Sore Throat Alert Return (STAR)

This form allows us to capture the details of your sore throat episode.

Participant ID: ☐☐☐☐☐☐☐

Date completed: __ __ / __ __ / __ __ __ __

1. **Over the past 7 days**, how bad was your sore throat? *(please tick the answer which best describes your sore throat)*

   Mild ☐
   Moderate ☐
   Severe ☐

2. **Over the past 7 days**, have you been given a prescription for any medication for your sore throat?

   Yes ☐ No ☐

3. **Over the past 7 days**, have you bought any medication for your sore throat?

   Yes ☐ No ☐

4. **Over the past 7 days**, have you taken any days (including ½ days) off paid work because of your sore throat?

   Yes ☐ No ☐

   If yes, how many days to the nearest ½ day did you take off paid work?

   _____

5. **Over the past 7 days**, were you unable to complete any of your usual daily activities, excluding paid work, because of your sore throat?

   Yes ☐ No ☐

   If yes, how many days to the nearest ½ day were you unable to complete your usual daily activities?

   _____

Now please complete the SF-12 questionnaire relating to your sore throat episode on the next page:

Your Health and Well-Being

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. ***Thank you for completing this survey!***

For each of the following questions, please tick the one box that best describes your answer.

1. **In general, would you say your health is:**

Excellent	Very good	Good	Fair	Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. **The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?**

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a <u>Moderate activities</u>, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐ 1	☐ 2	☐ 3
b Climbing <u>several</u> flights of stairs	☐ 1	☐ 2	☐ 3

3. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a <u>Accomplished less</u> than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Were limited in the <u>kind</u> of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a <u>Accomplished less</u> than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Did work or other activities <u>less carefully than usual</u>	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. During the <u>past 4 weeks</u>, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

6. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Have you felt downhearted and low?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Thank you for completing these questions!

Thank you for completing this form. Your information is vital to us and will be kept confidential

NB there may be a delay in us receiving your STAR. Please ignore electronic reminders if you have already returned it. If you want to report a problem about your health please contact the clinical team. If you have any questions about filling out the STAR please contact the trial team at NCTU. Contact details can be found on the NATTINA website: www.nattina.com