We would like to assess how much abdominal pain you experienced during and after your treatment. Please place a mark **(x)** on the lines shown below to indicate how much pain you had. One extreme of the line represents "no pain at all" while the other represents "as much pain as you can possibly imagine".

1. Pain during procedure

No pain at all ——————————————————— Worst imaginable pain

2. Pain one hour following procedure

No pain at all ——————————————————— Worst imaginable pain

3. Pain on discharge from hospital

No pain at all ——————————————————— Worst imaginable pain

4. Would you describe the procedure as?

Totally acceptable ☐ Generally acceptable ☐
Fairly acceptable ☐ Unacceptable ☐

5. Did you find the exposure required for the procedure embarrassing?

Yes, extremely ☐ Yes, moderately ☐ Yes, a little ☐ No ☐

6. If you had a friend with a similar problem to you, would you recommend this operation? Yes ☐ No ☐

7. Would you have the same treatment again? Yes ☐ No ☐

8. With hindsight would you have preferred to have had a general anaesthetic (i.e. be put to sleep for the procedure)? Yes ☐ No ☐

9. Please give any comments about your treatment experience:

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Thank you for taking the time to complete this questionnaire