GI THERAPEUTIC ENDOSCOPY STUDY
2002/2003

QUESTIONNAIRE No. 

DO NOT PHOTOCOPY ANY PART OF THIS QUESTIONNAIRE ONCE COMPLETED

NCEPOD looks at clinical practice in order to identify remediable factors in the practice of medicine in its broadest sense. The advisors who read this questionnaire are not apportioning blame; our aim is to help clinicians to improve the care of patients. Neither the questions, nor the choices for answers, are intended to suggest standards of practice.

INSTRUCTIONS FOR COMPLETION

This questionnaire should be completed with reference to the final GI therapeutic procedure before death, of the patient specified by NCEPOD on the accompanying letter. This includes upper GI, lower GI, ERCP and PEG procedures. It should be completed even if there was a subsequent procedure performed before death.

Please use a black or blue pen, completing all questions using printed capitals.

Please answer all ‘yes/no’ or multiple choice questions with a tick (✓) in the appropriate box(es).

Please use the free text areas to clarify events and communicate your opinions.

PLEASE ENCLOSE THE FOLLOWING SINGLE SIDED PHOTOCOPIES:

- Admission medical clerking notes
- Any clinical notes relevant to the procedure, or to the patient’s medical condition before or after the procedure
- Endoscopy report for the procedure
- Monitoring chart or anaesthetic chart covering the duration of the procedure
- Discharge summary
- Histology report(s)
- Post-mortem report

All correspondence with NCEPOD is confidential, and we advise you not to retain copies of your correspondence for legal reasons. This questionnaire and enclosures will be shredded when data collection and reporting is complete.

For further information or for assistance, please contact the NCEPOD office on:

Tel: 020 7831 6430
Fax: 020 7430 2958
email: info@ncepod.org.uk
1. Date of admission
   dd m m yy

2. Admission method
   A Elective day-case
   (i.e. admitted on the day of procedure and planned discharge on that day)
   B Other elective
   (at a time agreed between patient and endoscopy services with planned in-hospital stay)
   If elective (A or B) then date of decision to admit
d d m m y y
   C Emergency
   (immediately following referral/consultation)

Case Summary

3. Please provide a brief summary of this case, adding any comments or information you feel relevant. Please write clearly for the benefit of the specialist advisory group who will be reviewing the questionnaires.

NCEPOD attaches great importance to this summary. Please give as much information as possible about the perioperative care of this patient.
4. **Co-existing medical diagnoses** (please specify as accurately as possible. Answers may be multiple)

<table>
<thead>
<tr>
<th>Category</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> None</td>
<td></td>
</tr>
<tr>
<td><strong>B</strong> Respiratory</td>
<td>COPD</td>
</tr>
<tr>
<td></td>
<td>Acute chest infection</td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
</tr>
<tr>
<td><strong>C</strong> Cardiac</td>
<td>Ischaemic heart disease/previous MI/angina</td>
</tr>
<tr>
<td></td>
<td>MI within three months of the endoscopy</td>
</tr>
<tr>
<td></td>
<td>Valvular heart disease</td>
</tr>
<tr>
<td></td>
<td>CCF (at present or in the past)</td>
</tr>
<tr>
<td><strong>D</strong> Neurological</td>
<td>CVA/TIAs</td>
</tr>
<tr>
<td></td>
<td>Dementia</td>
</tr>
<tr>
<td></td>
<td>Acute confusion state</td>
</tr>
<tr>
<td></td>
<td>Psychiatric disease</td>
</tr>
<tr>
<td></td>
<td>Parkinson’s disease</td>
</tr>
<tr>
<td><strong>E</strong> Hepatic/pancreatic</td>
<td></td>
</tr>
<tr>
<td><strong>F</strong> Alimentary</td>
<td></td>
</tr>
<tr>
<td><strong>G</strong> Renal failure</td>
<td>Acute</td>
</tr>
<tr>
<td></td>
<td>Chronic</td>
</tr>
<tr>
<td><strong>H</strong> Endocrine</td>
<td>Non-insulin dependent diabetes mellitus</td>
</tr>
<tr>
<td></td>
<td>Insulin dependent diabetes mellitus</td>
</tr>
<tr>
<td></td>
<td>Hypothyroidism</td>
</tr>
<tr>
<td><strong>I</strong> Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td><strong>J</strong> Haematological</td>
<td>Bleeding disorder</td>
</tr>
<tr>
<td></td>
<td>Immunosupression</td>
</tr>
<tr>
<td><strong>K</strong> Sepsis (please specify site)</td>
<td></td>
</tr>
<tr>
<td><strong>L</strong> Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>
5. Did the patient have liver cirrhosis? □ y □ n

If Yes, what was the Childs-Pugh Score?

<table>
<thead>
<tr>
<th>Category</th>
<th>Encephalopathy</th>
<th>Ascites</th>
<th>Bilirubin (micro mol/l)</th>
<th>Albumin (gm/l)</th>
<th>INR</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0</td>
<td>0</td>
<td>&lt;34</td>
<td>&gt;35</td>
<td>&lt;1.3</td>
</tr>
<tr>
<td>B</td>
<td>I/II</td>
<td>Mild/moderate</td>
<td>34-51</td>
<td>28-35</td>
<td>1.3-1.5</td>
</tr>
<tr>
<td>C</td>
<td>III/IV</td>
<td>Severe</td>
<td>&gt;51</td>
<td>&lt;28</td>
<td>&gt;1.5</td>
</tr>
</tbody>
</table>

6. ASA status

ASA1 (a normal healthy patient) □ 1
ASA2 (a patient with mild systemic disease) □ 2
ASA3 (a patient with severe systemic disease) □ 3
ASA4 (a patient with severe systemic disease that is a constant threat to life) □ 4
ASA5 (a moribund patient who is not expected to survive without the operation) □ 5

7. What was the anticipated risk of death within 30 days of the proposed endoscopic procedure?

A Not expected □ A
B Small but significant risk □ B
C Definite risk □ C
D Expected □ D

8. Patient’s weight (if recorded) □□□□ kg

9. Patient’s blood pressure at the start of the procedure □□□□ / □□□□ mmHg

10. Patient’s heart rate at the start of the procedure □□□□ per min
11. Pre-procedural investigations. Please tick each investigation performed and give the value where indicated.

A  None
B  Haemoglobin
C  White cell count
D  Platelets
E  INR
F  Serum Na
G  Serum K
H  Blood urea
I  Serum creatinine
J  Serum albumin
K  Blood glucose
L  Serum amylase
M  Total bilirubin
N  Blood gas analysis

O  Chest X-ray
   (please specify abnormalities)

P  ECG
   (please specify abnormalities)

Q  ECHO cardiography
   (please state findings)

R  Other (please specify)

Inspired oxygen
pH
PaCO₂
PaO₂
Procedure

12. Date of procedure

13. Time of start of procedure (please use 24-hour clock)

14. Time of finish of procedure (please use 24-hour clock)

15. What procedures were performed?

Please also tick the appropriate box(es) below for OPCS coding of the therapeutic part(s) of the procedure (Q16 to Q19). For this study we are not reviewing diagnostic procedures. Then proceed to Q20 on page 9.

For upper digestive tract (excluding PEGs) please refer to Q16a, Q16b & Q16c (page 7)
For PEGs please refer to Q17 (page 8)
For lower digestive tract please refer to Q18 (page 8)
For ERCP please refer to Q19 (page 9)

16. Upper digestive tract (excluding PEGs)

16a Oesophagus

Fibreoptic oesophagoscope  Rigid oesophagoscope
(oesophagus or stomach)

Snare resection of lesion
Laser destruction of lesion
Cauterisation of lesion (Argon beam)
Sclerotherapy of varices
Other destruction of lesion
Removal of foreign body
Balloon dilatation
Bougie dilatation
16b **Upper GI tract, stomach to the proximal duodenum, using fibreoptic scope.**

- Snare resection of lesion
- Laser destruction of lesion
- Cauterisation of lesion
- Sclerotherapy to lesion
- Other destruction of lesion
- Insertion of prosthesis
- Removal of foreign body
- Endoscopic dilatation of the pylorus
- Other (please specify below)

16c **Remainder of the upper digestive tract**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Duodenum</th>
<th>Jejunum</th>
<th>Ileum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal of lesion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dilatation of lumen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insertion of prosthesis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify below)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please go to Q20 (page 9)*
17. **PEGs**

- Creation of new (first) gastrostomy
- Creation of a second (subsequent) gastrostomy
- Replacement of gastrostomy feeding tube
- Removal of gastrostomy feeding tube
- Attention to a gastrostomy tube (not requiring removal)
- Other (please specify below)

Please go to Q20 (page 9)

18. **Lower digestive tract**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Colonoscope</th>
<th>Fibreoptic sigmoidoscope</th>
<th>Rigid sigmoidoscope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snare resection of lesion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cauterisation of lesion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser destruction of lesion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryotherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other destruction of lesion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dilatation of lumen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coagulation of blood vessel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal of foreign body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insertion of tubal prosthesis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify below)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please go to Q20 (page 9)
19. **ERCP**

- Sphincterotomy sphincter of Oddi and insertion of calculus
- Sphincterotomy sphincter of Oddi and insertion of tubal prosthesis
- Sphincterotomy of accessory ampulla of Vater
- Insertion of tubal prosthesis into both hepatic ducts
- Insertion of tubal prosthesis into bile duct
- Renewal of tubal prosthesis in bile duct
- Removal of tubal prosthesis from bile duct
- Dilatation of bile duct
- Insertion of prosthesis into pancreatic duct
- Renewal of prosthesis in pancreatic duct
- Removal of calculus from pancreatic duct
- Drainage of lesion of pancreas
- Dilatation of pancreatic duct
- Other (please specify below)

20. **Urgency of the procedure**

A  **Elective** – Procedure at a time to suit both patient and operator

B  **Scheduled** - Early procedure (usually within 3 weeks) but not immediately life saving (e.g. malignancy)

C  **Urgent** - Procedure as soon as possible after resuscitation

D  **Emergency** - Immediate life-saving procedure, resuscitation simultaneous with the procedure
21. List any previous endoscopic procedures within the last 2 years, and their dates.

<table>
<thead>
<tr>
<th>Date</th>
<th>Endoscopy procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We want to have more specific detail on the gastrointestinal findings before and during the endoscopy.

For upper digestive tract endoscopy go to Q22 (page 10)
For PEG go to Q23 (page 11)
For lower digestive tract endoscopy please go to Q24 (page 12)
For ERCP please go to Q25 (page 12)

Upper digestive tract endoscopy

22. Which of the following conditions did the patient have at the time of the endoscopy?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosed before this endoscopy</th>
<th>Diagnosed during this endoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Pharyngeal pouch</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B Malignant oesophageal stricture</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C Benign oesophageal stricture</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D Achalasia</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>E Oesophageal diverticulum</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
23. Which of the following conditions did the patient have at the time of the endoscopy?

A Nutritional failure due to non-malignant disease
B Motor neurone/other degenerative disease
C Neurological disease
   - Acute (CVA, trauma etc)
   - Chronic (degenerative neurological disease e.g. MS)
D Dementia
E Malignancy
   - Oropharyngeal cancer
   - Oesophageal cancer
   - Gastric cancer
   - Other

Go to Q26 (page 13)
**Lower digestive tract endoscopy**

24a Did the patient have a previous history of pelvic surgery e.g. hysterectomy?  

24b Was the patient known to suffer from diverticular disease?  

24c Had the patient previously had a “difficult” colonoscopy?  

24d Did the patient have prior contrast examination?  

24e Which of the following conditions did the patient have at the time of the endoscopy?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosed before this endoscopy</th>
<th>Diagnosed during this endoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>A  Diverticular disease</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>B  Malignant stricture</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>C  Benign stricture</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>D  Pedunculated polyp(s)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>E  Flat polyp(s)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>F  Non-stricturing carcinoma</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>G  Angiodysplagia</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>H  Ulcerative colitis</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>I  Crohn’s disease</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>J  Other</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Go to Q26 (page 13)

**ERCP**

25. Which of the following conditions did the patient have at the time of the endoscopy?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosed before this endoscopy</th>
<th>Diagnosed during this endoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>A  Bile duct stone (possible/definite)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>B  Bacterial cholangitis</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
C Benign biliary stricture
D Malignant biliary stricture
E Carcinoma of the pancreas
F Acute pancreatitis
G Chronic pancreatitis
H Sclerosing cholangitis
I Choledochal cyst
J Other

26. Was written consent obtained for the procedure?  

yn

27. Did the patient receive antibiotic prophylaxis for the procedure?  

yn

**Movement of the patient through the hospital/endoscopy unit**

28. What was the pathway for this referral?

A Admission following an outpatient consultation
B Direct referral from a general practitioner (open access)
C Admission via A&E
D Tertiary referral from within own hospital
E Transfer from another hospital or general practitioner endoscopy unit
F Self-referral by patient
G Other (please specify)
29. If a tertiary referral which specialty

A  Care of the elderly  
B  Other medical  
C  Surgical  
D  Other (please specify) 

30. Which department of the hospital was the patient in immediately before the procedure?

A  A&E department  
B  Emergency admissions unit  
C  Medical ward  
D  Surgical ward  
E  Day case ward  
F  Out-patient department  
G  High dependency unit  
H  Intensive care unit  
I  Other (please specify)
31. Where was the procedure performed?
   - A Dedicated endoscopy unit/room
   - B Day-case surgery unit
   - C Operating theatres
   - D X-ray department
   - E ICU/HDU
   - F A&E
   - G Admission unit or A&E ward
   - H Other ward (please specify)
     - I Other (please specify)

32. Where was the patient nursed *immediately* after the procedure?
   - A A dedicated recovery area within the endoscopy unit
   - B A dedicated recovery area within the operating theatres department
   - C ICU
   - D HDU
   - E General ward
   - F Died during the procedure
   - G Other (please specify)
33. If the patient went initially to a dedicated recovery area where did they go next?
   A  ICU
   B  HDU
   C  Directly to the operating theatre for an operation
   D  General ward
   E  Died in the recovery area
   F  Home

**Operating endoscopist**

34. What was the specialty of the most senior operating endoscopist?
   A  Specialised GI physician
   B  Other physician
   C  Specialised GI surgeon
   D  Thoracic surgeon
   E  Other surgeon (please specify)
   F  Radiologist
   G  General practitioner
   H  Nurse practitioner
   I  Other (please specify)

35. What was the grade of the most senior operating endoscopist?
   **Career grades**
   A  Consultant
   B  Associate specialist
   C  Staff grade
   D  General practitioner
Ennnn

Trainee grades and year of training

F  Specialist registrar – post CCST
G  Specialist registrar – year 3/4/5
H  Specialist registrar – year 1/2
I  Senior house officer
J  Other trainee (please specify)

36. Which higher diplomas did the most senior operating endoscopist hold at the time of the procedure, and their dates?

A  None
B  Full Fellowship or Membership of a Royal Medical College
C  Part Fellowship or Membership of a Royal Medical College
D  ENB course A87
E  Other (please specify)

Year

If the procedure performed was on the upper digestive tract, please answer Q37 (page 17)
If the procedure performed was a PEG, please answer Q38 (page 18)
If the procedure performed was on the lower digestive tract, please answer Q39 (page 18)
If the procedure performed was an ERCP, please answer Q40 (page 18)

37. How many upper digestive tract therapeutic endoscopic procedures had the senior operator performed in the last 12 months? (please tick one box)

<5  6-10  11-20  21-50  51-100  >100

Go to Q41 (page 18)
38. How many PEG procedures had the senior operator performed in the last 12 months? (please tick one box)

- [ ] <5
- [ ] 6-10
- [ ] 11-20
- [ ] 21-50
- [ ] 51-100
- [ ] >100

Go to Q41 (page 18)

39. How many lower digestive tract therapeutic endoscopic procedures had the senior operator performed in the last 12 months? (please tick one box)

- [ ] <5
- [ ] 6-10
- [ ] 11-20
- [ ] 21-50
- [ ] 51-100
- [ ] >100

Go to Q41 (page 18)

40. How many ERCP procedures had the senior operator performed in the last 12 months? (please tick one box)

- [ ] <5
- [ ] 6-10
- [ ] 11-20
- [ ] 21-50
- [ ] 51-100
- [ ] >100

41. Has the senior operating endoscopist attended a formal course of instruction in the use of sedation techniques?  

- [ ] Y
- [ ] N

42. If the senior operator was not a consultant or general practitioner where was the consultant supervising this operator available?

A  A consultant was in, or came to the operating/endoscopy room during the procedure

B  A consultant was in the operating/endoscopy unit but not directly involved with the case

C  A consultant was available in the hospital, but not present in the operating/endoscopy unit

D  A consultant was not in the hospital but was available by phone

E  Other (please specify)
Sedation and the monitoring of events during the procedure

43. What forms of sedation and analgesia were used during the procedure? (answers may be multiple)

A None □
B Local anaesthesia □
C Intravenous opiate sedation □

<table>
<thead>
<tr>
<th>Drug used</th>
<th>Total dose</th>
</tr>
</thead>
</table>

D Intravenous benzodiazepine sedation □

<table>
<thead>
<tr>
<th>Drug used</th>
<th>Total dose</th>
</tr>
</thead>
</table>

E Other intravenous sedation (please specify) □

<table>
<thead>
<tr>
<th>Drug used</th>
<th>Total dose</th>
</tr>
</thead>
</table>

44. Did the patient receive either of the following?

A Naloxone □
B Flumazenil □

45. Which of the following patient monitors were used? (Answers may be multiple)

A Pulse oximetry □
B ECG □
C Automatic non-invasive blood pressure □
D Manual non-invasive blood pressure □
E Invasive blood pressure □
F CVP □
G None of the above □
46. Was oxygen administered to the patient during the procedure?  

yn

47. Who was the person mainly responsible for continuously monitoring the general condition of the patient during the procedure?

A A qualified nurse  
B The operator  
C An anaesthetist  
D Another doctor  
E A radiographer  
F An operating department assistant  
G A support worker/health care worker  
H Not known

48. Is there a monitoring chart for the procedure in the patient’s notes?  

yn  

If so, please enclose a photocopy of this chart

49. Did any critical incidents occur during the procedure? (Answers may be multiple)

A None  
B Cardiac arrest  
C Respiratory arrest  
D Hypoxaemia (SpO₂ 90% or less)  
E Pulmonary aspiration  
F Hypotension (systolic less than 100mm Hg)  
G Tachycardia (more than 100 beats per minute)  
H Local haemorrhage  
I Viscus perforation  
J Other (please specify)
Post-endoscopy complications

50. What complications/events were there in the 30 days after the procedure?
(Answers may be multiple)

A. None
B. Viscus perforation
C. Upper or lower bowel haemorrhage
D. Subsequent related operation (please specify below)
E. Cardiac problems
F. Respiratory problems
G. Hepatic failure
H. Renal failure
I. Sepsis (please specify the source)
J. Progress of medical condition
K. Stroke
L. Electrolyte imbalance
M. Haematological problems
N. Other (please specify)

51. What was the date of death?

52. Was the death reported to the coroner?

a. If Yes, was a coroner’s post-mortem examination performed?

b. If No, was a hospital post-mortem performed?
53. Which of the following system(s) were implicated in the patient’s death?
   A  Cardiovascular  
   B  Respiratory   
   C  Renal         
   D  Hepatic       
   E  Central nervous system

54. What was the cause of death (according to the death certificate)?
   1(a)                                  
   1(b)                                  
   1(c)                                  
   2

   If death certificate not available, please state the clinical cause of death

55. Does the department of the endoscopist hold audit/morbidity/mortality meetings?
   a. Has this case been considered at an audit/mortality/morbidity meeting?
   b. If not, will it be?

56. Did you have any problems obtaining the patient notes?
   (e.g. more than one week)
   a. If Yes, how many weeks did they take to reach you?
57. If you were not the senior operating endoscopist and have filled this questionnaire on behalf of another please state your position

A  Consultant responsible for the patient
B  Chair of the department/lead clinician for endoscopy
C  Duty consultant
D  Non-consultant career grade (please specify below)
E  Trainee (please specify below)
F  Other (please specify below)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

REMINDER

Have you enclosed photocopies of:

- Admission medical clerking notes
- Any clinical notes relevant to the procedure, or to the patient’s medical condition before or after the procedure
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- Monitoring chart or anaesthetic chart covering the duration of the procedure
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- Histology report(s)
- Post-mortem report

If you wish to inform NCEPOD of any other details of this case, please do so on a separate sheet and remember to write the number of this questionnaire on the sheet.

You are advised for legal reasons not to keep a copy of this questionnaire, since this would form a part of the patient’s medical record. All material sent to NCEPOD is destroyed when data collection is complete.

Please return the questionnaire and accompanying papers in the reply-paid envelope provided.