

**CONFIDENTIAL**

Participant Study No

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ONE YEAR QUESTIONNAIRE

## ONE YEAR QUESTIONNAIRE

We are interested in how having prolapse surgery affects your health and everyday life in any way. 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  
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Tel: [REDACTED]

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**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)

## HOW TO FILL IN THIS QUESTIONNAIRE

Most questions can be answered by putting numbers or a tick in the appropriate box or boxes. Please print your answers carefully within the boxes like this

e.g. 

2	7
---	---

 or 

A	N	N	E
---	---	---	---

 or 

✓
---

If you make any errors while completing the form, shade out the box completely and mark the correct one like this:

e.g. If you ticked often but meant to answer sometimes:

OFTEN 

--

 SOMETIMES 

✓
---

 NEVER 

--

Sometimes the box you tick tells you to skip forward so that you miss out questions which do not apply to you.

Sometimes we would like you to write your answer in your own words, please write these in the boxes provided.

In some questions we would like you to think about different time periods, such as during the last week, during the last 4 weeks or since your prolapse operation. Please check the time periods carefully.

**There are no right or wrong answers.**

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

**You do not have to answer any question if you do not want to.**

***Thank you for your time in completing this questionnaire.***

***Your answers will be treated with complete confidentiality.***

Please start here:

Date questionnaire filled in

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Your date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## 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, one year 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:	Never	Occasion-ally	Some-times	Most of the time	All of the time
A1 a feeling of something coming down from or in your vagina?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2 an uncomfortable feeling or pain in your vagina which is worse when standing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3 a heaviness or dragging feeling in your lower abdomen (tummy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4 a heaviness or dragging feeling in your lower back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5 a need to strain (push) to empty your bladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6 a feeling that your bladder has not emptied completely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7 a feeling that your bowel has not emptied completely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A8 which of the symptoms above (questions A1 to A7) causes you the most bother?	<input type="text"/>				Not applicable <input type="checkbox"/>

*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)*

	0	1	2	3	4	5	6	7	8	9	10	
not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a great deal

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

The next section is about your health **in general**. By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.

**B1 Mobility**

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

**B4 Pain/discomfort**

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

**B5 Anxiety/depression**

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

**Section C****Treatments since your prolapse operation**

**C1** Have you had a new prolapse operation since your operation one year ago?

Yes  No

*If yes, please give details, eg what operation and when?*

**C2** Have you had a new operation for leaking urine since your prolapse operation one year ago?

Yes  No

*If yes, please give details, eg what operation and when?*

**C3** Have you had any stitches removed from the site of your prolapse operation one year ago?

Yes  No  Don't know

**C4** Have you had any mesh removed from the site of your prolapse operation one year ago?

Yes  No  Don't know

**C5** In the last six months were you re-admitted to hospital for any other reason, in relation to your prolapse surgery one year ago?

Yes  No

*If yes to question C5 how many nights were you readmitted for in total?*

*If you were admitted only as a day case, write 0 in the box:*

**C6** If yes, when and why were you re-admitted? *(Please give details):*

- C7** Are you using absorbent pads for leakage of urine? Yes  No
- C8** Are you using a permanent catheter (inside your bladder) to collect urine? Yes  No
- C9** Do you ever use a disposable or reusable (intermittent) catheter to help you to empty your bladder? Yes  No

**C10** Were you prescribed any medicines by a doctor or nurse, in relation to your prolapse symptoms, in the last year? Yes  No

**C11** Have you had any other treatment for prolapse or leaking urine?  
*If yes to question C10 or 11, please tick all treatments you have had in question C12* Yes  No

**C12** Please tick all prescribed medicines or other treatments for prolapse or leaking urine that you have had since your operation

Oestrogen treatment (eg vaginal cream, HRT)

Drug treatment for bladder problems or leaking urine (please give details)

A ring pessary inserted

A shelf pessary inserted

Any other treatment for prolapse or another gynae problem (please give details)

*Details:*

**C13** If you are in paid employment, how many days off sick have you had in the last year? *(If you are not in paid employment, please ignore this question)*

**C14** Have you seen your GP, in relation to your prolapse, in the last year? Yes  No

*If yes to question C14, how many times did you see your GP?*

**C15** Have you seen a practice nurse in relation to your prolapse in the last year? Yes  No

*If yes to question C15, how many times did you see the nurse?*

**C16** Have you visited hospital outpatients to see a doctor, in relation to your prolapse, in the last year?

Yes  No

*If yes to question C16, how many times did you visit outpatients?*

**C17** Have you seen a physiotherapist, in relation to your prolapse, in the last six months?

Yes  No

*If yes to question C17, how many times did you see the physiotherapist?*

**C18** Have you visited any other health care professional, in relation to your prolapse, in the last year?

Yes  No

*If yes to question C18, specify whom you have seen and the number of times you have seen them in the boxes provided:*

Other (please specify):

Times

**C19** Did you buy any medicines over the counter to treat your prolapse symptoms in the last year?

Yes  No

**C20** If yes to C19 above, how much in total did you spend?

£

**C21** Did you pay to see any private health care professional, in relation to your prolapse, in the last year?

Yes  No

**C22** Have you paid for any other healthcare, in relation to your prolapse, in the last year?

Yes  No

**C23** If yes to C21 or C22 above, how much did you spend?

£

## THANK YOU

Thank you very much for being part of the PROSPECT study and 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.