



MAPS Screening Questionnaire

CONFIDENTIAL

DAY MONTH YEAR

1 Please write in today's date:

2 Please write in your date of birth:

3 Please write in the date of your prostate operation:

Many people leak urine some of the time. We are trying to find out how many people leak urine after prostate surgery, and how much this bothers them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, in the **LAST WEEK**.

4 How often do you leak urine? *(Cross one box only)*

never

about once a week or less often

two or three times a week

about once a day

several times a day

all the time

5 We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)? *(Cross one box)*

none

a small amount

a moderate amount

a large amount

6 Overall, how much does leaking urine interfere with your everyday life?
Please cross a number between 0 (not at all) and 10 (a great deal)

not at all 0 1 2 3 4 5 6 7 8 9 10 a great deal

7 When does urine leak? *(Please cross all that apply to you)*

never – urine does not leak

leaks before you can get to the toilet

leaks when you cough or sneeze

leaks when you are asleep

leaks when you are physically active/exercising

leaks when you have finished urinating and are dressed

leaks for no obvious reason

leaks all the time

8 Did you leak urine BEFORE you had your prostate surgery? Yes No

9 Have you lost control of your bowel or leaked bowel motion (stool) at an inappropriate time or place SINCE your prostate operation? Yes No

10 Please write here the name of the type of prostate surgery you had if you know it:
.....

THANK YOU

Thank you very much for your time and patience in filling in this questionnaire.

The information you have given us will be extremely useful in helping us carry out research into men's health after prostate surgery. It will be treated with the strictest confidence.

We are planning to carry out further research into men's health after prostate surgery. We would like to contact you again in the future with information about what this might involve. Please could you give us your contact details for this purpose?

My phone number is:

My email address is:

If you do not have a phone number, we will send everything by post or email.

You will not commit yourself to taking part in any research until you are satisfied that you want to.

If we have sent this questionnaire to the wrong address, please could you give us your correct details in the box below?

Please tick here if you do **NOT** want us to contact you again about any further research

**Please send the questionnaire back to us in Aberdeen
in the envelope provided.**

Thank you again for your help