you used more than one type	e of transport, please indicate the way	you travelled for the main part of
your journey (the longest in to Walked C	,	in/metro Tavi	Private car Other
	ycled Bus Tra ne you visited the clinic for treatment, how o	in/metro Taxi	
If other, please	ne you visited the chille for freatment, now t	nd you traver to the cliffic? answered (other, snow in other, please specify]
ii otilei, piedse	specify		
	<u> </u>		
How far away from the clinic	<u> </u>	Units	miles km

	Companion Costs					
	This section asks a	oout the time and travel costs to	the person who accompani	ed you to the clinic.		
Thinking abou	ut the last time of your treatme	nt cycle/last visit to clinic, did an	yone accompany you?		Yes	No
one answe	er that best describes the pers	atment cvcle/last visit to clinic, don who accompanied vou" AND " no if they had not accompanied ed) to accompany you to the clin	If ves. please select one and you to the clinic." AND "Did	swer that best describes	what vour m	nain f paid
	If yes, please select one answer	ver that best describes the perso Other relative	n who accompanied you. Paid caregiver	Other		
[If "If yes	, please select one answer tha	best describes the person who	accompanied you" answere	d Other , show "If other, p	ease specif	y"]
	If other, pleas	specify				
	accompanied you to the clini Housework Voluntary work On sick leave	ver that best describes what your c. Childcare Leisure act Seeking wo	ivities	Caring for a relative Attending school o Paid work/employr	e or friend r university	not
	Other					
[If "If yes, ple	ase select one answer that be yo	et describes what your main com u to the clinic." answered Other , s	panion would otherwise ha how "If other, please specif	ve been doing if they had y"]	not accomp	oanied
	If other, pleas	specify				
[If "If ves. ple you to the	ase select one answer that be e clinic." answered Paid work/	ot describes what vour main com comployment, show "Did your com employed) to accompany	panion have to take time o	ve been doing if thev had ff paid work (or business	not accommodactivity if se	oanied elf-
	Did your compelinic?	anion have to take time off paid	work (or business activity if	self-employed) to accon	npany you to	the No
[If "Did your c	companion have to take time o	f paid work (or business activity take off work?" <u>AND</u> "Did your co	if self-employed) to accomp	pany you to the clinic?" ar	nswered Yes	, show
	, , , , , , , , , , , , , , , , , ,	If yes, how much time did they t			full day	Other
	fig the control of th		wered Other , show "If other	nlease give details"		
	lit it yes, now much	time did they take off work?" ans		, piedse give details j		
	μτ ττ yes, now mucn	If other, please give		, piedse give details]		
	μτ ττ yes, now mucn		e details		Yes	○ No
	What is your companion's en Full-time work Occasionally/casual v	If other, please give Did your companion lose earnin ployment status currently? Please	gs as a result of this time o se only choose one option Part-time work Student	ff work?	Yes	○ No
Îlf "What is	What is your companion's en Full-time work Occasionally/casual v Unemployed	If other, please give Did your companion lose earnin ployment status currently? Please	gs as a result of this time o se only choose one option Part-time work Student Caring for a rela	ff work? tive or friend		
[If "What is	What is your companion's en Full-time work Occasionally/casual v Unemployed s your companion's employme	If other, please give Did your companion lose earnin ployment status currently? Please	gs as a result of this time of the second choose one option Part-time work Student Caring for a rela	ff work? tive or friend		
	What is your companion's en Full-time work Occasionally/casual w Unemployed s your companion's employme Please specif	If other, please give Did your companion lose earnin ployment status currently? Please ork It status currently?" answered Fu "Please specify the	gs as a result of this time of the second choose one option Part-time work Student Caring for a rela	ff work? tive or friend		
Section 4 - [What is your companion's en Full-time work Occasionally/casual w Unemployed s your companion's employme Please specif	If other, please give Did your companion lose earnin ployment status currently? Please ork It status currently?" answered Fu "Please specify the the type of work	gs as a result of this time o se only choose one option Part-time work Student Caring for a rela Il time work OR Part time w type of work"	ff work? tive or friend vork OR Occasionally/cas	sual work, sł	now
Section 4 - [What is your companion's en Full-time work Occasionally/casual w Unemployed s your companion's employme Please specif	If other, please give Did your companion lose earnin ployment status currently? Please ork It status currently?" answered Fu "Please specify the	gs as a result of this time of the state of	ff work? tive or friend vork OR Occasionally/cas	sual work, sł	now
Section 4 - [This section a	What is your companion's en Full-time work Occasionally/casual w Unemployed s your companion's employme Please specif	If other, please give Did your companion lose earnin ployment status currently? Pleasork It status currently?" answered Fu "Please specify the the type of work you needed to look after any dep	gs as a result of this time of the state of	ff work? tive or friend vork OR Occasionally/cas	sual work, sł	now
Section 4 - [This section a Do you have a	What is your companion's en Full-time work Occasionally/casual v Unemployed s your companion's employme Please specif Dependent Costs asks about any assistance tha	If other, please give Did your companion lose earnin ployment status currently? Pleasork It status currently?" answered Fu "Please specify the the type of work you needed to look after any dep	gs as a result of this time of the second choose one option Part-time work Student Caring for a rela Il time work OR Part time with type of work" Dendents (child/children/pa	ff work? tive or friend ork OR Occasionally/cas rents/relatives/other), wh	nen you were	at the
Section 4 - [This section a Do you have a	What is your companion's en Full-time work Occasionally/casual w Unemployed S your companion's employme Please specif Dependent Costs asks about any assistance that any dependents? u have any dependents?" is an	If other, please give Did your companion lose earnin ployment status currently? Pleas ork It status currently?" answered Fu "Please specify the the type of work you needed to look after any decilinic.	gs as a result of this time of the state of	ff work? tive or friend ork OR Occasionally/cas rents/relatives/other), when you were at the clin	nen you were Yes	at the
Section 4 - I This section a Do you have a [If "Do you	What is your companion's en Full-time work Occasionally/casual v Unemployed Syour companion's employme Please specif Dependent Costs asks about any assistance that any dependents? Unave any dependents? Unave any dependents? Unave any dependents? Unave any dependents?	If other, please give Did your companion lose earnin ployment status currently? Please ork It status currently?" answered Fu "Please specify the the type of work you needed to look after any dep clinic. swered Yes. show "Thinking about someone to look after y ment cycle, when you were at the when you were at the clinic, did	gs as a result of this time of the state of	ff work? tive or friend vork OR Occasionally/cas rents/relatives/other), when you were at the clir the to look after your dependents?" ar	nen you were Yes nic, did you o	e at the No get No
Section 4 - I This section a Do you have a [If "Do you	What is your companion's en Full-time work Occasionally/casual v Unemployed Syour companion's employme Please specif Dependent Costs asks about any assistance that any dependents? Unave any dependents? Unave any dependents? Unave any dependents? Unave any dependents?	If other, please give Did your companion lose earnin ployment status currently? Please ork It status currently?" answered Fu "Please specify the the type of work you needed to look after any dep clinic. swered Yes. show "Thinking about someone to look after y ment cycle, when you were at the	gs as a result of this time of the second choose one option Part-time work Student Caring for a relative of work Il time work OR Part time with type of work Deendents (child/children/part treatment cycle, our dependents?"] The clinic, did you get someone to look at the clinic?" AND "If yes	ff work? tive or friend vork OR Occasionally/cas rents/relatives/other), when you were at the clir the to look after your dependents?" ar	nen you were Yes nic, did you o	e at the No get No

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

	UNITY Trial	13. He	ealth Resource Quest	ionnaire Form	v1.0 (11-Dec-2023)
		If yes, did you pay that person	to look after your de	pendents while you were at the c	elinic?	res No
[If "If yes, did	l you pay that p	person to look after vour depen them to look after	dents while vou were your dependents whi	at the clinic?" answered Yes , sho le you were at the clinic?"]	ow "If yes, how much o	<mark>lid you pay</mark>
		•	ch did you pay them t	o look after your dependents wh	ile you were at the clin	ic?
Section 5 - A	dditional co	mmunity or social care ser	vices use			
	•	•		munity or social care services pro actitioner, Practice Nurse, or Cou	insellors?	d related
IIf "Since the your treatmer	last treatment nt package, sud	ch as General Practitioner, Prac	or consultations with ctice Nurse, or Counse nstructional text <u>AND</u>	community or social care service ellors?" answered Yes , show "Hov table below]	es provided by the NHS	Soutside of
	How many vis	its have you had?				
In the table be	elow can you p	lease give details? Please use	a separate row for ea had?"]	ch visit <mark>[show same number of r</mark>	ows as "how many vis	its have you
	Type of conta	ct (e.g. GP, Nurse, Social servi	ces etc)	Purpose of each visit/consulta	ition	

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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 ext 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?"]

The state of the s
dd about the cost associated to your treatment?
dd about the cost as