

CONFIDENTIAL

Participant Study No

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ONE YEAR ADDITIONAL QUESTIONNAIRE

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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

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)

Please start here:

Date questionnaire filled in

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

Your date of birth

Section A 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**.

A1 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

A2 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

A3 Do you have pain in your bladder?

never

occasionally

sometimes

most of the time

all of the time

A4 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

A5 Is there a delay before you can start to urinate (pass water)?

never

occasionally

sometimes

most of the time

all of the time

A6 Do you have to strain to urinate (pass water)?

never

occasionally

sometimes

most of the time

all of the time

A7 Do you stop and start more than once while you urinate (pass water)?

never

occasionally

sometimes

most of the time

all of the time

A8 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

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A14 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

A15 Do you leak urine when you are asleep?

- never
- occasionally
- sometimes
- most of the time
- all of the time

A16 Do you leak urine when you have sexual intercourse?

- not at all
- a little
- somewhat
- a lot

A17 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"/> | |
- Not applicable**

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Section B**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**.

B1 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

B2 Are your stools (faeces, motions) usually...

watery

sloppy

soft and formed

hard

B3 Do you have to strain to open (move) your bowels?

never

occasionally

sometimes

most of the time

all of the time

B4 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

B5 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

B6 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

B7 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)

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

Not applicable

Section C**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**.

- C1 Do you have to insert a finger into your vagina to push up the prolapse to ease discomfort or pain?**
- never
- occasionally
- sometimes
- most of the time
- all of the time

- C2 Do you have to take extra measures to ensure the prolapse does not cause personal hygiene problems?**
- never
- occasionally
- sometimes
- most of the time
- all of the time

- C3 Are you aware of a dragging pain in your lower abdomen (tummy)?**
- never
- occasionally
- sometimes
- most of the time
- all of the time

- C4 Are you aware of soreness in your vagina?**
- never
- occasionally
- sometimes
- most of the time
- all of the time

C5 Do you feel that you have reduced sensation or feeling in or around your vagina?

not at all

a little

somewhat

a lot

C6 Do you feel that your vagina is too loose or lax?

not at all

a little

somewhat

a lot

C7 Are you aware of a lump or bulge coming down in your vagina?

never

occasionally

sometimes

most of the time

all of the time

C8 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

C9 Do you feel that your vagina is too dry?

never

occasionally

sometimes

most of the time

all of the time

C10 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

C11 Do you feel that your vagina is too tight? never

occasionally

sometimes

most of the time

all of the time

C12 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

C13 Do you have a sex life at present?

Yes If yes, go to C15

No If no, go to C14

C14 (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*)

C15 Do you have pain when you have sexual intercourse?

not at all

a little

somewhat

a lot

C16 Do worries about your vagina interfere with your sex life?

not at all

a little

somewhat

a lot

C17 Do you feel that your relationship with your partner is affected by vaginal symptoms?

not at all

a little

somewhat

a lot

C18 Overall, how much do you feel that your sex life has been spoiled 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

D1 After your prolapse surgery a year ago, how long was it before you were able to get back to your normal daily activities?

Enter number of months

D2 Please describe how your prolapse is now, compared with how it was before you had surgery one year ago:

very much better

much better

a little better

no change

a little worse

much worse

very much worse

D3 Overall how satisfied are you with the results of the operation

completely satisfied

fairly satisfied

fairly dissatisfied

very dissatisfied

not sure

D4 Would you recommend this operation to a friend?

Yes

No

THANK YOU

Thank you very much for being part of the PROSPECT study and 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.