



To be completed for: all patients confirmed eligible in Sections 1 and 2, for whom the Responsible Clinician has authorised the OSAC trial prescription and who have completed a written consent form.

To be completed by: Recruiting Clinician (3.1, blue section) and Patient (3.2-3.8) (NB: ALL on paper only).

### 3.5 OCCUPATION AND EMPLOYMENT

1. Which of the following best describes you? (please tick **one** box only)

- |  |  |
|--|--|
| <input type="checkbox"/> Employed (full or part-time, including self-employed) | <input type="checkbox"/> Unemployed                    |
| <input type="checkbox"/> Unable to work due to long-term illness / disability  | <input type="checkbox"/> In full-time education        |
| <input type="checkbox"/> Retired from paid work                                | <input type="checkbox"/> Not working for other reasons |

2. Please describe your current or most recent paid employment. **If you have more than one job, tell us about your main job. If you've never been in paid work; please go to section 3.6 below.**

### 3.6 ETHNICITY

1. Please describe your ethnic group (tick **one** box only):

- |                                   |  |   |   |   |
|-----------------------------------|--|---|---|---|
| a) White:                         | <input type="checkbox"/> British                   | <input type="checkbox"/> Irish  | <input type="checkbox"/> Any other White background |   |
| b) Black or Black British:        | <input type="checkbox"/> African                   | <input type="checkbox"/> Caribbean  | <input type="checkbox"/> Any other Black background |   |
| c) Mixed:                         | <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African                          | <input type="checkbox"/> White and Asian            | <input type="checkbox"/> Any other Mixed background |
| d) Asian or Asian British:        | <input type="checkbox"/> Indian                    | <input type="checkbox"/> Pakistani  | <input type="checkbox"/> Bangladeshi                | <input type="checkbox"/> Any other Asian background |
| e) Chinese or Other Ethnic Group: | <input type="checkbox"/> Chinese                   | <input type="checkbox"/> Any other (please tick the box and detail below) |   |   |
- 

f) Prefer not to answer:  Please tick here

### 3.7 EXPOSURE TO SMOKE

1. What are your previous or current smoking habits?  Never  Past  Current
2. If past or current smoker: How many per day, normally?   For how many years?
3. Does anyone else in your household smoke?  Yes  No

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**3.8 YOUR QUALITY OF LIFE (EQ-5D-5L)**

**NB: The questions on this and the next page can only be completed on paper and cannot be entered on the OSAC online clinical database.**

**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**

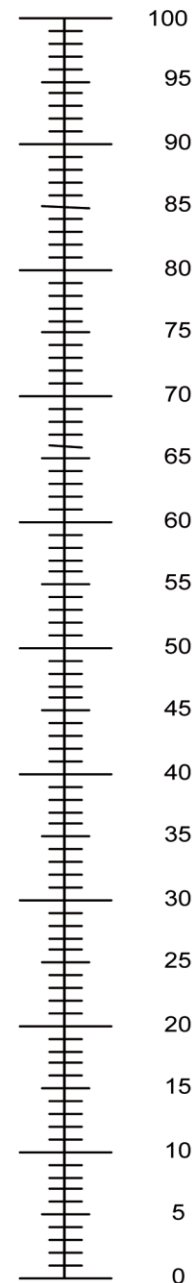
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

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- 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.

The best health  
you can imagine



**YOUR HEALTH TODAY =**

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**Paperwork Management**

- Return the whole of Section 3 and the signed consent form to the Bristol Trial Centre in the pre-paid envelope supplied (in the recruitment folder) as soon as possible.
- If the patient **DOES NOT WISH TO CONTINUE WITH TRIAL PARTICIPATION**, please complete the OSAC withdrawal form and handle Sections 1, 2 & 3 forms accordingly.