FOR OFFICE USE ONLY

Randomisation No. R | | / | | |

Participant Initials | | |

Participant Questionnaire

1 Year

Confidential

Thank you for helping us with our research. We would be very grateful if you could complete this questionnaire.

The following questionnaire is broken down into five sections (Section A - Section E). Please work through all the sections as best you can from start to finish.
Each section asks you to indicate your answers to the questions by placing a tick (✓) in the appropriate box. Please read the questions carefully and answer each one as accurately as you can.

There are no right or wrong answers.

Please try to complete the whole questionnaire even though some questions may appear similar.

Your answers will be treated with complete confidentiality.

Thank you for your time in completing this questionnaire.

Please start here:

Date of completion

d	d	m	m	y	y	y	y

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Section A: Describing your own health today (EQ-5D)

Your own health today

By placing a tick in one box in each group below, please indicate which statements best describe your own health state today

A1 **Mobility**

- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

A2 **Self-care**

- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

A3 **Usual activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

A4 **Pain/discomfort**

- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

A5 **Anxiety/Depression**

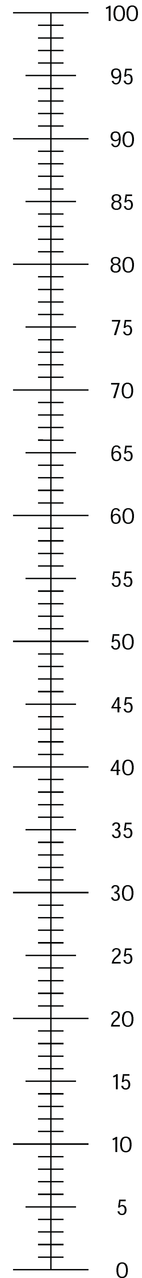
- I am not anxious or depressed ☐
- I am slightly anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

Section A: Describing your own health today (EQ-5D)

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100
- 100 means the <u>best</u> health you can imagine.
  0 means the <u>worst</u> health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐

The best health
you can imagine



The worst health
you can imagine

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Section B: Assessment of faecal (stool) incontinence

Please tick the box which best describes your symptoms during the past four weeks:

	Never*	Rarely*	Sometimes*	Weekly*	Daily*
B1 Incontinence of solid stool	☐	☐	☐	☐	☐
B2 Incontinence of liquid stool	☐	☐	☐	☐	☐
B3 Incontinence of gas	☐	☐	☐	☐	☐
B4 Affects your lifestyle	☐	☐	☐	☐	☐

*Never = no episodes in the past four weeks; rarely = 1 episode in the past four weeks; sometimes = >1 episode in the past four weeks but <1 a week; weekly = 1 or more episodes a week but <1 a day; daily = 1 or more episodes a day.

B5 Are you able to delay defaecation ("hold on") for at least 15 minutes? ☐ Yes ☐ No

B6 Are you taking constipating medicines? ☐ Yes ☐ No

B7 Do you need to wear a pad or plug? ☐ Yes ☐ No

Section C: Haemorrhoids symptom score

Please tick the box which best describes your symptoms during the past four weeks:

	Never*	Sometimes*	Weekly*	Daily*
C1 How often do you experience pain from the haemorrhoids?	☐	☐	☐	☐
C2 How often do you experience itching or discomfort of the anus?	☐	☐	☐	☐
C3 How often do you experience bleeding when passing a motion?	☐	☐	☐	☐
C4 How often do you soil your underwear (mucous, liquid or solid discharge)?	☐	☐	☐	☐
C5 How often do you have to push back in a prolapsing haemorrhoid?	☐	☐	☐	☐

*Never = no episodes in the past four weeks; sometimes = >1 episode in the past four weeks but less than once per week; weekly = 1 - 6 times per week; daily = every day (1 or more episodes a day).

Section D: Recurrence

D1 Have you felt the need to seek professional medical advice due to further symptoms from haemorrhoids since your procedure? ☐ Yes ☐ No

D2 At the moment, do you feel your symptoms from your haemorrhoids are:

☐ 1. Cured or improved compared with before starting treatment

☐ 2. Unchanged or worse compared with before starting treatment

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Section E: How are you keeping?

E1 Have you had any <u>emergency</u> admissions to hospital since your operation / procedure for haemorrhoids approximately one year ago?

☐ Yes ☐ No

E2 How many emergency admissions?
(if possible please provide details in the table below)

☐☐

Visit	Reason*	Day case or overnight stay?		Total nights admitted (if overnight stay)
1		☐ Day case (outpatients)	☐ Overnight stay (admitted)	☐☐
2		☐ Day case (outpatients)	☐ Overnight stay (admitted)	☐☐
3		☐ Day case (outpatients)	☐ Overnight stay (admitted)	☐☐
4		☐ Day case (outpatients)	☐ Overnight stay (admitted)	☐☐
5		☐ Day case (outpatients)	☐ Overnight stay (admitted)	☐☐

* e.g. Rubber Band Ligation (RBL); Haemorrhoidal Artery Ligation (HAL); Injection into piles; Operation

E3 Have you had any <u>planned</u> (elective) haemorrhoid operations / procedures (e.g. haemorrhoidal artery ligation or rubber band ligation) since your operation / procedure for haemorrhoids approximately one year ago?

☐ Yes ☐ No

E4 How many new operations / procedures?
(if possible please provide details in the table below)

☐☐

Visit	Procedure*	Day case or overnight stay?		Total nights admitted (if overnight stay)
1		☐ Day case (outpatients)	☐ Overnight stay (admitted)	☐☐
2		☐ Day case (outpatients)	☐ Overnight stay (admitted)	☐☐
3		☐ Day case (outpatients)	☐ Overnight stay (admitted)	☐☐
4		☐ Day case (outpatients)	☐ Overnight stay (admitted)	☐☐
5		☐ Day case (outpatients)	☐ Overnight stay (admitted)	☐☐

* e.g. Rubber Band Ligation (RBL); Haemorrhoidal Artery Ligation (HAL); Injection; Traditional; Stapled; Operation

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Section E: How are you keeping?

E5 Since your operation / procedure for haemorrhoids one year ago, have you had any other non emergency visit to a hospital in relation to your haemorrhoids / haemorrhoid surgery (other than for a new operation / procedure)?

☐ Yes ☐ No

E6 How many times?
(if possible please provide details in the table below)

Visit	Reason	Day case or overnight stay?		Total nights admitted (if overnight stay)
1		☐ Day case (outpatients)	☐ Overnight stay (admitted)	
2		☐ Day case (outpatients)	☐ Overnight stay (admitted)	
3		☐ Day case (outpatients)	☐ Overnight stay (admitted)	
4		☐ Day case (outpatients)	☐ Overnight stay (admitted)	
5		☐ Day case (outpatients)	☐ Overnight stay (admitted)	

E7 Have you seen your GP, in relation to your haemorrhoids, since your operation approximately 1 year ago?

☐ Yes ☐ No

E8 How many times?

E9 Have you seen a nurse (at a GP practice), in relation to your haemorrhoids, since your operation approximately 1 year ago?

☐ Yes ☐ No

E10 How many times?

Thank you very much for being part of the HubBLe study and for your time and patience in filling in this questionnaire.

The information you have given us will be extremely useful in helping us to inform patients and doctors about haemorrhoid surgery in the future. It will be treated with the strictest confidence and kept securely.