

**CONFIDENTIAL**

Participant Study No

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**6 MONTH QUESTIONNAIRE**

## **6 MONTH QUESTIONNAIRE**

We are interested in how your health and everyday life is affected in any way by having prolapse surgery. 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.**

**Funded by the National Institute for Health Research  
Health Technology Assessment programme (NIHR HTA)**



**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 Mobility**I 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

## Section C Treatments for symptoms

**C1** Were you re-admitted to hospital, in relation to your prolapse surgery, in the last six months?

Yes

No

If yes to question C1 **how many nights were you readmitted for in total?**  
(If you were admitted only as a day case, write 0 in the box provided)

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**C2** If yes, when and why were you re-admitted? (Please give details of all re-admissions):

Finally,

Date questionnaire filled in

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Your date of birth

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## THANK YOU

Thank you very much for being part of the PROSPECT study and for your time and patience in filling in this questionnaire.

The information you have given us will be extremely useful in helping us to advise women and doctors about prolapse surgery in the future. It will be treated with the strictest confidence and kept securely.

**Please send the questionnaire back to us in Aberdeen  
in the envelope provided.**

We hope to contact you again in the future to check on how your health is after your prolapse surgery