

Participant Study No:

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Types of Urethral Catheter for Reducing
Symptomatic Urinary Tract Infections

CONFIDENTIAL

**QUESTIONNAIRE TO BE COMPLETED
3-DAYS AFTER CATHETER REMOVAL**

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
	✓		

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
	✓	✓	

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.

Thank you for your help

SECTION A - DESCRIBING YOUR URINARY SYMPTOMS/PROBLEMS

1. Please indicate whether you **have had** the following symptoms/problems during the days following **REMOVAL** of the catheter and if so how **severe** they were. (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 **AFTER** catheter removal (please tick the box that best describes your symptoms)

No symptoms at all	Mild	Moderate	Severe

3. We are interested in how comfortable/uncomfortable you found your catheter. Please think about the following times and circle the best answer. (please tick the box that best describes your symptoms)

a) The process of putting the catheter in:

No discomfort	Mild discomfort	Moderate discomfort	Severe discomfort

b) The period the catheter was in place:

No discomfort	Mild discomfort	Moderate discomfort	Severe discomfort

c) The process of removing the catheter:

No discomfort	Mild discomfort	Moderate discomfort	Severe discomfort

d) The period since the catheter was removed:

No discomfort	Mild discomfort	Moderate discomfort	Severe discomfort

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

Mobility	I have no problems in walking about	<input type="checkbox"/>
	I have some problems in walking about	<input type="checkbox"/>
	I am confined to bed	<input type="checkbox"/>
Self-care	I have no problems with self-care	<input type="checkbox"/>
	I have some problems washing or dressing myself	<input type="checkbox"/>
	I am unable to wash or dress myself	<input type="checkbox"/>
Usual Activities <i>(e.g. work, study, housework, family or leisure activities)</i>	I have no problems with performing my usual activities	<input type="checkbox"/>
	I have some problems with performing my usual activities	<input type="checkbox"/>
	I am unable to perform my usual activities	<input type="checkbox"/>
Pain/Discomfort	I have no pain or discomfort	<input type="checkbox"/>
	I have moderate pain or discomfort	<input type="checkbox"/>
	I have extreme pain or discomfort	<input type="checkbox"/>
Anxiety/Depression	I am not anxious or depressed	<input type="checkbox"/>
	I am moderately anxious or depressed	<input type="checkbox"/>
	I am extremely anxious or depressed	<input type="checkbox"/>

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

Best imaginable health state

100

99

98

97

96

95

94

93

92

91

90

89

88

87

86

85

84

83

82

81

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Worst imaginable health state

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**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.