Study Number

YORKSHIRE & HUMBERSIDE HAEMATOLOGY NETWORK

This is a study about why some people develop certain blood disorders and why people respond differently to treatment. By collecting as much information as we can from people who develop blood disorders, we hope to find out more about why these diseases occur and what determines their response to treatment. This information may also help improve the organisation of health services in the region.

Please write clearly and if choices are given, please tick the appropriate box. If you need more space you may continue on the back page. If you have any questions, or need help filling in this form, please contact us on our Freephone number: 0800 328 0655

Questionnaire

Version 3 March 2012

1. Please write your address in the box below, or if there is a sticker check that the details are correct. If there are any mistakes, please write changes in the box on the right.

Address	Amended Details

2. How would you describe your ethnicity?
(e.g. Asian, black, white etc.), please specify

3. Have you ever regularly smoked at least one cigarette/cigar/pipe/ a day for at least a year?
If no please go to question 6

YES ☐ NO ☐

4. If yes, do you still smoke?
If no please go to question 5

YES ☐ NO ☐

If yes, how many do you smoke? ☐ per day

If yes, how many did you smoke 5 years ago? ☐ per day

5. If no, how old were you when you last smoked? ☐ years

How many did you smoke per day on average in the year before you stopped smoking? ☐ per day

6. How tall are you?

feet | inches | OR | metres

7. How much do you weigh now?

stones | pounds | OR | kgs

8. How much did you weigh five years ago?

stones | pounds | OR | kgs

9. Have you had any serious or chronic illnesses in the past?
If no please go to question 11

YES | NO

10. If yes, please could you briefly tell us what these illnesses were and when they were diagnosed?

11. Did you have any symptoms before you were diagnosed with your **present** illness?

YES | NO

12. If yes, what were these symptoms and when approximately did you first notice these?

i) Symptom | Date (dd/mm/yy)

ii) Symptom | Date (dd/mm/yy)

iii) Symptom | Date (dd/mm/yy)

13. When did you first seek medical help?

EQ-5D-5L

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

SELF-CARE

- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

PAIN / DISCOMFORT

- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

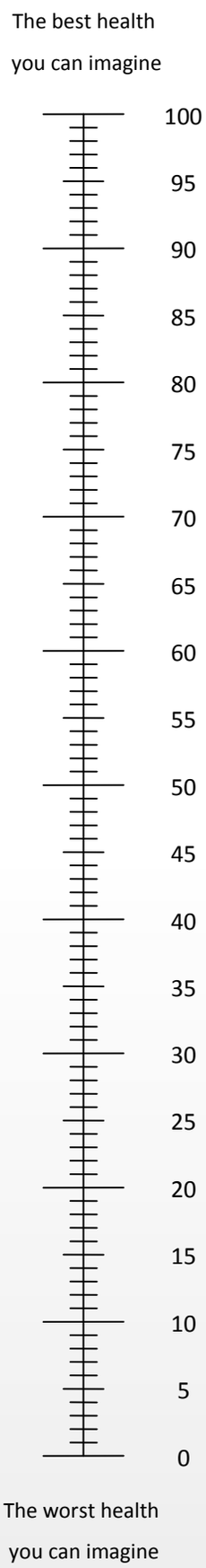
ANXIETY / DEPRESSION

- I am not anxious or depressed ☐
- I am slightly anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

EQ-5D-5L

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =



If there is anything else you would like to tell us, please use the space below:

Signed:

Date form completed:

Your contact telephone number (in case we have any queries):

Once you have completed the questionnaire, please return it in the stamped addressed envelope provided to:

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Email: enquiries@yhhn.org