

CONFIDENTIAL

Participant Study No

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BASELINE QUESTIONNAIRE

We are interested in how having prolapse surgery affects your health and everyday life in any way. We would be very grateful if you could complete and return this questionnaire.

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

PROSPECT Study Office
 Centre for Healthcare Randomised Trials (CHaRT)
 Health Services Research Unit
 University of Aberdeen
 Health Sciences Building
 Aberdeen
 AB25 2ZD

Tel: [REDACTED]

E-mail: [REDACTED]

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

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 Health Technology Assessment programme (NIHR HTA)

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

e.g.

2	7
---	---

 or

A	N	N	E
---	---	---	---

 or

✓

If you make any errors while completing the form, shade out the box completely and mark the correct one like this:

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

OFTEN

--

 SOMETIMES

✓

 NEVER

--

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

Sometimes we would like you to write your answer in your own words, please write these in the boxes provided.

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 prolapse operation. Please check the time periods carefully.

There are no right or wrong answers.

Please try to complete the whole questionnaire even though some questions may appear similar.

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

Thank you for your time in completing this questionnaire.

Your answers will be treated with complete confidentiality.

Section A

Prolapse symptoms and their effects

Prolapse is a common condition affecting the normal support of the pelvic organs, which results in descent or 'dropping down' of the vaginal walls and/or the pelvic organs themselves. This can include the bladder, the bowel and the womb. Symptoms are usually worse on standing up and straining (e.g. lifting, coughing or exercising) and usually better when lying down and relaxing.

Prolapse may cause a variety of problems. We are trying to find out how many women experience problems from their prolapse, and how much bother it causes. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the **PAST FOUR WEEKS**. (*Please tick one box in each row*)

How often during the last four weeks have you had the following symptoms:	Never	Occasion-ally	Some-times	Most of the time	All of the time
A1 a feeling of something coming down from or in your vagina?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2 an uncomfortable feeling or pain in your vagina which is worse when standing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3 a heaviness or dragging feeling in your lower abdomen (tummy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4 a heaviness or dragging feeling in your lower back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5 a need to strain (push) to empty your bladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6 a feeling that your bladder has not emptied completely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7 a feeling that your bowel has not emptied completely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A8 which of the symptoms above (questions A1 to A7) causes you the most bother?	<input type="text"/>				Not applicable <input type="checkbox"/>

Please enter a number from 1 to 7 in the box, or tick 'Not applicable'

Study Number

Baseline Questionnaire

Section B**General health (EQ 5D) TODAY**

The next section is about your health **in general**. By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.

B1 MobilityI have no problems in walking about I have some problems in walking about I am confined to bed **B2 Self-care**I have no problems with self-care I have some problems washing myself or dressing myself I am unable to wash or dress myself **B3 Usual activities** (*such as 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 **B4 Pain/discomfort**I have no pain or discomfort I have moderate pain or discomfort I have extreme pain or discomfort **B5 Anxiety/depression**I am not anxious or depressed I am moderately anxious or depressed I am extremely anxious or depressed Study Number

Baseline Questionnaire

Section C**Urine symptoms**

Many people experience urinary symptoms some of the time. We are trying to find out how many women with prolapse experience urinary symptoms or leak urine, and how much these bother them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the LAST FOUR WEEKS.

- C1** During the night, how many times do you have to get up to urinate (pass water), on average?
- none
- one
- two
- three
- four or more

- C2** Do you have a sudden need to rush to the toilet to urinate (pass water)?
- never
- occasionally
- sometimes
- most of the time
- all of the time

- C3** Do you have pain in your bladder?
- never
- occasionally
- sometimes
- most of the time
- all of the time

- C4** How often do you pass urine during the day?
- 1 to 6 times
- 7 to 8 times
- 9 to 10 times
- 11 to 12 times
- 13 or more times

C5 Is there a delay before you can start to urinate (pass water)?

never

occasionally

sometimes

most of the time

all of the time

C6 Do you have to strain to urinate (pass water)?

never

occasionally

sometimes

most of the time

all of the time

C7 Do you stop and start more than once while you urinate (pass water)?

never

occasionally

sometimes

most of the time

all of the time

C8 Do you have to use your fingers to push up the prolapse to help empty your bladder (pass water)?

never

occasionally

sometimes

most of the time

all of the time

C9 Overall, how much do urinary symptoms interfere with your everyday life?

Please tick a number between 0 (not at all) and 10 (a great deal)

not at all 0 1 2 3 4 5 6 7 8 9 10 a great deal

Not applicable

Study Number

C10 Does urine leak before you can get to the toilet (if never, go to section D)?

never

occasionally

sometimes

most of the time

all of the time

C11 How often do you leak urine?

never

about once a week or less often

two or three times a week

about once a day

several times a day

all the time

C12 We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?

none

a small amount

a moderate amount

a large amount

C13 Does urine leak when you are physically active, exert yourself, cough or sneeze?

never

occasionally

sometimes

most of the time

all of the time

C14 Do you ever leak urine for no obvious reason and without feeling that you want to go?

never

occasionally

sometimes

most of the time

all of the time

C15 Do you leak urine when you are asleep?

never

occasionally

sometimes

most of the time

all of the time

C16 Do you leak urine when you have sexual intercourse?

not at all

a little

somewhat

a lot

C17 Overall, how much does leaking urine interfere with your everyday life?

Please tick a number between 0 (not at all) and 10 (a great deal)

not at all 0 1 2 3 4 5 6 7 8 9 10 a great deal

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Not applicable

Section D**Bowel symptoms**

Many people experience bowel symptoms some of the time. We are trying to find out how many women with prolapse experience bowel symptoms, and how much they bother them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the **PAST FOUR WEEKS**.

D1 On average how many times do you open (move) your bowels?

four or more times a day

about one to three times a day

about once a day

once every two or three days (two or three times per week)

once a week or less

D2 Are your stools (faeces, motions) usually...

watery

sloppy

soft and formed

hard

D3 Do you have to strain to open (move) your bowels?

never

occasionally

sometimes

most of the time

all of the time

D4 Do you have to insert a finger into your back passage to help empty stool (faeces, motion) from your bowel? never

occasionally

sometimes

most of the time

all of the time

D5 Do you have to rush to the toilet when you need to open (move) your bowels? never

occasionally

sometimes

most of the time

all of the time

D6 Do stool (faeces, motion) leak at an inappropriate time or place, or before you can get to the toilet? never

occasionally

sometimes

most of the time

all of the time

D7 Overall, how much do bowel symptoms interfere with your everyday life?

Please tick a number between 0 (not at all) and 10 (a great deal)

	0	1	2	3	4	5	6	7	8	9	10	
not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a great deal

Not applicable

Section E**Vaginal and sexual symptoms**

Many people experience vaginal or sexual symptoms some of the time. We are trying to find out how many women with prolapse experience vaginal or sexual symptoms, and how much they bother them. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

- E1** Are you aware of a dragging pain in your lower abdomen (tummy)?
- never
- occasionally
- sometimes
- most of the time
- all of the time

- E2** Are you aware of soreness in your vagina?
- never
- occasionally
- sometimes
- most of the time
- all of the time

- E3** Do you feel that you have reduced sensation or feeling in or around your vagina?
- not at all
- a little
- somewhat
- a lot

- E4** Do you feel that your vagina is too loose or lax?
- not at all
- a little
- somewhat
- a lot

- E5** Are you aware of a lump or bulge coming down in your vagina?
- never
- occasionally
- sometimes
- most of the time
- all of the time

E6 Do you feel a lump or bulge come out of your vagina, so that you can feel it on the outside or see it on the outside?

never

occasionally

sometimes

most of the time

all of the time

E7 Do you feel that your vagina is too dry?

never

occasionally

sometimes

most of the time

all of the time

E8 Do you have to insert a finger into your vagina to help empty your bowels?

never

occasionally

sometimes

most of the time

all of the time

E9 Do you feel that your vagina is too tight?

never

occasionally

sometimes

most of the time

all of the time

E10 Overall, how much do vaginal symptoms interfere with your everyday life?

Please tick a number between 0 (not at all) and 10 (a great deal)

not at all 0 1 2 3 4 5 6 7 8 9 10 a great deal

Not applicable

E11 Do you have a sex life at present?

Yes If yes, go to E13

No If no, go to E12

E12 (If you do not have a sex life at present) is it for any of these reasons?

No, because I do not have a partner

No, because of my vaginal symptoms

No, because of my prolapse symptoms

No, because of other reasons (*please specify below*)

E13 Do you have pain when you have sexual intercourse?

not at all

a little

somewhat

a lot

E14 Do worries about your vagina interfere with your sex life?

not at all

a little

somewhat

a lot

E15 Do you feel that your relationship with your partner is affected by vaginal symptoms?

not at all

a little

somewhat

a lot

E16 Overall, how much do you feel that your sex life has been spoilt by vaginal symptoms?

Please tick a number between 0 (not at all) and 10 (a great deal)

not at all 0 1 2 3 4 5 6 7 8 9 10 a great deal

Not applicable

Finally,

Date questionnaire filled in

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Your date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

THANK YOU.

Thank you very much for answering these questions.

We intend to use the information you have given us for research to help women like yourself with prolapse.

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

PROSPECT Study Office
Tel: [REDACTED]
E-mail: [REDACTED]

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

PLEASE BRING THE QUESTIONNAIRE WITH YOU TO HOSPITAL