

FOR OFFICE USE ONLY

Randomisation No. R /

Participant Initials



Consultant Questionnaire

1 Year

Confidential

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

Date of completion

d	d	m	m	y	y	y	y

A1 Has the patient required any further non-emergency treatment for haemorrhoids since the (RBL / HAL) 1 year ago? Yes No
↓

A2 Which of the following?

Outpatient treatment:

- Rubber band ligation number of times:
- Injection sclerotherapy number of times:

Surgical treatment:

- Haemorrhoidal artery ligation number of times:
- Excisional haemorrhoidectomy number of times:
- Stapled haemorrhoidopexy number of times:
- Rubber band ligation (in theatre) number of times:

A3 Has the patient required emergency admission for symptoms related to their haemorrhoids since their (RBL / HAL) 1 year ago? Yes No
↓

A4 Did they have

- A blood transfusion
- An emergency operation / procedure

Details

A5 Has the patient visited you in relation to their haemorrhoids in the last year? Yes No
↓

A6 How many times?

A7 Has the patient visited another consultant or a GP practice in relation to their haemorrhoids in the last year? Yes No
↓

A8 How many times?