

FOR OFFICE USE ONLY

Randomisation No. R   /

Participant Initials

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## GP Questionnaire

1 Year

**Confidential**

Thank you for helping us with our research. We would be very grateful if you could complete this questionnaire.

## GP Questionnaire

Date of completion

d	d	m	m	y	y	y	y

A1 Has the patient required any further non-emergency treatment for haemorrhoids since the (RBL / HAL) 1 year ago?  Yes  No  
↓

A2 Which of the following?

Outpatient treatment:

Rubber band ligation                      number of times:

Injection sclerotherapy                      number of times:

Surgical treatment:

Haemorrhoidal artery ligation                      number of times:

Excisional haemorrhoidectomy                      number of times:

Stapled haemorrhoidopexy                      number of times:

Rubber band ligation (in theatre)                      number of times:

A3 Has the patient required emergency admission for symptoms related to their haemorrhoids since their (RBL / HAL) 1 year ago?  Yes  No  
↓

A4 Did they have

A blood transfusion

An emergency operation / procedure

Details

A5 Has the patient visited you in relation to their haemorrhoids in the last year?  Yes  No  
↓

A6 How many times?

 

A7 Has the patient visited another GP or the practice nurse in relation to their haemorrhoids in the last year?  Yes  No  
↓

A8 How many times?