# **Additional file 9: Trial staff costs questionnaire**

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| ­­­­­­­­­­­­­***This questionnaire should be completed by one intervention team member (ideally the team lead) on behalf of all team members present on the Fluoride Varnish / Treatment as Usual Visit.*** *(If a baseline dental inspection is happening on the same visit, do NOT include the details of the inspecting dentist and the scribe.)***The purpose of collecting this information is to calculate the costs incurred by the NHS in regard to the PT@3 Study and relate these to the outcomes in the participants’ d3mft at the end of the trial.****Please complete a questionnaire for each nursery school visited, even if visits occurred on the same day.** *Please fill in the questionnaire using ink and block capitals.*  |

**Section 1**

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| **Nursery name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of Visit:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Section 2 – Staff travel**

**In this section we need to collect information on how *all* intervention team members travelled to and from this nursery. Where staff shared transport please list all team members who travelled together in column c) in the table below**

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| --- | --- | --- | --- | --- |
| **a) All staff journeys****to / from this nursery** | **b) Mode of transport**(van, car, bus, train, if other please specify) | **c) Names & Surnames of team members who shared this journey** | **Travel TO this nursery** | **Travel FROM this nursery** |
| **d) Postcode of origin of your work-related travel** | **e) Approx. mileage** | **f) Postcode of destination**(where you are going **after** this nursery visit) | **g) Approx. mileage to this destination** |
| ***Ex1***  | **am** | *Childsmile van* | *Mary Poppins, Sue Barton* | *G2 3JZ* | *5 miles* | *G21 2DA* | *4 miles* |
| **pm** |
| ***Ex2***  | **am** | *Bus* | *Jane Bloggs (travelled alone)* | *G34 9HQ* | *2 miles* | *G34 9HQ* | *2 miles* |
| **pm** |
| **1** | **am** |  |  |  |  |  |  |
| **pm** |
| **2** | **am** |  |  |  |  |  |  |
| **pm** |
| **3** | **am** |  |  |  |  |  |  |
| **pm** |
| **4** | **am** |  |  |  |  |  |  |
| **pm** |
| **5** | **am** |  |  |  |  |  |  |
| **pm** |
| **6** | **am** |  |  |  |  |  |  |
| **pm** |
| **7** | **am** |  |  |  |  |  |  |
| **pm** |

**Section 3 – Intervention (Fluoride Varnish / TAU) day**

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| What PT@3 activities were undertaken during **this** nursery visit? (Please **tick all** that apply):

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| --- | --- |
| □ | Baseline dental inspections |
| □ | Randomisations |
| □ | Interventions (fluoride varnishing / treatment as usual) |

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| **Morning session** | **Afternoon session** |
| a) When did the first intervention team member **arrive** at the nursery (**AM**)? \_\_\_\_\_\_hh \_\_\_\_\_\_mm *(****Example:*** *8:40am)*b) When all the intervention activities were completed, when did the last intervention team member **leave** the nursery (before going elsewhere)? \_\_\_\_\_\_hh \_\_\_\_\_\_mm *(****Example:*** *11:35am)* | c) When did the first intervention team member **arrive** at the nursery (**PM**)? \_\_\_\_\_\_hh \_\_\_\_\_\_mm *(****Example:*** *13:00 or 1:00pm)*d) When all the intervention activities were completed, when did the last intervention team member **leave** the nursery? \_\_\_\_\_\_hh \_\_\_\_\_\_mm *(****Example:*** *14:30 or 2:30pm)* |
| **If you did not leave the nursery between the morning and afternoon sessions, indicate only one set of times: e.g. *arrived at 8:40am, left at 14:30*** |

**Section 4 – Do you have any additional comments in relation to this nursery visit?**

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***Thank you very much!***

***Please file the completed form in the relevant nursery PT@3 folder at the end of the day***