

***Clostridium difficile* Life Table Study:  
Addenbrooke's Hospital Users Opinion Questionnaire**

Any responses you give in this questionnaire will be handled in strict confidence. Your responses to this questionnaire will be combined with responses from other individuals. "Study" in this questionnaire refers to the *Clostridium difficile* Life Table Study.

Please read the covering letter and the notes on the Study.

Please complete this questionnaire by entering the initial of your first given name and family name in the boxes at the top of each page. Please enter the date you completed the questionnaire on the first page. Please place a cross or tick in the box in each table which follows a statement about the study. The tables look like this.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree		Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your degree of agreement with the statement about the study in one of the first 5 boxes. If you do not know what you think, or if you do not understand the question, mark the sixth or seventh box as appropriate.

Please return the completed questionnaire in the prepaid envelope provided. Thank you.

**Page 1**

My first name initial  My family name initial

Date of completion of this questionnaire \_\_\_\_/\_\_\_\_/\_\_\_\_

1. I have read the covering letter and notes on the Study

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I have understood the covering letter and notes on the Study

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Control of *Clostridium difficile* infection is desirable, because it is a cause of diarrhoea infection, which can be severe and may lead to more severe complications.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If my medical records had been selected for inclusion in this study, I would object strongly that this had been done

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My first name initial  My family name initial

5. The Study is worth doing because it will answer the question of whether there are differences in life expectancy in people who get Hospital acquired *Clostridium difficile* infection, compared to similar patients who do not get this infection.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Knowledge of whether *Clostridium difficile* infection is associated with shortened life expectancy may influence the priority and investment given to better treatments and management of this infection in the future.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. All medical records used in this study will be able to be handled and processed ensuring strict medical confidentiality of selected subjects

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. As a user of Addenbrooke's Hospital, and if I had had *C. difficile* infection, I would **not** see a problem if my medical notes were reviewed and a search made of the National Death Register for my name without me or my relatives being asked for consent for the purposes of this study.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My first name initial  My family name initial

9. As a user of Addenbrooke’s Hospital, and if I had not had *C. difficile* infection, I would **not** see a problem if my medical notes were reviewed and a search made of the National Death Register for my name without me or my relatives being asked for consent for the purposes of this study.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. This Study is worth doing

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Do not know	Do not understand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. My additional comments on the study design are as follows (please give additional comments)

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12. I would be willing to attend a meeting at Addenbrooke’s hospital for a presentation and discussion about this Study

Yes   
No

My first name initial  My family name initial

13. I would like to receive a summary of the responses to this questionnaire

Yes   
No

14. I would like to receive further information on this study (This comprises the full study protocol; notes on completing questionnaire 1; Questionnaire 1 and Questionnaire 2)

Yes   
No

If yes to 12, 13 or 14,

Please contact me again at my preferred contact address below:

Your preferred contact address

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Thank you for completing this questionnaire