

Study Number

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Men After Prostate Surgery

CONFIDENTIAL

MAPS TRIAL

**MEN'S HEALTH
AFTER PROSTATE SURGERY**

Thank you for helping us with our research into urinary incontinence after prostate surgery.
We would be very grateful if you could complete and return this questionnaire.

Thank you for taking the time to help us with our research.

This questionnaire will help us to find out how much it costs you to use health services. We wish to ask about your **most recent** admission to hospital, your **most recent** outpatient appointment and your **most recent** appointment with a GP. We wish to know how much money and time were spent by you and any companion in attending these appointments and as a result of any hospital admission you may have had.

It may have been a long time ago and we understand that you are unlikely to remember the exact details. Please just give us your best guess.

If you have a problem in answering any question please telephone the MAPS Study Office on 01224 551103.

Please return the questionnaire in the enclosed pre-paid envelope.

HOW TO FILL IN THIS QUESTIONNAIRE

Most questions can be answered by putting numbers or a tick in the appropriate box or boxes. Please print your answers carefully within the boxes like this:

OR OR

If you make a mistake, shade out the wrong box completely and tick the correct one like this

e.g. If you ticked often but meant to answer sometimes:

OFTEN **SOMETIMES** **NEVER**

Please try to complete the whole questionnaire.

There are no right or wrong answers.

Sometimes the box you tick tells you to skip forward so that you miss out questions which do not apply to you.

In some questions we would like you to think about different time periods, such as during the last week, during the last 4 weeks or since your prostate operation. Please check the time periods carefully.

Some of the questions ask for answers in your own words, please write these in the boxes provided.

You do not have to answer any question if you do not want to.

Thank you for your help.

SECTION A - YOUR MOST RECENT ADMISSION TO HOSPITAL

If you were NOT admitted to hospital in the last 12 months, please go to **SECTION B**

A1 How did you travel to hospital?

If you used more than one form of transport please indicate the way you travelled for the main (longest in terms of distance) part of your journey. Please tick the box that best describes how you travelled.

Bus

Taxi

Ambulance

Train

Hospital car

Private car

Other (please specify)

A2 If you travelled by bus, train or taxi to hospital, what was the total cost of the (one-way) journey?

Please write the cost in the box below. Please put zero if you did not travel by bus, train or taxi at all or if you did not pay a fare.

Cost of (one-way) fare (£) - pence

A3 If you travelled by private car, about how many miles did you travel one-way?

Please write the number of miles in the box below. Please put zero if you did not travel by private car at all.

Number of miles one-way

A4 If you travelled by private car and you or your companion had to pay a parking fee, how much did this cost? Please write the cost in the box below. Please put zero if you did not pay for parking.

Cost of parking fee (£) - pence

A5 When you were admitted to the hospital, how long did you spend there?

Please write the number of days in the box below.

Number of days

A6 What would you otherwise have been doing as your main activity if you had not had to be admitted to hospital? Please tick the box that best applies to you.

Housework

Unemployed

Leisure activities

Childcare

Paid work

Caring for a relative or friend

Voluntary work

Other (please specify)

A7 When you were admitted to hospital, did anyone come with you? Please tick one box only.

Yes Go to **A8**

No Go to **Section B**

A8 Who came with you to the hospital?

Please tick the box that best describes the main person who accompanied you to the hospital.

Partner/spouse

Paid caregiver

Other relative

Friend

Other (please specify)

A9 What would your main companion otherwise have been doing as their main activity if they had not gone with you to the hospital? Please tick the box that best applies.

Housework

Unemployed

Leisure activities

Childcare

Paid work

Caring for a relative or friend

Voluntary work

Other (please specify)

A10 Did your main companion take time off from paid work (or business activity if self-employed)?

Please tick one box only.

Yes

Go to **A11**

No

Go to **Section B****A11 Please write the number of hours your companion took off from paid work (or business activity if self-employed) in the box below. Please put zero if your main companion did not take time off from paid work (or business) to accompany you to the hospital.**

Number of hours

A12 While you were in hospital, approximately how many times did your main companion come to visit you?

Number of times

SECTION B - YOUR MOST RECENT OUTPATIENT VISIT

If you did not have an outpatient visit in the last 12 months, please go to **Section C**

B1 How did you travel to the Outpatient Department?

If you used more than one form of transport please indicate the way you travelled for the main (longest in terms of distance) part of your journey. Please tick the box that best describes how you travelled.

Bus

Taxi

Ambulance

Train

Hospital car

Private car

Other (please specify)

B2 If you travelled by bus, taxi or train to hospital, what was the total cost of the (one-way) journey?

Please write the cost in the box below. Please put zero if you did not travel by bus, train or taxi at all or if you did not pay a fare.

Cost of (one-way) fare (£)

-

pence

B3 If you travelled by private car, about how many miles did you travel one-way?

Please write the number of miles in the box below. Please put zero if you did not travel by private car at all.

Number of miles one-way

B4 If you travelled by private car and you or your companion had to pay a parking fee, how much did this cost? Please write the cost in the box below. Please put zero if you did not pay for parking.

Cost of parking fee (£) - pence

B5 When you visited outpatients, how long did it take to travel there?

Please write the number of hours and minutes in the box below.

Number of hours - minutes

B6 When you visited outpatients, how long did you spend there?

Please write the number of hours and minutes in the box below.

Number of hours - minutes

B7 What would you have otherwise been doing as your main activity if you had not been visiting outpatients? Please tick the box that best applies to you.

Housework Unemployed Leisure activities Childcare
Paid work Caring for a relative or friend Voluntary work

Other (please specify)

B8 When you visited outpatients, did anyone come with you? Please tick one box only.

Yes Go to **B9** No Go to **Section C**

B9 Who came with you to outpatients?

Please tick the box that best describes the main person who accompanied you to outpatients.

Partner/spouse Paid caregiver Other relative Friend

Other (please specify)

B10 If your main companion travelled with you by bus or train, approximately how much did they pay (one-way) in fares? Please write the approximate cost in the box below. Please put zero if your main companion did not travel by bus or train at all.

Cost of (one-way) fare (£) - pence

B11 What would your main companion otherwise have been doing as their main activity if they had not gone with you to outpatients? Please tick the box that best applies.

Housework Unemployed Leisure activities Childcare
Paid work Caring for a relative or friend Voluntary work

Other (please specify)

SECTION C - YOUR MOST RECENT GP APPOINTMENT

If you did not visit your GP in the last 12 months, please go to **C12**.

C1 How did you travel to your GP's surgery?

If you used more than one form of transport please indicate the way you travelled for the main (longest in terms of distance) part of your journey. Please tick the box that best describes how you travelled.

Walked

Private car

Taxi

Cycled

Bus

Other (please specify)

C2 If you travelled by bus or taxi, what was the cost of the (one-way) fare? Please write the cost in the box below. Please put zero if you did not travel by bus or taxi or if you did not pay a fare.

Cost of (one-way) fare (£)

-

pence

C3 If you travelled by private car, how many miles did you travel one-way?

Please write the number of miles in the box below. Please put zero if you did not travel by private car at all.

Number of miles one-way

C4 If you travelled by private car and you or a companion had to pay a parking fee, how much did this cost? Please write the cost in the box below. Please put zero if you did not pay for parking.

Expenditure on parking fee (£)

-

pence

C5 When you visited your GP, how long did it take to travel there?

Please write the number of minutes in the box below.

Number of minutes

C6 When you visited your GP, how long did you spend there?

Please write the number of minutes in the box below. Please include in your answer the time spent waiting and also the time spent with the doctors and nurses.

Number of minutes

C7 What would you otherwise have been doing as your main activity if you had not visited your GP?

Please tick the box that best applies to you.

Housework

Unemployed

Leisure activities

Childcare

Paid work

Caring for a relative or friend

Voluntary work

Other (please specify)

C8 When you visited your GP did anyone come with you? Please tick one box only.

Yes Go to **C9** No P.T.O. to **back page**

C9 Who came with you to your GP?

Please tick the box(es) that best describe the person(s) who accompanied you to your GP's surgery.
You may tick more than one box if appropriate.

Partner/spouse Paid caregiver Other relative Friend

Other (please specify)

C10 If your main companion travelled with you by bus, how much approximately did they pay (one-way) in fares?

Please write the cost in the box below. Please put zero if your main companion did not travel by bus at all.

Cost of (one-way) fare (£) - pence

C11 What would your main companion otherwise have been doing as their main activity if they had not gone with you to your GP's surgery? Please tick the box that best applies.

Housework Unemployed Leisure activities Childcare

Paid work Caring for a relative or friend Voluntary work

Other (please specify)

C12 If you wish to provide any further information please do so here.

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 and kept securely.

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

Please could you confirm your
phone number:

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Thank you again for your help

If you would like any further information
or have any queries about the study, please contact:

The MAPS Study Office in Aberdeen (Tel: 01224 551103)

This study is taking place in centres across the UK but the questionnaires are being processed in Aberdeen at the Health Services Research Unit, University of Aberdeen, Foresterhill, ABERDEEN, AB25 2ZD.