Participant Study No:



Types of Urethral Catheter for Reducing Symptomatic Urinary Tract Infections

## CONFIDENTIAL

## **BASELINE QUESTIONNAIRE**

**VERSION 2 200407** 

## HOW TO FILL IN THIS QUESTIONNAIRE

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.

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

Did not have	Mild	Moderate	Severe
	1		

If you make a mistake, shade out the wrong box completely and tick the correct one like this: e.g. If you ticked Mild but meant to answer Moderate.

Did not have	Mild	Moderate	Severe
	1	1	

If you are unsure about how to answer a question, please give the best answer you can.

Please try to complete the whole questionnaire.

There are no right or wrong answers.

If you are completing this questionnaire after your catheter has been inserted could you please think about how you would answer the questions to describe your health the week before you had the catheter inserted.

Thank you for your help

A1. Please answer the following questions about symptoms/problems you may have had *BEFORE* the catheter was put in. (please tick the box that best describes your symptoms)

Question	SYMPTOMS	Did not have	Mild	Moderate	Severe
1	Frequency of urination (going to the toilet very often)				
2	Urgency of urination (a strong and uncontrollable urge to pass urine)				
3	Pain or burning when passing urine?				
4	Not being able to empty your bladder completely or passing only small amounts of urine				
5	Pain or uncomfortable pressure in the lower tummy, pelvic area or lower back				
6	Having blood in your urine	· ·			
7	Having a high temperature or shivers				

A2. Please give an overall rating of the severity of your urinary symptoms as they were *BEFORE* the catheter was put in. (please tick the box that best describes your symptoms)

No symptoms at all	Mild	Moderate	Severe
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## SECTION B - DESCRIBING YOUR OWN HEALTH TODAY - (EQ-5D)

By placing a cross in one box in each group below, please indicate which statements best describe your own health state today

I have no problems in walking about

I have some problems in walking about

I am confined to bed

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

I have no problems with performing my usual activities I have some problems with performing my usual activities I am unable to perform my usual activities

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

I am not anxious or depressed I am moderately anxious or depressed I am extremely anxious or depressed

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$\square$

Usual Activities (e.g. work, study, housework, family or leisure activities)

Pain/Discomfort

Anxiety/Depression

Self-care

Mobility

Please indicate on this scale how good or bad your own health state is today.

The best health state you can imagine is marked 100 and the worst health state you can imagine is marked 0.

Please draw a line from the box below to the point on the scale that best indicates how good or bad your health state is today.

Your own health state today

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Because all replies are anonymous, it will help us to understand your answers better if we have a little background data from everyone, as covered in the following questions. PLEASE TICK APPROPRIATE BOXES

1. Have you experienced serious illness?	Yes	No
in you yourself		
in your family		
in caring for others		
2. Are you:	Yes	No
a current smoker		
an ex-smoker	$\Box$	
never a smoker		
3. Do you now, or did you ever, work in health or social services?	Yes	No
If so, in what capacity?		
4. Which of the following best describes your main activity?		
in employment or self employment		
retired		
housework		
student		
seeking work		
other (please specify)		
5. Did your education continue after the minimum school leaving age?	Yes	No
6. Do you have a Degree or equivalent professional qualification?	Yes	No

Participant Study No:

Thank you for filling in this questionnaire. Please hand it to a member of the ward staff or, if you have gone home, return it in the pre-paid envelope.

For further information or if you have any concerns please feel free to contact:

CATHETER Trial Office, Academic Urology Unit/CHaRT, Health Sciences Building, University of Aberdeen, Foresterhill, Aberdeen, AB25 2ZD. Tel: 01224 559043

This study is taking place in centres across the UK but the questionnaires are being processed in Aberdeen at the Academic Urology Unit and the Centre for Healthcare Randomised Trials, Health Services Research Unit, University of Aberdeen, Foresterhill, ABERDEEN, AB25 2ZD. CATHETER is funded by the NHS Research and Development Health Technology Assessment Programme.