## **CONFIDENTIAL**

Partic	cipan	t Stud	ly No



## **6 MONTH QUESTIONNAIRE**

We are interested in how your health and everyday life is affected in any way by having prolapse surgery. We would be very grateful if you could complete and return this questionnaire.

If you would like any further information or have any queries about the study, please contact:

PROSPECT Study Office
Centre for Healthcare Randomised Trials (CHaRT)
Health Services Research Unit
University of Aberdeen
Health Sciences Building
Aberdeen
AB25 2ZD

Tel:

E-mail:

Thank you for taking time to help us with our research.

Funded by the National Institute for Health Research Health Technology Assessment programme (NIHR HTA)

## Section A Prolapse symptoms and their effects

Prolapse may cause a variety of problems. We are trying to find out how your prolapse problems are now, and how much bother they cause, 6 months after your operation. We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the **PAST FOUR WEEKS**. (*Please tick one box in each row*)

How often during the last four weeks have you had the following symptoms:  Neve			Occasion- ally	Some- times	Most of the time	All of the time
<b>A1</b>	a feeling of something coming down from or in your vagina?					
<b>A2</b>	an uncomfortable feeling or pain in your vagina which is worse when standing?					
А3	a heaviness or dragging feeling in your lower abdomen (tummy)?					
<b>A</b> 4	a heaviness or dragging feeling in your lower back?					
<b>A5</b>	a need to strain (push) to empty your bladder?					
<b>A6</b>	a feeling that your bladder has not emptied completely?					
<b>A7</b>	a feeling that your bowel has not emptied completely?					
A8 which of the symptoms above (questions A1 to A7) causes you the most bother?  Please enter a number from 1 to 7 in the box, or tick 'Not applicable'						
A9 Overall, how much do your prolapse symptoms interfere with your everyday life?  Please tick a number between 0 (not at all) and 10 (a great deal)						
not a	0 1 2 3 4 at	5 (	5 7 	8	9 10	a great deal

## Section B General health (EQ 5D) TODAY

indicate which statements best describe your own health state today. **Mobility B1** I have no problems in walking about I have some problems in walking about I am confined to bed **B2** Self-care I have no problems with self-care I have some problems washing myself or dressing myself I am unable to wash or dress myself **B3** Usual activities (such as 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 Pain/discomfort **B4** I have no pain or discomfort I have moderate pain or discomfort I have extreme pain or discomfort **Anxiety/depression** I am not anxious or depressed **B5** I am moderately anxious or depressed I am extremely anxious or depressed

The next section is about your health in general. By placing a tick in one box in each group below, please

Section C Treatments for symptoms					
C1	C1 Were you re-admitted to hospital, in relation to your prolapse surgery, in the last six months?  If yes to question C1 how many nights were you readmitted for in total?  (If you were admitted only as a day case, write 0 in the box provided)				
C2	If yes, w	hen and why were you re-admitted? (Please give details of all re-admissions):			
Fina	lly,				
		naire filled in DDDMMMYYYYY			
You	date of b	oirth DDDMMMYYYY			
Thank you very much for being part of the PROSPECT 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 advise women and doctors about prolapse surgery in the future. It will be treated with the strictest confidence and kept securely.

Please send the questionnaire back to us in Aberdeen in the envelope provided.

We hope to contact you again in the future to check on how your health is after your prolapse surgery