

CONFIDENTIAL

Participant Study No

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TWO YEAR 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)

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.

Please start here:

Date questionnaire filled in

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

Your date of birth

D	D	M	M	Y	Y	Y	Y
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Two Year 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

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Section C Treatments for symptoms

C1 In the last year, have you had a new prolapse operation?

Yes No

If yes, please give details, eg what operation and when?

C2 Are you now on the waiting list for a new prolapse operation?

Yes No

C3 In the last year, have you had a new operation for leaking urine?

Yes No

If yes, please give details, eg what operation and when?

C4 Are you now on the waiting list for a new operation for leaking urine?

Yes No

C5 In the last year, have you had any stitches removed from the site of your prolapse operation?

Yes No Don't know

C6 In the last year, have you had any mesh removed from the site of your prolapse operation?

Yes No Don't know

C7 In the last year, were you re-admitted to hospital for any other reason, in relation to your prolapse surgery two years ago?

Yes No

*If yes to question C7 how many nights were you readmitted for in total?
(If you were admitted only as a day case, write 0 in the box provided)*

C8 If yes, why were you re-admitted? *(Please give details of all re-admissions):*

C9 Are you using absorbent pads for leakage of urine? Yes No

C10 Are you using a permanent catheter (inside your bladder) to collect urine? Yes No

C11 Do you ever use a disposable or reusable (intermittent) catheter to help you to empty your bladder? Yes No

C12 Were you prescribed any medicines by a doctor or nurse, in relation to your prolapse symptoms, in the last year? Yes No

C13 Have you had any other treatment for prolapse or leaking urine? Yes No

If yes to question C12 or 13, please tick all treatments you have had in question C14

C14 Please tick all prescribed medicines or other treatments for prolapse or leaking urine that you have had since your operation

Oestrogen treatment (eg vaginal cream, HRT)

Drug treatment for bladder problems or leaking urine (please give details)

A ring pessary inserted

A shelf pessary inserted

Any other treatment for prolapse or another gynae problem (please give details)

Details:

C15 If you are in paid employment, how many days off sick have you had in the last year? *(If you are not in paid employment, please ignore this question)*

C16 Have you seen your GP, in relation to your prolapse, in the last year? Yes No

If yes to question C16, how many times did you see your GP?

C17 Have you seen a practice nurse in relation to your prolapse in the last year? Yes No

If yes to question C17, how many times did you see the nurse?

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C18 Have you visited hospital outpatients to see a doctor, in relation to your prolapse, in the last year?

Yes No

If yes to question C18, how many times did you visit outpatients?

C19 Have you seen a physiotherapist, in relation to your prolapse, in the last year?

Yes No

If yes to question C19, how many times did you see the physiotherapist?

C20 Have you visited any other health care professional, in relation to your prolapse, in the last year?

Yes No

If yes to question C20, specify whom you have seen and the number of times you have seen them in the boxes provided:

Other (please specify):

Times

C21 Did you buy any medicines over the counter to treat your prolapse symptoms in the last year?

Yes No

C22 If yes to C21 above, how much in total did you spend?

£

C23 Did you pay to see any private health care professional, in relation to your prolapse, in the last year?

Yes No

C24 Have you paid for any other healthcare, in relation to your prolapse, in the last year?

Yes No

C25 If yes to C23 or C24 above, how much did you spend?

£

Section D**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**.

D1 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

D2 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

D3 Do you have pain in your bladder?

never occasionally sometimes most of the time all of the time

D4 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

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D5 Is there a delay before you can start to urinate (pass water)?

never

occasionally

sometimes

most of the time

all of the time

D6 Do you have to strain to urinate (pass water)?

never

occasionally

sometimes

most of the time

all of the time

D7 Do you stop and start more than once while you urinate (pass water)?

never

occasionally

sometimes

most of the time

all of the time

D8 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

D9 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

D10 Does urine leak before you can get to the toilet (if never, go to section E)?

never

occasionally

sometimes

most of the time

all of the time

D11 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

**D12 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

D13 Does urine leak when you are physically active, exert yourself, cough or sneeze?

never

occasionally

sometimes

most of the time

all of the time

D14 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

D15 Do you leak urine when you are asleep?

never

occasionally

sometimes

most of the time

all of the time

D16 Do you leak urine when you have sexual intercourse?

not at all

a little

somewhat

a lot

D17 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

Not applicable

Section E**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**.

E1 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

E2 Are your stools (faeces, motions) usually...

watery

sloppy

soft and formed

hard

E3 Do you have to strain to open (move) your bowels?

never

occasionally

sometimes

most of the time

all of the time

E4 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

E5 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

E6 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

E7 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 F 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**.

F1 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

F2 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

F3 Are you aware of a dragging pain in your lower abdomen (tummy)?

never

occasionally

sometimes

most of the time

all of the time

F4 Are you aware of soreness in your vagina?

never

occasionally

sometimes

most of the time

all of the time

F5 Do you feel that you have reduced sensation or feeling in or around your vagina?

not at all

a little

somewhat

a lot

F6 Do you feel that your vagina is too loose or lax?

not at all

a little

somewhat

a lot

F7 Are you aware of a lump or bulge coming down in your vagina?

never

occasionally

sometimes

most of the time

all of the time

F8 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

F9 Do you feel that your vagina is too dry?

never

occasionally

sometimes

most of the time

all of the time

F10 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

F11 Do you feel that your vagina is too tight? never

occasionally

sometimes

most of the time

all of the time

F12 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

F13 Do you have a sex life at present?

Yes If yes, go to F15

No If no, go to F14

F14 (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*)

Now go to Section G

F15 Do you have pain when you have sexual intercourse?

not at all

a little

somewhat

a lot

F16 Do worries about your vagina interfere with your sex life?

not at all

a little

somewhat

a lot

F17 Do you feel that your relationship with your partner is affected by vaginal symptoms?

not at all

a little

somewhat

a lot

F18 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

G1 Please describe how your prolapse is now, compared with how it was before you had surgery two years ago:

very much better

much better

a little better

no change

a little worse

much worse

very much worse

G2 Overall how satisfied are you with the results of the operation

completely satisfied

fairly satisfied

fairly dissatisfied

very dissatisfied

not sure

G3 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.