Drugs – Real World Outcomes

Impact of pediatric acute otitis media on child and parental quality of life and associated productivity loss in Malaysia: a prospective observational study

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AOM QUALITY OF LIFE QUESTIONNAIRE IN ASIA

Questionnaire for a parent/caregiver of a child with an ear infection, to assess the impact of the child's illness on family life

[Part 1.] How has your child's ear infection affected you?

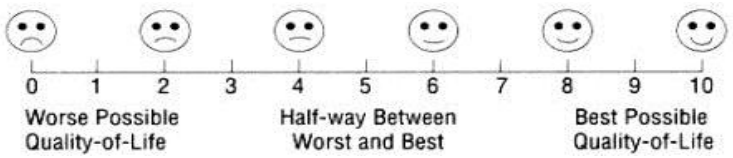
	Please tick the box that best describes your situation				
	Not at all	A little bit	Somewhat	Quite a bit	Very much
1. have you been worried?	☐	☐	☐	☐	☐
2. have you been more stressed than usual?	☐	☐	☐	☐	☐
3. have you, in general, become impatient more easily?	☐	☐	☐	☐	☐
4. have you felt frustrated or annoyed?	☐	☐	☐	☐	☐
5. has your mood been negatively affected?	☐	☐	☐	☐	☐
6. has the quality of your sleep been affected by any of the following: worry, stress, impatience, frustration and mood?	☐	☐	☐	☐	☐
7. have you had less time for other members of the family?	☐	☐	☐	☐	☐
8. have you had to reduce or alter your leisure activities?	☐	☐	☐	☐	☐
9. have you had to make changes to your daily schedule?	☐	☐	☐	☐	☐
10. has the quality of your outdoor or household activities been affected?	☐	☐	☐	☐	☐
11. have you had any difficulty with planning your time schedule?	☐	☐	☐	☐	☐
12. have you had any additional expenses (excluding income losses)?	☐	☐	☐	☐	☐
13. have you felt helpless or powerless?	☐	☐	☐	☐	☐
	Never	Rarely	Sometimes	Often	Frequently
14.have you been woken up during the night because of his/her ear infection?	☐	☐	☐	☐	☐
	Unchanged	A little bit worse	Somewhat worse	Quite a bit worse	Considerably worse
15.due to your child's ear infection, you would say your quality of life has been	☐	☐	☐	☐	☐

[Part 2.] How has your child's ear infection affected him/her?

Please tick the box that best describes your situation. Check one box for each question below.						
1. Physical Suffering: Ear pain, ear discomfort, ear discharge, ruptured ear drum, high fever, or poor balance. How much of a problem for your child during the past 2-3 weeks?						
Not present / no problem	**Hardly a problem at all**	**Somewhat of a problem**	**Moderate problem**	**Quite a bit of a problem**	**Very much a problem**	**Extreme problem**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
2. Hearing loss: Difficulty hearing, questions must be repeated, frequently says "what", or television is excessively loud. How much of a problem for your child during the past 2-3weeks?						
Not present / no problem	**Hardly a problem at all**	**Somewhat of a problem**	**Moderate problem**	**Quite a bit of a problem**	**Very much a problem**	**Extreme problem**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
3. Speech Impairment: Delayed speech, poor pronunciation, difficult to understand, or unable to repeat words clearly. How much of a problem for your child during the past 2-3 weeks?						
Not present / no problem or not applicable	**Hardly a problem at all**	**Somewhat of a problem**	**Moderate problem**	**Quite a bit of a problem**	**Very much a problem**	**Extreme problem**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
4. Emotional Distress: Irritable, frustrated, sad, restless, or poor appetite. How much of a problem for your child during the past 2-3 weeks as a result of ear infections?						
Not present / no problem	**Hardly a problem at all**	**Somewhat of a problem**	**Moderate problem**	**Quite a bit of a problem**	**Very much a problem**	**Extreme problem**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
5. Activity Limitations: Playing, sleeping, doing things with friends/family, attending school or day care. How limited have your child's activities been during the past 2-3 weeks because of ear infections?						
Not limited at all	**Hardly limited at all**	**Very slightly limited**	**Slightly limited**	**Moderately limited**	**Very limited**	**Severely limited**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
6. Caregiver Concerns: How often have you, as a caregiver, been worried, concerned, or inconvenienced because of your child's ear infections over the past 2-3 weeks?						
None of the time	**Hardly any time at all**	**A small part of the time**	**Some of the time**	**A good part of the time**	**Most of the time**	**All of the time**
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

7. Overall, how would you rate your child's quality of life as a result of ear infections? (Check one box)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10



[Part 3.] Health questionnaire

By putting a tick (☑) in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

I have no problems in walking around ❑

I have some problems in walking around ❑

I am confined to bed ❑

Self-Care

I have no problems with self-care ❑

I have some problems taking a bath/shower, or dressing myself ❑

I am unable to take a bath/shower, or dress myself ❑

Usual Activities (*e.g. work, study, housework, family or leisure activities)*

I have no problems with performing my usual activities ❑

I have some problems with performing my usual activities ❑

I am unable to perform my usual activities ❑

Pain/Discomfort

I have no pain or discomfort ❑

I have moderate pain or discomfort ❑

I have extreme pain or discomfort ❑

Anxiety/Depression

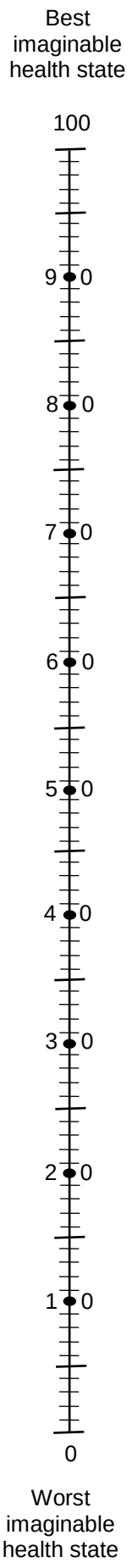
I am not anxious or depressed ❑

I am moderately anxious or depressed ❑

I am extremely anxious or depressed ❑

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below (where 'Your own health state today' is written) to whichever point on the scale indicates how good or bad your health state is today.



[Part 3.] Evaluation of the economic impact on the family due to ear infection

[1] Are there still any symptoms of ear infections present?

☐1 No → Date of last symptoms : |____|____| / |___|___| / |___|___|
Day Month Year

☐2 Yes

[2] What type of medical insurance coverage do you have ? (Check all that apply)

☐1 Public Insurance (Universal Healthcare)
☐2 Private Insurance
☐3 Do not have insurance
☐4 Other: _____

[4] Which type of doctor did you visit to diagnosis your child's ear infection? (Check one)

☐1 General practitioner
☐2 Pediatrician
☐3 Eye, Nose, Throat specialist (ENT)
☐4 Emergency room department
☐5 Audiologist
☐6 Other: _____

[5] Were there any procedures performed during the visit to diagnosis this ear infection?

☐1 No

☐2 Yes → Please describe below what was done, how many times and whether it happened in outpatient setting or during hospitalization:

Procedure or diagnostic exam **(*)**	If other, please specify:	How many times performed in outpatient setting (no overnight stay)	How many times performed in inpatient setting (overnight stay)	Total cost
I___I	_____	I___I___I	I___I___I	_____ MYR
I___I	_____	I___I___I	I___I___I	_____ MYR
I___I	_____	I___I___I	I___I___I	_____ MYR

*** 1: X-Ray**
2: Tympanocentesis
3: Blood sample taken
4: Sample from ear taken
5: Surgery
6: Adenectomy
7: Audiometry
8: Ventilation tube insertion
9: Other

[6] Were there any medications taken for this ear infection?

☐1 No

☐2 Yes → Specify all medications bought over the counter and/or prescribed that were taken after the visit to this medical doctor.

Brand name/dosing	Medication Type (Check one)	Number of packages bought	Total cost
	☐1 Antibiotic ☐2 Pain killer ☐3 Fever reducer		_____ MYR
	☐1 Antibiotic ☐2 Pain killer ☐3 Fever reducer		_____ MYR
	☐1 Antibiotic ☐2 Pain killer ☐3 Fever reducer		_____ MYR
	☐1 Antibiotic ☐2 Pain killer ☐3 Fever reducer		_____ MYR

[7] Has your child been hospitalized in relation to this ear infection?

☐1 No

☐2 Yes → How many days in: Intensive care unit |__|__| days Cost of hospital stay _____ MYR

Pediatric/ General ward |__|__| days Cost of hospital stay _____ MYR

[8-a] Were there any consultations/visits to *other* health care professionals for treatment of this ear infection?

☐1 No

☐2 Yes → Please describe all visits to other healthcare professionals related to the current ear infection after the visit for diagnosis

Healthcare professional	Type of consultation	How many times	Total cost
			_____ MYR
			_____ MYR
			_____ MYR
			_____ MYR

Healthcare professional code			
1. General Practitioner	**2. Pediatrician**	**3. ENT Specialist**	
4. Audiologist	**5. Emergency department**	**6. Traditional Medicine**	**7. Other**
Consultation type code			
1. Phone consultation	**2. Visit at practice**	**3. Visit at home**	
4. Visit at hospital outpatient clinic	**5. Other**		

[9] Were there any *additional* procedures performed following the visit to diagnose this ear infection?

☐1 No

☐2 Yes → Please describe below what was done, how many times and whether it happened in outpatient setting or during hospitalization:

Procedure or diagnostic exam **(*)**	If other, please specify:	How many times performed in outpatient setting (no overnight stay)	How many times performed in inpatient setting (overnight stay)	Total cost
I___I	_____	I___I___I	I___I___I	_____ MYR
I___I	_____	I___I___I	I___I___I	_____ MYR

*** 1: X-Ray**
2: Tympanocentesis
3: Blood sample taken
4: Sample from ear taken
5: Surgery
6: Adenectomy
7: Audiometry
8: Ventilation tube insertion
9: Other

[10] Does your child normally attend school, day nursery or other form of day care?

☐1 No

☐2 Yes, school

☐3 Yes, day nursery

☐4 Yes, family, e.g. grandparents

☐5 Yes, other _____

[10-a] If yes, did your child have to miss school, day nursery or other form of day care because of their ear infection?

☐1 No

☐2 Yes → How many hours I__I__I

[11] Who took care of your child during the day when he/she was ill? (check all that apply)

☐1 Mother

☐2 Father

☐3 Grand-parent

☐4 Other: _____

[12-a] Did you or another caregiver have to miss work to take care of the child because of their ear infection?

☐1 No → Please explain the reason:	☐ The sickness episode and/or the medical visits occurred during days/time off ☐ The caregiver could work from home ☐ The caregiver could exchange work days with days off ☐ The caregiver is retired ☐ This is the caregiver's paid job. Cost was _____ MYR ☐ Other _____

☐2 Yes → Please complete if you have a paid job below:

Table a) For caregivers with a paid job	Caregiver	Did the caregiver have to stay home (Y/N)?	Total number of hours absent from a paid (*) job
	Mother	☐1 Yes ☐2 No → ☐3 I don't know	I___I___I hours ☐I don't know
	Father	☐1 Yes ☐2 No → ☐3 I don't know	I___I___I hours ☐I don't know
	Grand-parent	☐1 Yes ☐2 No → ☐3 I don't know	I___I___I hours ☐I don't know
	Other caregiver: _____	☐1 Yes ☐2 No → ☐3 I don't know	I___I___I I hours ☐I don't know

* including self-employment

[12-b] Has a part of your absent hours been compensated? (paid sick time, sickness allowance, etc.)

Paid job:

☐1 Yes, approximately _____ hours

☐2 No

☐3 Not applicable

☐4 I don't know

[13] On the days that you went to work when your child was ill, did you feel less productive than normal, for example because you could not concentrate as well?

☐1 No

☐2 Yes → Please estimate the amount of extra hours that would have been needed to be as productive as when your child was not ill: |__|__| hours

[14] Did you or another caregiver have to take care of the child during the episode on your free weekdays or during weekends (when you did not have work)?

☐$_1$ No

☐$_2$ Yes → Please complete the table below:

Caregiver	Did the caregiver have to stay home (Y/N)?	Total loss of leisure hours
Mother	☐$_1$ Yes ☐$_2$ No ----------→ ☐$_3$ I don't know	I___I___I hours ☐I don't know
Father	☐$_1$ Yes ☐$_2$ No ----------→ ☐$_3$ I don't know	I___I___I hours ☐I don't know
Grand-parent	☐$_1$ Yes ☐$_2$ No ----------→ ☐$_3$ I don't know	I___I___I hours ☐I don't know
Other caregiver: _____	☐$_1$ Yes ☐$_2$ No ----------→ ☐$_3$ I don't know	I___I___I hours ☐I don't know

[15] What means of transportation did you use to take your child to this visit?

To the pharmacy	☐$_1$ Walking ☐$_2$ Cycling ☐$_3$ Car: approximate distance : _____km ☐$_4$ Public transportation (bus, metro): approximate cost? _____ MYR ☐$_5$ Taxi/motorbike: approximate cost for the taxi/motorbike ride(s)? _____ MYR ☐$_6$ Other: _____
To the other visit	☐$_1$ Walking ☐$_2$ Cycling ☐$_3$ Car: approximate distance : _____km ☐$_4$ Public transportation (bus, metro): approximate cost? _____ MYR ☐$_5$ Taxi/motorbike: approximate cost for the taxi/motorbike ride(s)? _____ MYR ☐$_6$ Other: _____
To the hospital	☐$_1$ Walking ☐$_2$ Cycling ☐$_3$ Car: approximate distance : _____km ☐$_4$ Public transportation (bus, metro): approximate cost? _____ MYR ☐$_5$ Taxi/motorbike: approximate cost for the taxi/motorbike ride(s)? _____ MYR ☐$_6$ Other: _____

[16] Gender of your child	☐$_1$ Male ☐$_2$ Female
[17] Child's DOB	|____|____| / |____|____| / |2|0|____|____| Day Month Year

[18] Has your child had an ear infection before?	☐$_1$ No ☐$_2$ Yes, 1 month ago ☐$_3$ Yes, 2 months ago ☐$_4$ Yes, 3 months ago ☐$_5$ Yes, 4 months ago ☐$_6$ Yes, 5 months ago ☐$_7$ Yes, 6+ months ago

[19] Who is answering this questionnaire? (Check one)

☐$_1$ Mother
☐$_2$ Father
☐$_3$ Grand-parent
☐$_4$ Other: _____

[20] What is the highest level of education you have attained? (Check one)

☐$_1$ High school diploma
☐$_2$ Some college
☐$_3$ Associate degree
☐$_4$ Bachelor degree
☐$_5$ Graduate degree
☐$_6$ Other: _____

[22] Household Income (Check one)

☐$_1$ Under 5,000 MYR
☐$_2$ 5,001 – 20,000 MYR
☐$_3$ 20,001 – 35,000 MYR
☐$_4$ 35,001 – 50,000 MYR
☐$_5$ 50,001 – 70,000 MYR
☐$_6$ Over 70,000 MYR