

FOR OFFICE USE ONLY

Randomisation No. R   /    
Participant Initials

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## Clinical Assessment

Baseline

**Confidential**

Date of assessment

d	d	m	m	y	y	y	y

Patient details

Date of birth

d	d	m	m	y	y	y	y

Ethnicity

**White**

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background

*specify*

**Asian / Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

*specify*

- Prefer not to say

**Mixed / multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed / multiple ethnic background

*specify*

**Black / African / Caribbean / Black British**

- African
- Caribbean
- Any other Black / African / Caribbean background

*specify*

**Other ethnic group**

- Arab
- Any other ethnic group

*specify*

NHS number

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Consultant

GP

### Smoking history

#### Smoking status

Current smoker  
↓

Previous smoker  
↓

Never smoked

Number smoked per day

Number of years smoked

### Medical history

#### Comorbidities

Bleeding disorder

Other haemorrhoid related

*specify*

Other relevant comorbidities

*specify*

None

#### Systemic medications related to increased risk of bleeding or reduced wound healing

Aspirin

Warfarin\*

Clopidogrel\*

Steroids

Immunosuppressants\*

Nicorandil\*

Other

*specify*

None

\*Please note that participants should not have been entered into the trial if they have an immunodeficiency or if they are currently taking Warfarin, Clopidogrel or Nicorandil. If they are, please complete a protocol non compliance form and send to the trial manager.

Clinical data

Grade of haemorrhoids

II     III

Previous treatments for haemorrhoids\*

Yes     No  
↓

Treatment / surgery	Number	Date of most recent (dd/mm/yyyy)
Banding* (Number of times not number of bands)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Injection sclerotherapy*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Open haemorrhoidectomy*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Stapled haemorrhoidopexy*	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other, specify <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Weight

.  kg

Height

.  cm

\*Please note that participants should not have been entered into the trial if they have had previous surgery for haemorrhoids, or if they have had more than one injection treatment or banding in the last three years. If they have, please complete a protocol non compliance form and send to the trial manager.