

Assessment of bleeding

Women participating in this study have a variety of different gynaecological bleeding problems e.g. heavy periods, bleeding between periods, bleeding on hormone replacement therapy, bleeding after the menopause etc. We want to find out more about the particular bleeding problem you have and so we would be grateful if you could answer the questions below.

Question 1

Please place a mark (X) on the line shown below to indicate how often you experienced your bleeding problem during the last month. One extreme of the line represents “no days of bleeding” while the other represents “bleeding every day”.

An example is shown below:

Example

No days of bleeding _____ Bleeding every day

Duration of Bleeding

No days of bleeding _____ Bleeding every day

Question 2

Please place a mark (X) on the line shown below to indicate how heavy your bleeding was over the last month. One extreme of the line represents “no bleeding at all” while the other represents “heaviest bleeding imaginable”.

Heaviness of Bleeding

None _____ Heaviest imaginable

Quality of life questions

Please answer the questions by ticking one box in each group. Please indicate which statement best describes your own health today

1. Mobility

I have no problems walking about

I have some problems in walking about

I am confined to bed

2. Self care

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

3. Usual activities e.g. work, study, housework, family or leisure activities

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

To help people say how good or bad their health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you could imagine is marked by 0.

We would like you to indicate on the scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the black box to whichever point on the scale indicates how good or bad your current health state is.

Best imaginable health state



Your own health state today

Worst imaginable health state

4. Pain/ Discomfort
- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

5. Anxiety/ Depression
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

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If you are still having periods or are on Hormone Replacement Therapy (HRT) that gives you a regular monthly bleed please complete Quality of Life Questions A below.

If you have gone through the menopause (stopped your period for more than one year) then please complete Quality of Life Questions B on page 5.

Quality of Life Questions (A)

In each of the following areas of health, select the statement that best applies to you and place a tick in the right hand side box provided. Please tick only one statement in each area.

1 Practical difficulties

- I have no practical difficulties, bleed no more than I expect and take no extra precautions
- I have to carry extra sanitary protection with me but take no other precautions
- I have to carry extra sanitary protection and clothes because of the risk of flooding
- I have severe problems with flooding, soil the bedding and need to be close to a toilet

2 Social Life

- My social life is unaffected during my cycle. I can enjoy life as much as usual
- My social life is slightly affected during my cycle. I may have to cancel or modify my plans
- My social life is limited during my cycle. I rarely make any plans
- My social life is devastated during my cycle. I am unable to make any plans

3 Psychological health

During my cycle I have no worries I can cope normally

During my cycle I experience some anxiety and worry

During my cycle I often feel down and worry about how I'll cope

During my cycle I feel depressed and cannot cope

4 Physical health and wellbeing

During my cycle I feel well and relaxed. I am not concerned about my health

During my cycle I feel well most of the time. I am a little concerned about my health

During my cycle I often feel tired and do not feel especially well. I am concerned about my health

During my cycle I feel very tired and do not feel well at all. I am seriously concerned about my health

5 Work/daily routine

There are no interruptions to my work/daily routine during my cycle

There are occasional disruptions to my work/daily routine during my cycle

There are frequent disruptions to my work/daily routine during my cycle

There are severe disruptions to my work/daily routine during my cycle

6 Family life/relationships

My family life/relationships are unaffected during my cycle

My family life/relationships suffer some strain during my cycle

My family life/relationships suffers quite a lot during my cycle

My family life/relationships are severely disrupted as a result of my cycle

Thank you for taking the time to complete this questionnaire

Only complete Quality of Life B if you have gone through the menopause and haven't already completed Quality of Life A

Quality of Life Questions (B)

In each of the following areas of health, select the statement that best applies to you and place a tick in the right hand side box provided. Please tick only one statement in each area.

1 Practical difficulties

I have no practical difficulties and take no extra precautions

I have to carry extra sanitary protection with me but take no other precautions

I have to carry extra sanitary protection and clothes because of the risk of bleeding

I have severe problems with bleeding, soil the bedding and need to be close to a toilet

2 Social Life

- My social life is unaffected because of bleeding. I can enjoy life as much as usual
- My social life is slightly affected because of bleeding. I may have to cancel or modify my plans
- My social life is limited because of bleeding. I rarely make any plans
- My social life is devastated because of bleeding. I am unable to make any plans

3 Psychological health

- My bleeding causes me no worries and I can cope normally
- Because of my bleeding I experience some anxiety and worry
- Because of my bleeding I often feel down and worry about how I'll cope
- Because of my bleeding I feel depressed and cannot cope

4 Physical health and wellbeing

- I feel well and relaxed despite my bleeding. I am not concerned about my health
- I feel well most of the time despite my bleeding. I am a little concerned about my health
- Because of my bleeding I often feel tired and do not feel especially well. I am concerned about my health
- Because of my bleeding I feel very tired and do not feel well at all. I am seriously concerned about my health

5 Work/daily routine

- There are no interruptions to my work/daily routine because of my bleeding
- There are occasional disruptions to my work/daily routine because of my bleeding
- There are frequent disruptions to my work/daily routine because of my bleeding
- There are severe disruptions to my work/daily routine because of my bleeding

6 Family life/relationships

- My family life/relationships are unaffected because of my bleeding
- My family life/relationships suffer some strain because of my bleeding
- My family life/relationships suffers quite a lot because of my bleeding
- My family life/relationships are severely disrupted as a result of my bleeding

Thank you for taking the time to complete this questionnaire