



QUESTIONNAIRE FOR YOUR COMPLETION

Dear [relative's name]

You may remember that when [participant's name] was recently admitted to hospital with a flu-like illness you agreed for them to participate in the ASAP trial – a study investigating low dose steroids in adults with pandemic flu.

As part of this study we would like to know how [participant's name] has been since they left hospital and would be grateful if you would complete the enclosed short questionnaire on their behalf or forward this to them for their completion.

Your answers to the questions are extremely valuable and will help us understand how well the study treatment worked. **We also want to remind you that your answers will be kept completely confidential. Therefore, your answers will in no way affect your future care.**

There are no right or wrong answers.

INSTRUCTIONS

- Please complete the enclosed questionnaire
- Once completed, please return to the research team as soon as possible in the pre-paid envelope provided.

If you need help filling in this questionnaire, please feel free to discuss this with a relative or friend.

We will attempt to telephone you if we have not received the questionnaire back within 14 days.

If you have any questions about this questionnaire please contact the research team at the co-ordinating centre on [contact number].

Thank you in advance for completing this questionnaire.



**ADJUVANT STEROIDS
IN ADULTS WITH
PANDEMIC INFLUENZA**

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|-----------------|------------------|
| Participant ID: | [participant ID] |
| Hospital: | [hospital] |

Please note that if you are completing this form on behalf of someone else,
the following questions relate to that person

**Our records show that you were discharged from hospital on:
[date]**

1. How many times have you **consulted your GP for any reason** in the 30 days after discharge from hospital?

ANSWER (please tick one):

0 1 2 3 4 More than 4 times
If more than 4 times, how many? []

2. How many times have you **been back to hospital** to seek medical care in the 30 days after discharge from hospital?

ANSWER (please tick one):

0 1 2 3 4 More than 4 times
If more than 4 times, how many? []

3. Did you take your study medication home with you?

ANSWER (please tick one):

No **If no, there are no further questions**
Yes **If yes, please answer question 4**

4. If you answered yes to question 3, did you manage to finish the treatment course?
(If so, the bottle containing the study medication should be empty)

ANSWER (please tick one):

Yes, I completed the course at home
No, I did not complete the course

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| <p style="text-align: center;">THANK YOU FOR COMPLETING THIS QUESTIONNAIRE</p> <p style="text-align: center;">PLEASE NOW POST THIS BACK TO US USING THE PRE-PAID ENVELOPE PROVIDED</p> |
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