



Participant initials

Participant ID  -

## Participant Resource Usage Questionnaire

Please answer these questions based on the <insert time period depending on collection timepoint: 6 weeks/6 months> (i.e. since entering the mancan2 study on <dd-mmm-yyyy>)  
>Please answer these questions only as they relate to your prostate cancer care, only.

*First we would like to know about your hormonal treatment for your prostate cancer*

1. Have you continued with your hormonal injections, given by your GP, as planned? (delays up to 1-2 weeks are fine)

Yes  No

If No, please tell us why?

2. If you were taking hormone tablets in addition to your injections then please confirm whether you have taken them as planned? (Short breaks up to 1-2 weeks or occasional missed doses are fine)

Yes  No  Not applicable

If No, please tell us why?



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*We would like to now find out some more information about the clinics and any NHS services you have used to help with the management of your prostate cancer.*

**3. Have you continued with your routine follow-up appointments with the hospital for your prostate cancer? These include face to face, virtual or telephone appointments.**

Yes

No

**If No, please tell us why?**

**4. Have you required any additional appointments with the hospital for your prostate cancer care in the last 6 weeks? These include face to face, virtual or telephone appointments.**

Yes

No  If No, please skip to question 5

**If Yes, please tell us why?**

**5. Have you required any other appointments to any other NHS services in the last 6 weeks? These include face to face, virtual or telephone appointments.**

Yes

No  If No, please skip to question 6



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**If Yes, which service did you visit (please tick any that are applicable)?**

GP surgery

Accident and Emergency

Other NHS care

**Please provide us with more information about these visits?**

**6. Have you used any health services to help manage your hot flushes and night sweats?**  
*Examples might be your GP, a practice nurse, staff from your local hospital or a support group or charity helpline or webpages.*

Yes

No  If No, please skip to question 7

**If Yes, who did you receive help from?**

**7. Have you used any new treatments other than your participation in this study to help manage your hot flushes and night sweats? This could be a new medicine or it could be something like acupuncture, hypnotherapy or massage.**

Yes

No  If no, please skip to Q8



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If Yes, please list each of the new treatments below. *If you have started a new medicine, please also detail the Dose and Frequency (e.g. 3 times daily, 2 times daily, Once daily, Weekly...)*

1. \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_
2. \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_
3. \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_
4. \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

**8. Since you have been involved in this study, have you been so ill that you stayed overnight as an inpatient in an NHS or private Hospital? This does not include planned treatments or hospital visits.**

Yes  No

**Note: If you answer Yes, we will contact your GP to ask them why you were hospitalised and how long for.**

*<please remove this section for patients who are in the Treatment As Usual arm>*

**Finally we would like to ask you some questions about your experience with the mancan2 cognitive behavioural therapy (CBT)**

**9. On average, how many times per week have you used mancan2 cognitive behavioural therapy (CBT) booklet to help manage your hot flushes and night sweats:**

Not at all  1-2 times/week  3-4 times/ week  5-6 times/ week

**10. On average, how many times per week have you used the mancan2 breathing/relaxation exercises to help manage your hot flushes and night sweats:**

Not at all  1-2 times/week  3-4 times/ week  5-6 times/ week

***Thank you. Please return this questionnaire along with your 6 week Questionnaire to the Research Team at SCTU, using the FREEPOST envelope provided.***