

Assessment of bleeding

Women participating in this study have a variety of different gynaecological bleeding problems e.g. heavy periods, bleeding between periods, bleeding on hormone replacement therapy, bleeding after the menopause etc. We would be grateful if you could answer the following questions to help us find out the effect of your recent operation (removal of polyp) on the particular bleeding problem you were originally referred to hospital with. Please consider only the last month when answering these questions.

Question 1

Please place a mark (X) on the line shown below to indicate how often you experienced your bleeding problem (if any) lasted for during the last month. One extreme of the line represents “no days of bleeding at all” while the other represents “bleeding every day”.

An example is shown below:

Example

No days of bleeding _____ X _____ Bleeding every day

Duration of Bleeding

No days of bleeding _____ Bleeding every day

Question 2

Please place a mark (X) on the line shown below to indicate how heavy your bleeding was over the last month. One extreme of the line represents “no bleeding at all” while the other represents “heaviest bleeding imaginable”.

None _____ Heaviest imaginable

Question 3

Compared to before your treatment, would you say your bleeding is:

Much better A little better
Same Worse

Has your bleeding returned to an acceptable level? Yes No

Additional medical treatment for bleeding in the last month

Please consider the only the last month when answering the following questions.

Are you currently taking any other treatment for your bleeding? No Yes

If **Yes**, please give name of treatment: Ponstan (mefenamic acid) Cyklokapron
(tranexamic acid) Contraceptive pill (any brand) Mirena coil Progesterones

Questions 1 and 2 above are only used on the Excessive Bleeding version of the questionnaire (SE)

Question 3 differs slightly on version Post Menopausal Bleeding (NE) “Has your bleeding stopped” and Intermenstrual Bleeding (SI) “Has your intermenstrual bleeding stopped”

Hormone Replacement Therapy (HRT) Local oestrogen cream Other If Other, please specify

For the next questions, if the answer is yes, please give number of nights/days/visits as appropriate. Please consider the last 6 months when answering these questions.

Since your initial treatment:	No	Yes	If Yes, number of nights/days/visits
Have you had to visit the hospital outpatient clinic due to the bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been admitted to a hospital ward but not needed to stay overnight due to your bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you spent any nights in hospital due to the bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you seen your GP at their surgery because of the bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your GP or nurse had to visit to you at home due to the bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you taken days off work because of the bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	

Since your initial treatment have you visited hospital again for further polyp(s) removal?

No Yes Not known

If yes, when did you go back to hospital? (approx. date mm/yyyy) /

If yes, did you have the polyp removed: Inpatient (day case) Outpatient Not known

Other Gynaecological (Womens' health) Treatments

Have you had any other gynaecological surgery (since your initial treatment)?

No Yes if yes, was it: Another hysteroscopy? Hysterectomy?

Other If other what was this for?

Have you seen a gynaecologist for any other reason?

No Yes If yes why?

Hospital Admissions

Have you been admitted to hospital for any other reasons (not due to your bleeding)?

No Yes If yes why?

Tampon/sanitary towel usage

On average how many tampons/sanitary towels do you use per day of your bleeding?

Pregnancy

If premenopausal, are you currently pregnant? No Yes

Quality of life questions

Please answer the questions by ticking one box in each group. Please indicate which statement best describes your own health today

1. Mobility

- I have no problems walking about
- I have some problems in walking about
- I am confined to bed

2. Self care

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

3. Usual activities e.g. 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

4. Pain/ Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

5. Anxiety/ Depression

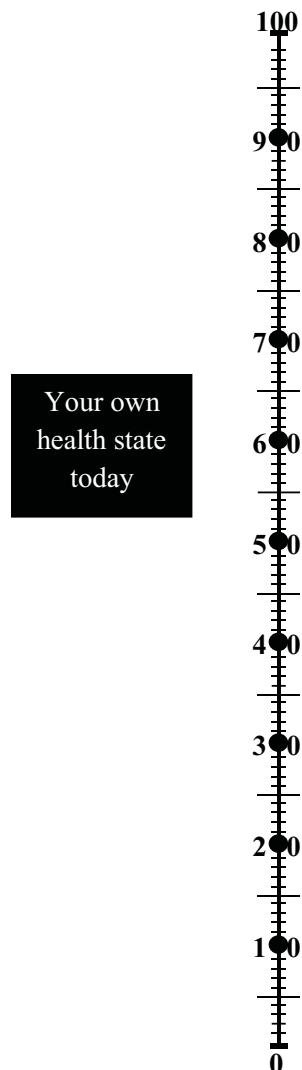
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

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To help people say how good or bad their health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you could imagine is marked by 0.

We would like you to indicate on the scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the black box to whichever point on the scale indicates how good or bad your current health state is.

Best imaginable health state



Worst imaginable health state

Quality of Life questions (Shaw)

In each of the following areas of health, select the statement that best applies to you and place a tick in the right hand side box provided. Please tick only one statement in each area.

1 Practical difficulties

I have no practical difficulties, bleed no more than I expect and take no extra precautions

I have to carry extra sanitary protection with me but take no other precautions

I have to carry extra sanitary protection and clothes because of the risk of flooding

I have severe problems with flooding, soil the bedding and need to be close to a toilet

2 Social Life

My social life is unaffected during my cycle. I can enjoy life as much as usual

My social life is slightly affected during my cycle. I may have to cancel or modify my plans

My social life is limited during my cycle. I rarely make any plans

My social life is devastated during my cycle. I am unable to make any plans

3 Psychological health

During my cycle I have no worries I can cope normally

During my cycle I experience some anxiety and worry

During my cycle I often feel down and worry about how I'll cope

During my cycle I feel depressed and cannot cope

4 Physical health and wellbeing

During my cycle I feel well and relaxed. I am not concerned about my health

During my cycle I feel well most of the time. I am a little concerned about my health

During my cycle I often feel tired and do not feel especially well. I am concerned about my health

During my cycle I feel very tired and do not feel well at all. I am seriously concerned about my health

5 Work/daily routine

There are no interruptions to my work/daily routine during my cycle

There are occasional disruptions to my work/daily routine during my cycle

There are frequent disruptions to my work/daily routine during my cycle

There are severe disruptions to my work/daily routine during my cycle

6 Family life/relationships

My family life/relationships are unaffected during my cycle

My family life/relationships suffer some strain during my cycle

My family life/relationships suffers quite a lot during my cycle

My family life/relationships are severely disrupted as a result of my cycle

Thank you very much for taking the time to complete this questionnaire