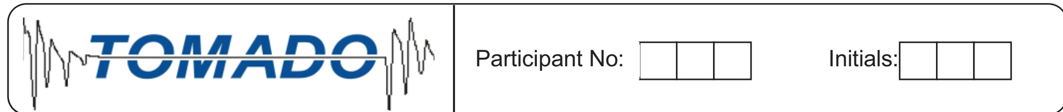
Appendix 6 Individual health-care resource use case report form



Trial Stage: Baseline ☐ Treatment 1 ☐ Treatment 2 ☐ Treatment 3 ☐ Treatment 4 ☐

Health Care Usage

During the past **4 weeks**, has the patient used any health care service? Yes ☐ No ☐

If Yes, how many times:	No. times	No. times related to OSA	
Visited a GP? (not including for repeat prescriptions)	☐	☐	
Been seen at home by a GP?	☐	☐	
Visited a nurse?	☐	☐	
Been seen at home by a nurse?	☐	☐	
Contacted general practice for telephone advice?	☐	☐	
Contacted NHS Direct for telephone advice?	☐	☐	
Contacted the trial helpline at RSSC?	☐	☐	(n/a at baseline)
Had an ambulance called for themselves?	☐	☐	
Visited an Accident and Emergency department?	☐	☐	
Attended an out-patient clinic?	☐	☐	(Not including sleep studies)
Been admitted to hospital overnight?	☐	☐	**Complete details of admission on next page**
Been admitted to hospital overnight, as an emergency?	☐	☐	**Complete details of admission on next page**
Spent the night in hospital?	☐	☐	**Complete details of admission on next page**
Visited a dentist?	☐	☐	
Additional visit to Addenbrooke's for Bespoke MAD?	☐	☐	
Other? (please specify)	☐	☐	
______________________			

TOMADO

Participant No: ☐☐☐ Initials: ☐☐☐

Trial Stage: Baseline ☐ Treatment 1 ☐ Treatment 2 ☐ Treatment 3 ☐ Treatment 4 ☐

Health Care Usage Continued - Complete if patient admitted to hospital:

Length of stay: ☐☐ days

Reason for admission:

Heart Attack	☐	Stroke	☐
RTA	☐	Other (specify):	☐

Ward type(s):

Cardiac	☐	Surgery - Cardiac	☐
Surgery - General	☐	Surgery - Respiratory	☐
Respiratory Medical	☐	ICU	☐
Other (specify):	☐		

Test(s) performed:

MRI	☐	CT Scan	☐
X-ray	☐	Angiogram	☐
Angioplasty	☐	Other (specify):	☐