

Study No

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PARTICIPANT QUESTIONNAIRE

BASELINE

CONFIDENTIAL

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

This study is funded by the
NHS National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre,
Health Technology Assessment programme (NETSCC HTA)

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 cross (X) 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 questionnaire filled in

D	D	M	M	Y	Y	Y	Y
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SECTION A: DESCRIBING YOUR OWN HEALTH TODAY (EQ-5D)

By placing a cross in one box in each group below, please indicate which statements best describe your own health state today. (For nurse use only: numbers 1-3 in brackets, relate to telephone randomisation procedure).

- A1. Mobility**
- | | | |
|---------------------------------------|--------------------------|-----|
| I have no problems in walking about | <input type="checkbox"/> | (1) |
| I have some problems in walking about | <input type="checkbox"/> | (2) |
| I am confined to bed | <input type="checkbox"/> | (3) |
- A2. Self-care**
- | | | |
|---|--------------------------|-----|
| I have no problems with self-care | <input type="checkbox"/> | (1) |
| I have some problems washing or dressing myself | <input type="checkbox"/> | (2) |
| I am unable to wash or dress myself | <input type="checkbox"/> | (3) |
- A3. Usual Activities**
(e.g. work, study, housework, family or leisure activities)
- | | | |
|--|--------------------------|-----|
| I have no problems with performing my usual activities | <input type="checkbox"/> | (1) |
| I have some problems with performing my usual activities | <input type="checkbox"/> | (2) |
| I am unable to perform my usual activities | <input type="checkbox"/> | (3) |
- A4. Pain/Discomfort**
- | | | |
|------------------------------------|--------------------------|-----|
| I have no pain or discomfort | <input type="checkbox"/> | (1) |
| I have moderate pain or discomfort | <input type="checkbox"/> | (2) |
| I have extreme pain or discomfort | <input type="checkbox"/> | (3) |
- A5. Anxiety/Depression**
- | | | |
|--------------------------------------|--------------------------|-----|
| I am not anxious or depressed | <input type="checkbox"/> | (1) |
| I am moderately anxious or depressed | <input type="checkbox"/> | (2) |
| I am extremely anxious or depressed | <input type="checkbox"/> | (3) |

[Section B: Your General Health (SF-36©) has been removed due to copyright]

SECTION C : ASSESSMENT OF FAECAL (STOOL) INCONTINENCE

This set of questions asks about faecal (stool) incontinence. Can you please mark with an X in the appropriate box if you have experienced any of the following in the past 4 weeks:

	Always	Often	Sometimes	Rarely	Never
C1. Incontinence of solid stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Incontinence of liquid stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Incontinence of gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. Need to wear a pad or plug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. Altered your lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“always” = one or more times daily, “often” = more than once a week but less than once daily; “sometimes” = more than once a month but less than once a week; “rarely” = less than once a month.

SECTION D : HAEMORRHOIDS SYMPTOM SCORE

	Less than 1 year	Up to 1 year	Up to 5 years	More than 5 years
D1. How long have you had haemorrhoid symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This set of questions asks you about any symptoms related to haemorrhoids that you have had in the past 4 weeks. Please mark an X in the appropriate box.

	None	Spotting	Staining underwear	Dripping into pan	Without stool
D2. Any bleeding from your back passage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None	Only with stool	Constant throbbing
D3. Any pain in your back passage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

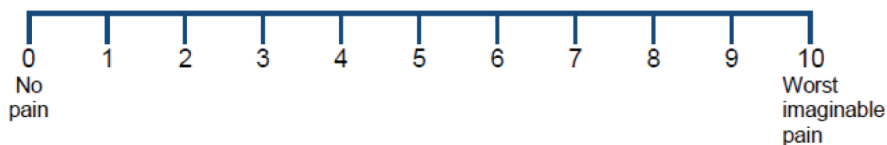
D4. Do you have any of the following other symptoms:

	Always	Often	Sometimes	Rarely	Never
a) Prolapse (a sensation of something coming down out of your back passage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Mucous discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Faecal urgency (unable to defer defecation for 15 mins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Faecal frequency (more often than before you had haemorrhoids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Always	Often	Sometimes	Rarely	Never
D5. Have you suffered with tenesmus (a constant sensation in your back passage, which gives you an urge to move your bowel)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: YOUR LEVEL OF PAIN

E1. Please rate the level of pain *related to your haemorrhoids* that you are experiencing **TODAY**. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain). Please draw a circle around the most appropriate number that describes your pain today.



E2. During the last 7 days have you been taking any pain relief medication? Yes No

If Yes, how many days, out of the last 7, have you taken any pain relief medication?

1 2 3 4 5 6 7

SECTION F: YOUR PREFERENCE

Imagine there are only two treatments (operations A and B) for your haemorrhoids.

One of the two operations (A) is believed to have better short-term (in the first 6 weeks after the operation) recovery but, over the longer term (up to five years), patients who have this type of surgery may be more likely to have haemorrhoids again and need further surgery. The other operation (B) is believed to have poorer short-term (first 6 weeks) recovery but the chances of having haemorrhoids again and needing further surgery in the longer term (up to five years) is less likely. We are interested in whether you have any preference or not between these two operations.

If you were to be able to choose between the two operations, would you:

Strongly prefer operation A	<input type="checkbox"/>
Prefer operation A but not feel very strongly	<input type="checkbox"/>
Have no preference at all	<input type="checkbox"/>
Prefer operation B but not feel very strongly	<input type="checkbox"/>
Strongly prefer operation B	<input type="checkbox"/>

Thank you very much for being part of the eTHoS 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.

Once you have completed the questionnaire please give it to the research nurse, who you will already have met and spoken with.

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

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

Tel: [REDACTED]

E-mail: [REDACTED]

[REDACTED]

Study No

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PARTICIPANT QUESTIONNAIRE

1 WEEK

CONFIDENTIAL

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

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Health Technology Assessment programme (NETSCC HTA)

The following questionnaire is broken down into two sections (Sections A and B). Please work through all the sections as best you can from start to finish.

Some of the sections ask you to indicate your answers to the questions by placing a cross (X) in the appropriate box, and other sections ask you to circle your answer. 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 questionnaire filled in

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

Your date of birth

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

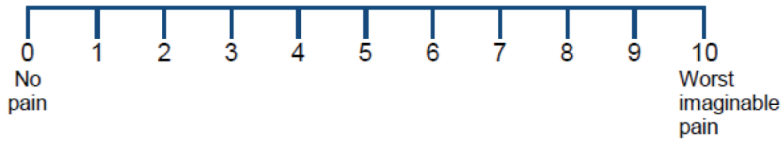
SECTION A: DESCRIBING YOUR OWN HEALTH TODAY (EQ-5D)

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

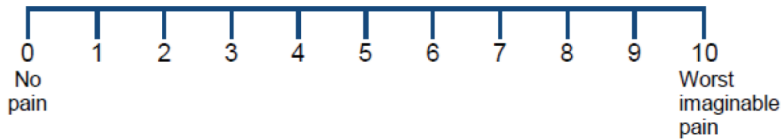
A1. Mobility	I have no problems in walking about	<input type="checkbox"/>
	I have some problems in walking about	<input type="checkbox"/>
	I am confined to bed	<input type="checkbox"/>
A2. Self-care	I have no problems with self-care	<input type="checkbox"/>
	I have some problems washing or dressing myself	<input type="checkbox"/>
	I am unable to wash or dress myself	<input type="checkbox"/>
A3. Usual Activities (<i>e.g. work, study, housework, family or leisure activities</i>)	I have no problems with performing my usual activities	<input type="checkbox"/>
	I have some problems with performing my usual activities	<input type="checkbox"/>
	I am unable to perform my usual activities	<input type="checkbox"/>
A4. Pain/Discomfort	I have no pain or discomfort	<input type="checkbox"/>
	I have moderate pain or discomfort	<input type="checkbox"/>
	I have extreme pain or discomfort	<input type="checkbox"/>
A5. Anxiety/Depression	I am not anxious or depressed	<input type="checkbox"/>
	I am moderately anxious or depressed	<input type="checkbox"/>
	I am extremely anxious or depressed	<input type="checkbox"/>

SECTION B: YOUR LEVEL OF PAIN

B1. Please rate the level of pain *related to your haemorrhoids* that you are experiencing **TODAY. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain). Please draw a circle around the most appropriate number that describes your pain today.**



B2. Please rate the **WORST level of pain that you have experienced **SINCE YOUR OPERATION**, approximately 7 days ago. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain). Please draw a circle around the most appropriate number that describes your worst pain since your operation.**



B3. During the last 7 days have you been taking any pain relief medication? Yes No

If Yes, how many days, out of the last 7, have you taken any pain relief medication?

1 2 3 4 5 6 7

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

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

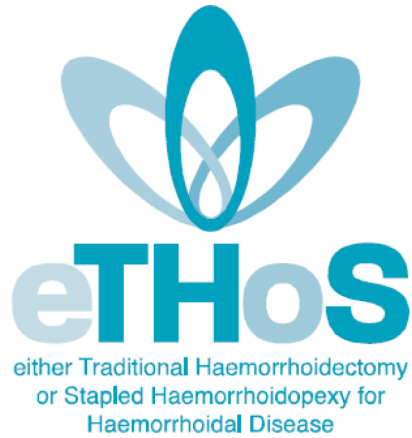
If you would like any further information or have any queries about the study, please contact:

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

Tel: [REDACTED]
E-mail: [REDACTED]
[REDACTED]

Study No

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PARTICIPANT QUESTIONNAIRE

3 WEEKS

CONFIDENTIAL

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

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Some of the sections ask you to indicate your answers to the questions by placing a cross (X) in the appropriate box, and other sections ask you to circle your answer. 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 questionnaire filled in

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

SECTION A: DESCRIBING YOUR OWN HEALTH TODAY (EQ-5D)

By placing a cross 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 some problems in walking about
- I am confined to bed

- A2. Self-care**
- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

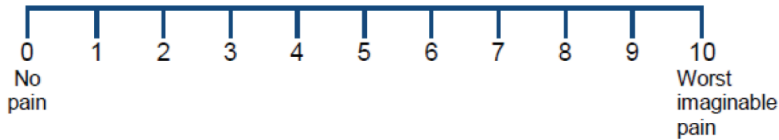
- A3. Usual Activities**
(e.g. work, study, housework, family or leisure activities)
- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

- A4. Pain/Discomfort**
- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

- A5. Anxiety/Depression**
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

SECTION B: YOUR LEVEL OF PAIN

B1. Please rate the level of pain *related to your haemorrhoids* that you are experiencing **TODAY. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain). Please draw a circle around the most appropriate number that describes your pain today.**



B2. During the last 7 days have you been taking any pain relief medication? Yes No

If Yes, how many days, out of the last 7, have you taken any pain relief medication?

1 2 3 4 5 6 7

Thank you very much for being part of the eTHoS 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 inform patients and doctors about haemorrhoid surgery in the future.

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Health Services Research Unit
University of Aberdeen
Health Sciences Building
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Aberdeen
AB25 2ZD

Tel: [REDACTED]

E-mail: [REDACTED]

Study No

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PARTICIPANT QUESTIONNAIRE

6 WEEK

CONFIDENTIAL

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

This study is funded by the
NHS National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre,
Health Technology Assessment programme (NETSCC HTA)

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.

Some of the sections ask you to indicate your answers to the questions by placing a cross (x) in the appropriate box, and other sections ask you to circle your answer. 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 questionnaire filled in

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

SECTION A: DESCRIBING YOUR OWN HEALTH TODAY (EQ-5D)

By placing a cross 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 | <input type="checkbox"/> |
| | I have some problems in walking about | <input type="checkbox"/> |
| | I am confined to bed | <input type="checkbox"/> |
| A2. Self-care | I have no problems with self-care | <input type="checkbox"/> |
| | I have some problems washing or dressing myself | <input type="checkbox"/> |
| | I am unable to wash or dress myself | <input type="checkbox"/> |
| A3. Usual Activities
<i>(e.g. work, study, housework, family or leisure activities)</i> | I have no problems with performing my usual activities | <input type="checkbox"/> |
| | I have some problems with performing my usual activities | <input type="checkbox"/> |
| | I am unable to perform my usual activities | <input type="checkbox"/> |
| A4. Pain/Discomfort | I have no pain or discomfort | <input type="checkbox"/> |
| | I have moderate pain or discomfort | <input type="checkbox"/> |
| | I have extreme pain or discomfort | <input type="checkbox"/> |
| A5. Anxiety/Depression | I am not anxious or depressed | <input type="checkbox"/> |
| | I am moderately anxious or depressed | <input type="checkbox"/> |
| | I am extremely anxious or depressed | <input type="checkbox"/> |

[Section B: Your General Health (SF-36©) has been removed due to copyright]

SECTION C : ASSESSMENT OF FAECAL (STOOL) INCONTINENCE

This set of questions asks about faecal (stool) incontinence. Can you please mark with an X in the appropriate box if you have experienced any of the following in the past 4 weeks:

	Always	Often	Sometimes	Rarely	Never
C1. Incontinence of solid stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Incontinence of liquid stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Incontinence of gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. Need to wear a pad or plug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. Altered your lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“always” = one or more times daily, “often” = more than once a week but less than once daily; “sometimes” = more than once a month but less than once a week; “rarely” = less than once a month.

SECTION D : HAEMORRHOIDS SYMPTOM SCORE

This set of questions asks you about any symptoms related to haemorrhoids that you have had in the past 4 weeks. Please mark an X in the appropriate box.

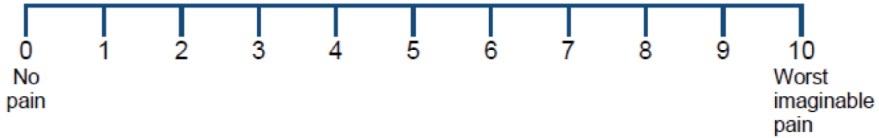
D1. Any bleeding from your back passage?	None <input type="checkbox"/>	Spotting <input type="checkbox"/>	Staining underwear <input type="checkbox"/>	Dripping into pan <input type="checkbox"/>	Without stool <input type="checkbox"/>
D2. Any pain in your back passage?	None <input type="checkbox"/>	Only with stool <input type="checkbox"/>	Constant throbbing <input type="checkbox"/>		
D3. Do you have any of the following other symptoms:					
a) Prolapse (a sensation of something coming down out of your back passage)	Always <input type="checkbox"/>	Often <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Rarely <input type="checkbox"/>	Never <input type="checkbox"/>
b) Itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Mucous discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Faecal urgency (unable to defer defecation for 15 mins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Faecal frequency (more often than before you had haemorrhoids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Always Often Sometimes Rarely Never

D4. Have you suffered with tenesmus (a constant sensation in your back passage, which gives you an urge to move your bowel)?

SECTION E: HOW YOU HAVE BEEN SINCE YOUR OPERATION

E1. Please rate the level of pain *related to your haemorrhoids* that you are experiencing **TODAY**. The best rating is marked 0 (no pain) and the worst rating is marked 10 (worst imaginable pain). Please draw a circle around the most appropriate number that describes your pain today.



E2. During the last 7 days have you been taking any pain relief medication? Yes No

If Yes, how many days, out of the last 7, have you taken any pain relief medication?

1 2 3 4 5 6 7

E3. Have you returned to your usual activities? Yes No
(*either employment or your normal day to day routine*)?

If yes, approximately how many days after you had your haemorrhoid operation were you able to return to your usual activities?
(*either employment or your normal day to day routine*)

Thank you very much for being part of the eTHoS 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 inform patients and doctors about haemorrhoid surgery in the future.

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Health Services Research Unit
University of Aberdeen
Health Sciences Building
Foresterhill
Aberdeen
AB25 2ZD**

Tel: [REDACTED]

E-mail: [REDACTED]

[REDACTED]

Study No

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PARTICIPANT QUESTIONNAIRE

1 YEAR since you joined

CONFIDENTIAL

Thank you for helping us with our research.
It is now approximately 1 year since you first joined the eTHoS study.
We would be very grateful if you could complete this questionnaire.

This study is funded by the
NHS National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre,
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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.

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Please start here:

Date questionnaire filled in

D	D	M	M	Y	Y	Y	Y
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SECTION A: DESCRIBING YOUR OWN HEALTH TODAY (EQ-5D)

By placing a cross 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 some problems in walking about
- I am confined to bed

- A2. Self-care**
- I have no problems with self-care
- I have some 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 with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

- A4. Pain/Discomfort**
- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

- A5. Anxiety/Depression**
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

[Section B: Your General Health (SF-36©) has been removed due to copyright]

SECTION C: ASSESSMENT OF FAECAL (STOOL) INCONTINENCE

This set of questions asks about faecal (stool) incontinence. Can you please mark with an X in the appropriate box if you have experienced any of the following in the past 4 weeks:

	Always	Often	Sometimes	Rarely	Never
C1. Incontinence of solid stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Incontinence of liquid stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Incontinence of gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. Need to wear a pad or plug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. Altered your lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“always” = one or more times daily, “often” = more than once a week but less than once daily; “sometimes” = more than once a month but less than once a week; “rarely” = less than once a month.

SECTION D: HAEMORRHOIDS SYMPTOM SCORE

This set of questions asks you about any symptoms related to haemorrhoids that you have had in the past 4 weeks. Please mark an X in the appropriate box.

	None	Spotting	Staining underwear	Dripping into pan	Without stool
D1. Any bleeding from your back passage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	None	Only with stool	Constant throbbing		
D2. Any pain in your back passage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

D3. Do you have any of the following other symptoms:

	Always	Often	Sometimes	Rarely	Never
a) Prolapse (a sensation of something coming down out of your back passage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Mucous discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Faecal urgency (unable to defer defecation for 15 mins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Faecal frequency (more often than before you had haemorrhoids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Always Often Sometimes Rarely Never
- D4. Have you suffered with tenesmus (a constant sensation in your back passage, which gives you an urge to move your bowel)?

SECTION E: HOW ARE YOU KEEPING

- E1. Have your haemorrhoids come back at all? Yes No
- E2. Have you had any new haemorrhoid operations since you operation for haemorrhoids approximately one year ago? Yes No

If Yes, please specify:

Operation 1:

Type: _____

Month (e.g. June): _____

Total nights admitted to hospital

Operation 2:

Type: _____

Month (e.g. June): _____

Total nights admitted to hospital

- E3. Since your haemorrhoid surgery one year ago, have you been re-admitted to hospital for any other reason, in relation to your haemorrhoids surgery? Yes No

If Yes to question E3, how many nights were you readmitted in total?

- E4. *If Yes to question E3, why were you readmitted? (Please give details):*
-

- E5. Have you visited hospital outpatients to see a doctor, in relation to your haemorrhoids, in the last year? Yes No

If Yes to question E5, how many times did you visit outpatients?

E6. Have you seen your GP, in relation to your haemorrhoids, in the last year? Yes No

If Yes to question E6, how many times did you see your GP?

E7. Have you seen a practice nurse, in relation to your haemorrhoids, in the last year? Yes No

If Yes to question E7, how many times did you see the nurse?

E8. Have you visited any other health care professional, in relation to your haemorrhoids, in the last year? Yes No

If Yes to question E8, please specify whom you have seen, and the number of times you have seen them, in the boxes provided:

Seen by (please specify):

Times

E9. Were you prescribed any medicines by a doctor or nurse in relation to your haemorrhoids symptoms, in the last year? (eg medication to relieve haemorrhoids symptoms such as itching or bleeding)? Yes No

If Yes, please provide details:

E10. Did you buy any medicines over the counter to treat your haemorrhoids symptoms in the last year? Yes No

E11. If Yes to E10 above, how much in total did you spend?

£

E12. Did you pay to see any private health care professional, in relation to your haemorrhoids, in the last year? Yes No

E13. Have you paid for any other health care, in relation to your haemorrhoids, in the last year? Yes No

E14. If Yes to questions E12 or E13, how much did you spend?

£

E15. Are you in paid employment? Yes No

E16. *If Yes to question E15, how many days off sick have you had in the last year because of problems relating to your haemorrhoids?*

Thank you very much for being part of the eTHoS 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 inform patients and doctors about haemorrhoid 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 prepaid envelope provided.**

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

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

Tel: [REDACTED]

E-mail: [REDACTED]

[REDACTED]

Study No

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PARTICIPANT QUESTIONNAIRE

2 YEARS since you joined

CONFIDENTIAL

Thank you for helping us with our research.
It is now approximately 2 years since you first joined the eTHoS study.
We would be very grateful if you could complete this questionnaire.

This study is funded by the
NHS National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre,
Health Technology Assessment programme (NETSCC HTA)

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 cross (x) 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 questionnaire filled in

D	D	M	M	Y	Y	Y	Y
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SECTION A: DESCRIBING YOUR OWN HEALTH TODAY (EQ-5D)

By placing a cross 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 some problems in walking about
- I am confined to bed

- A2. Self-care**
- I have no problems with self-care
- I have some 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 with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

- A4. Pain/Discomfort**
- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

- A5. Anxiety/Depression**
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

[Section B: Your General Health (SF-36©) has been removed due to copyright]

SECTION C: ASSESSMENT OF FAECAL (STOOL) INCONTINENCE

This set of questions asks about faecal (stool) incontinence. Can you please mark with an X in the appropriate box if you have experienced any of the following in the past 4 weeks:

	Always	Often	Sometimes	Rarely	Never
C1. Incontinence of solid stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Incontinence of liquid stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Incontinence of gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. Need to wear a pad or plug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. Altered your lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

“always” = one or more times daily, “often” = more than once a week but less than once daily; “sometimes” = more than once a month but less than once a week; “rarely” = less than once a month.

SECTION D: HAEMORRHOIDS SYMPTOM SCORE

This set of questions asks you about any symptoms related to haemorrhoids that you have had in the past 4 weeks. Please mark an X in the appropriate box.

	None	Spotting	Staining underwear	Dripping into pan	Without stool
D1. Any bleeding from your back passage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	None	Only with stool	Constant throbbing
D2. Any pain in your back passage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. Do you have any of the following other symptoms:

	Always	Often	Sometimes	Rarely	Never
a) Prolapse (a sensation of something coming down out of your back passage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Mucous discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Faecal urgency (unable to defer defecation for 15 mins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Faecal frequency (more often than before you had haemorrhoids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Always Often Sometimes Rarely Never

- D4. Have you suffered with tenesmus (a constant sensation in your back passage, which gives you an urge to move your bowel)?

SECTION E: HOW ARE YOU KEEPING

- E1. Have your haemorrhoids come back at all in the last year? Yes No
- E2. Have you had any new haemorrhoid operations in the last year? Yes No

If Yes, please specify:

Operation 1:

Type: _____

Month (e.g. June): _____

Total nights admitted to hospital

Operation 2:

Type: _____

Month (e.g. June): _____

Total nights admitted to hospital

- E3. Have you been re-admitted to hospital for any other reason in the last year, in relation to your haemorrhoids surgery? Yes No

If Yes to question E3, how many nights were you readmitted in total?

- E4. *If Yes to question E3, why were you readmitted? (Please give details):*
-

- E5. Have you visited hospital outpatients to see a doctor, in relation to your haemorrhoids, in the last year? Yes No

If Yes to question E5, how many times did you visit outpatients?

- E6. Have you seen your GP, in relation to your haemorrhoids, in the last year? Yes No

If Yes to question E6, how many times did you see your GP?

- E7. Have you seen a practice nurse, in relation to your haemorrhoids, in the last year?

Yes No

If Yes to question E7, how many times did you see the nurse?

- E8. Have you visited any other health care professional, in relation to your haemorrhoids, in the last year?

Yes No

If Yes to question E8, please specify whom you have seen, and the number of times you have seen them, in the boxes provided:

Seen by (please specify):

Times

- E9. Were you prescribed any medicines by a doctor or nurse, in relation to your haemorrhoids symptoms, in the last year? (eg medication to relieve haemorrhoids symptoms such as itching or bleeding)?

Yes No

If Yes, please provide details:

- E10. Did you buy any medicines over the counter to treat your haemorrhoids symptoms in the last year?

Yes No

- E11. If Yes to E10 above, how much in total did you spend?

£ .

- E12. Did you pay to see any private health care professional, in relation to your haemorrhoids, in the last year?

Yes No

- E13. Have you paid for any other health care, in relation to your haemorrhoids, in the last year?

Yes No

- E14. If Yes to questions E12 or E13, how much did you spend?

£ .

- E15. Are you in paid employment?

Yes No

- E16. If Yes to question E15, how many days off sick have you

had in the last year because of problems relating to your haemorrhoids?

Thank you very much for being part of the eTHoS 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 inform patients and doctors about haemorrhoid 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 prepaid envelope provided.

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Study No

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PARTICIPANT QUESTIONNAIRE

TREATMENT CHOICE

Block 1

CONFIDENTIAL

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

This study is funded by the
NHS National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre,
Health Technology Assessment programme (NETSCC HTA)

ISRCTN80061723

Version 1, August 2015

Guidance notes

Haemorrhoid treatments and their outcomes

We are interested in your views and opinions about how haemorrhoids (piles) are treated.

Treatments for haemorrhoids:

There are 3 types of surgery. All surgical treatments are commonly performed under general anaesthetic (you are completely asleep) as a hospital day-case or inpatient admission by trained colorectal surgeons and, in general, all are successful in improving patients symptoms with little risk but there are differences in the way they are performed.

Excisional Haemorrhoidectomy

Excisional haemorrhoidectomy involves gently opening the anus and cutting away the haemorrhoid (piles) swellings in order to improve symptoms. The wounds can either be left open to heal or are closed with stitches.

Haemorrhoidal Artery Ligation

Haemorrhoidal Artery Ligation uses a surgical instrument (a Doppler probe) to locate haemorrhoidal (piles) arteries so they can be tied off internally with a dissolving stitch (suture) to block the blood supply to the artery.

Stapled Haemorrhoidopexy

Stapled haemorrhoidopexy surgery involves cutting away a ring or donut of tissue above the swellings and special staples are used to join the tissue again. The staples remain on the inside and you should not be aware of them.

In this survey we would like to understand what people think about these different treatments. When completing the questionnaire, you will be presented with a number of choices which ask you to choose between three different treatment options: Excisional; Artery ligation; and Stapled. You will also have the option of choosing no treatment. These treatment options will involve different levels of the following factors:

Time in post operative pain

This describes the number of days in which you are in pain during the first six weeks after your operation. This is pain that requires taking painkillers for relief. For example, the pain may last for:

- 3 days which means that you have to take painkillers for these days
- 7 days
- 21 days
- 30 days

Chance of serious complications requiring hospitalisation

This refers to complications/side effects of the treatment of that could lead to visit to health care provider such as Accidents and Emergency visits or spending a few days in hospital. These complications could include: severe bleeding/haemorrhage; abscess after operation; infection; urinary or faecal incontinence.

For example, the chance might be that:

- 10 in 1000 (1.0%) people receiving treatment for haemorrhoids will have serious complications
- 15 in 1000 (1.5%)
- 20 in 1000 (2.0%)
- 30 in 1000 (3.0%)

Time taken to return to usual activities

This describes the time that it may take you to return to your usual activities such as work, housekeeping, leisure or studying. For example, in:

- 3 days you would have returned to work or,
- 21 days
- 30 days
- 42 days

Chance of a recurrence of haemorrhoidal symptoms

This describes the chance that in 12 months time your symptoms you had before your surgery might come back. These symptoms include minor bleeding, itching, pain and skin tags. For example:

- 9 in 1000 people (0.9%) symptoms come back, or
- 15 in 1000 people (1.5%)
- 18 in 1000 people (1.8%)
- 21 in 1000 people (2.1%)

Cost of treatment

This refers to how much you would value the surgical interventions. One way of finding out your value is to find out how much you would be willing to pay for such a service. Please consider what you would be personally willing and able to pay for the service you choose. Remember that any money you spend on this service will not be available to spend on other things.

- £100 cost per treatment
- £200 cost per treatment
- £300 cost per treatment
- £400 cost per treatment

Example Choice Question

When answering these questions we would like you to IMAGINE that you have haemorrhoids causing symptoms of bleeding, pain or itching. These symptoms have not been resolved by either the advice the doctor gave you or simple treatments such as creams or rubber band ligation. The surgeon has offered you surgery to resolve your symptoms. For each choice below please indicate which option you would choose by putting a TICK in the appropriate box.

In this section you will be presented with 8 choices, each offering four treatment options: (1) excisional haemorrhoidectomy (Excisional), (2) haemorrhoidal artery ligation (Artery ligation), (3) stapled haemorrhoidopexy (Stapled) and (4) no treatment.

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	7 days	21 days	30 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	20 in 1000 people (2%)	30 in 1000 people (3%)	10 in 1000 people (1%)	
Time taken to return to usual activities	21 days	30 days	42 days	
Chance of a recurrence of haemorrhoidal symptoms	21 in 1000 people (2.1%)	15 in 1000 people (1.5%)	18 in 1000 people (1.8%)	
Cost of treatment	£300	£400	£200	

Which treatment would you choose

Excisional	Artery ligation	Stapled	No treatment
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The person would choose Excisional treatment that has 7 days post operative pain, 20 in 1000 chance of serious complications requiring hospitalisation, 21 days taken to return to usual activities 21 in 1000 chance of recurrence o haemorrhoidal symptoms and a treatment cost of £300.
This person prefers Excisional treatment to Artery ligation, Stapled or no treatment.

Section 1: Treatment choice

Please remember there is no right or wrong answer. We just want to know what **YOU** think.

Choice 1: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	30 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	20 in 1000 people	30 in 1000 people (3%) (3%)	15 in 1000 people (1.5%)	
Time taken to return to usual activities	30 days	42 days	21 days	
Chance of a recurrence of haemorrhoidal symptoms	18 in 1000 people (1.8%)	21 in 1000 people (2.1%)	15 in 1000 people (1.5%)	
Cost of treatment	£300	£400	£200	
I would choose (Please tick one box only)				

Choice 2: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	21 days	30 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	15 in 1000 people (1.5%)	30 in 1000 people	20 in 1000 people (2%)	
Time taken to return to usual activities	42 days	21 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	18 in 1000 people (1.8%)	9 in 1000 people (0.9%)	15 in 1000 people (1.5%)	
Cost of treatment	£400	£200	£100	
I would choose (Please tick one box only)				

Choice 3: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	30 days	21 days	3 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	15 in 1000 people (1.5%)	10 in 1000 people (1%)	20 in 1000 people	
Time taken to return to usual activities	42 days	30 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	15 in 1000 people (1.5%)	9 in 1000 people (0.9%)	18 in 1000 people (1.8%)	
Cost of treatment	£300	£400	£200	
I would choose (Please tick one box only)				

Choice 4: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	30 days	21 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	30 in 1000 people (3%) (3%)	10 in 1000 people (1%)	15 in 1000 people (1.5%)	
Time taken to return to usual activities	30 days	21 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	15 in 1000 people (1.5%)	18 in 1000 people (1.8%)	21 in 1000 people (2.1%)	
Cost of treatment	£200	£300	£400	
I would choose (Please tick one box only)				

Choice 5: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	30 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	10 in 1000 people (1%)	15 in 1000 people (1.5%)	30 in 1000 people (3%)	
Time taken to return to usual activities	42 days	30 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	15 in 1000 people (1.5%)	9 in 1000 people (0.9%)	18 in 1000 people (1.8%)	
Cost of treatment	£100	£200	£400	
I would choose (Please tick one box only)				

Choice 6: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	7 days	3 days	30 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	30 in 1000 people (3%)	20 in 1000 people (2%)	15 in 1000 people (1.5%)	
Time taken to return to usual activities	21 days	3 days	42 days	
Chance of a recurrence of haemorrhoidal symptoms	21 in 1000 people (2.1%)	18 in 1000 people (1.8%)	15 in 1000 people (1.5%)	
Cost of treatment	£100	£200	£300	
I would choose (Please tick one box only)				

Choice 7: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	7 days	21 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	15 in 1000 people (1.5%)	10 in 1000 people (1%)	30 in 1000 people (3%)	
Time taken to return to usual activities	42 days	30 days	21 days	
Chance of a recurrence of haemorrhoidal symptoms	18 in 1000 people (1.8%)	21 in 1000 people (2.1%)	9 in 1000 people (0.9%)	
Cost of treatment	£400	£300	£200	
I would choose (Please tick one box only)				

Choice 8: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	30 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	30 in 1000 people (3%)	20 in 1000 people (2%)	10 in 1000 people (1%)	
Time taken to return to usual activities	21 days	3 days	30 days	
Chance of a recurrence of haemorrhoidal symptoms	9 in 1000 people (0.9%)	15 in 1000 people (1.5%)	21 in 1000 people (2.1%)	
Cost of treatment	£200	£100	£300	
I would choose (Please tick one box only)				

Section 2: About yourself

So we can understand better your answers to the previous questions, we would like to ask a few questions about yourself.

1. Which of these qualifications do you have?

Please tick (✓) every box that applies if you have any of the qualifications.

1-4 O levels/CSEs/GCSEs (any grades), O Grades, Standard Grades, Entry Level, Foundation Diploma, Access 3 Cluster, Intermediate 1 or 2, Senior Certificate or equivalent	
NVQ/SVQ Level 1 or 2, GNVQ/ GSVQ Foundation or Intermediate, Basic Skills, SCOTVEC Module, BTEC First/General Diploma, RSA Diploma, City and Guilds Craft or equivalent	
5+ O levels (passes)/CSEs (grade1)/GCSEs (grades A*-C), School Certificate, 1 A level /2-3 AS levels/VCEs, Higher Diploma or equivalent	
Apprenticeship	
2+ A levels/VCEs, 4+ AS Levels, Scottish Highers, Advanced Highers or CSYS, Higher School Certificate, Progression/Advanced Diploma, Advanced Senior Certificate or equivalent	
NVQ/SVQ Level 3, Advanced GNVQ/GSVQ, City and Guilds Advanced Craft, ONC, OND, BTEC national, SCOTVEC National diploma, RSA Advanced Diploma or equivalent	
Degree (for example BA, BSc), Higher degree/Postgraduate qualifications (for example MA, PhD, PGCE), NVQ / SVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher Level or equivalent	
Professional qualifications (for example teaching, nursing, accountancy)	
Other qualifications (including school, post-school, higher education and vocational / work-related)	
Foreign qualifications	
No qualifications	
Prefer not to say	

2. Last week, were you: Please include any work, including casual or temporary, even if only for one hour. (Please tick (✓) all that apply.)

Working as an employee?	Actively looking for a job?
Self-employed or freelance?	Unemployed?
On a Government sponsored training scheme?	Retired (whether receiving a pension or not)?
Working paid or unpaid for your own or your family's business?	A student?
Away from work ill, maternity leave, on holiday or temporarily laid off?	Looking after home or family?
Doing any other kind of paid work?	Long-term sick or disabled?
Other (Please tick and write in the box.)	

3. Which group represents your total income including any benefits received and before any deductions? (Please tick (✓) either weekly or annual income.)

Up to £99 per week (up to £5,199 per year)	
£100 and up to £199 per week (£5,200 and up to £10,399 per year)	
£200 and up to £299 per week (£10,400 and up to £15,599 per year)	
£300 and up to £399 per week (£15,600 and up to £20,799 per year)	
£400 and up to £499 per week (£20,800 and up to £25,999 per year)	
£500 and up to £599 per week (£26,000 and up to £31,199 per year)	
£600 and up to £699 per week (£31,200 and up to £36,399 per year)	
£700 and up to £899 per week (£36,400 and up to £51,999 per year)	
£1000 and above per week (£52,000 and above per year)	
Prefer not to say	

Are there any comments that you would like to make regarding the questionnaire?

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

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

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

eTHoS Study Office
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Tel: [REDACTED]

E-mail: [REDACTED]
[REDACTED]

Study No

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PARTICIPANT QUESTIONNAIRE

TREATMENT CHOICE

Block 2 – Section 1

CONFIDENTIAL

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

This study is funded by the
NHS National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre,
Health Technology Assessment programme (NETSCC HTA)

Section 1: Treatment choice

Please remember there is no right or wrong answer. We just want to know what **YOU** think.

Choice 1: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	21 days	30 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	30 in 1000 people (3%)	15 in 1000 people (1.5%)	10 in 1000 people (1%)	
Time taken to return to usual activities	42 days	21 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	9 in 1000 people (0.9%)	18 in 1000 people (1.8%)	21 in 1000 people (2.1%)	
Cost of treatment	£300	£100	£200	
I would choose (Please tick one box only)				

Choice 2: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	7 days	3 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	20 in 1000 people (2%)	15 in 1000 people (1.5%)	10 in 1000 people (1%)	
Time taken to return to usual activities	42 days	3 days	21 days	
Chance of a recurrence of haemorrhoidal symptoms	21 in 1000 people (2.1%)	9 in 1000 people (0.9%)	15 in 1000 people (1.5%)	
Cost of treatment	£200	£300	£400	
I would choose (Please tick one box only)				

Choice 3: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	7 days	30 days	21 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	10 in 1000 people (1%)	20 in 1000 people (2%)	30 in 1000 people (3%)	
Time taken to return to usual activities	42 days	21 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	18 in 1000 people (1.8%)	9 in 1000 people (0.9%)	15 in 1000 people (1.5%)	
Cost of treatment	£200	£400	£300	
I would choose (Please tick one box only)				

Choice 4: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	30 days	3 days	21 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	20 in 1000 people (2%)	15 in 1000 people (1.5%)	30 in 1000 people (3%)	
Time taken to return to usual activities	21 days	30 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	9 in 1000 people (0.9%)	21 in 1000 people (2.1%)	15 in 1000 people (1.5%)	
Cost of treatment	£400	£100	£300	
I would choose (Please tick one box only)				

Choice 5: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	7 days	30 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	15 in 1000 people (1.5%)	10 in 1000 people (1%)	20 in 1000 people (2%)	
Time taken to return to usual activities	30 days	42 days	21 days	
Chance of a recurrence of haemorrhoidal symptoms	21 in 1000 people (2.1%)	18 in 1000 people (1.8%)	9 in 1000 people (0.9%)	
Cost of treatment	£100	£200	£400	
I would choose (Please tick one box only)				

Choice 6: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	30 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	30 in 1000 people (3%)	10 in 1000 people (1%)	20 in 1000 people (2%)	
Time taken to return to usual activities	30 days	21 days	42 days	
Chance of a recurrence of haemorrhoidal symptoms	15 in 1000 people (1.5%)	18 in 1000 people (1.8%)	9 in 1000 people (0.9%)	
Cost of treatment	£200	£300	£100	
I would choose (Please tick one box only)				

Choice 7: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	7 days	21 days	3 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	10 in 1000 people (1%)	30 in 1000 people (3%)	15 in 1000 people (1.5%)	
Time taken to return to usual activities	42 days	3 days	30 days	
Chance of a recurrence of haemorrhoidal symptoms	18 in 1000 people (1.8%)	15 in 1000 people (1.5%)	21 in 1000 people (2.1%)	
Cost of treatment	£200	£300	£100	
I would choose (Please tick one box only)				

Choice 8: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	30 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	30 in 1000 people (3%)	10 in 1000 people (1%)	20 in 1000 people (2%)	
Time taken to return to usual activities	42 days	3 days	30 days	
Chance of a recurrence of haemorrhoidal symptoms	9 in 1000 people (0.9%)	21 in 1000 people (2.1%)	15 in 1000 people (1.5%)	
Cost of treatment	£300	£200	£400	
I would choose (Please tick one box only)				

Study No

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PARTICIPANT QUESTIONNAIRE

TREATMENT CHOICE

Block 3 – Section 1

CONFIDENTIAL

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

This study is funded by the
NHS National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre,
Health Technology Assessment programme (NETSCC HTA)

ISRCTN80061723

Version 1, August 2015

Section 1: Treatment choice

Please remember there is no right or wrong answer. We just want to know what **YOU** think.

Choice 1: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	21 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	10 in 1000 people (1%)	20 in 1000 people (2%)	15 in 1000 people (1.5%)	
Time taken to return to usual activities	3 days	30 days	21 days	
Chance of a recurrence of haemorrhoidal symptoms	9 in 1000 people (0.9%)	18 in 1000 people (1.8%)	15 in 1000 people (1.5%)	
Cost of treatment	£100	£300	£200	
I would choose (Please tick one box only)				

Choice 2: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	7 days	30 days	3 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	15 in 1000 people (1.5%)	30 in 1000 people (3%)	10 in 1000 people (1%)	
Time taken to return to usual activities	3 days	30 days	21 days	
Chance of a recurrence of haemorrhoidal symptoms	9 in 1000 people (0.9%)	18 in 1000 people (1.8%)	15 in 1000 people (1.5%)	
Cost of treatment	£300	£100	£400	
I would choose (Please tick one box only)				

Choice 3: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	3 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	10 in 1000 people (1%)	20 in 1000 people (2%)	30 in 1000 people (3%)	
Time taken to return to usual activities	42 days	21 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	15 in 1000 people (1.5%)	21 in 1000 people (2.1%)	18 in 1000 people (1.8%)	
Cost of treatment	£100	£300	£400	
I would choose (Please tick one box only)				

Choice 4: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	30 days	3 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	20 in 1000 people (2%)	30 in 1000 people (3%)	10 in 1000 people (1%)	
Time taken to return to usual activities	42 days	30 days	21 days	
Chance of a recurrence of haemorrhoidal symptoms	21 in 1000 people (2.1%)	18 in 1000 people (1.8%)	15 in 1000 people (1.5%)	
Cost of treatment	£200	£100	£400	
I would choose (Please tick one box only)				

Choice 5: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	30 days	7 days	3 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	30 in 1000 people (3%)	15 in 1000 people (1.5%)	10 in 1000 people (1%)	
Time taken to return to usual activities	42 days	21 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	21 in 1000 people (2.1%)	15 in 1000 people (1.5%)	9 in 1000 people (0.9%)	
Cost of treatment	£400	£200	£100	
I would choose (Please tick one box only)				

Choice 6: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	21 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	30 in 1000 people (3%)	15 in 1000 people (1.5%)	20 in 1000 people (2%)	
Time taken to return to usual activities	30 days	3 days	42 days	
Chance of a recurrence of haemorrhoidal symptoms	15 in 1000 people (1.5%)	21 in 1000 people (2.1%)	9 in 1000 people (0.9%)	
Cost of treatment	£200	£400	£100	
I would choose (Please tick one box only)				

Choice 7: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	30 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	15 in 1000 people (1.5%)	20 in 1000 people (2%)	10 in 1000 people (1%)	
Time taken to return to usual activities	42 days	3 days	30 days	
Chance of a recurrence of haemorrhoidal symptoms	18 in 1000 people (1.8%)	15 in 1000 people (1.5%)	21 in 1000 people (2.1%)	
Cost of treatment	£400	£100	£300	
I would choose (Please tick one box only)				

Choice 8: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	7 days	30 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	20 in 1000 people (2%)	15 in 1000 people (1.5%)	30 in 1000 people (3%)	
Time taken to return to usual activities	42 days	3 days	30 days	
Chance of a recurrence of haemorrhoidal symptoms	21 in 1000 people (2.1%)	9 in 1000 people (0.9%)	18 in 1000 people (1.8%)	
Cost of treatment	£200	£300	£100	
I would choose (Please tick one box only)				

Study No

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PARTICIPANT QUESTIONNAIRE

TREATMENT CHOICE

Block 4 – Section 1

CONFIDENTIAL

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

This study is funded by the
NHS National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre,
Health Technology Assessment programme (NETSCC HTA)

Section 1: Treatment choice

Please remember there is no right or wrong answer. We just want to know what **YOU** think.

Choice 1: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	30 days	7 days	21 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	15 in1000 people (1.5%)	30 in 1000 people (3%)	10 in1000 people (1%)	
Time taken to return to usual activities	42 days	21 days	30 days	
Chance of a recurrence of haemorrhoidal symptoms	15 in1000 people (1.5%)	21 in1000 people (2.1%)	9 in1000 people (0.9%)	
Cost of treatment	£300	£100	£400	
I would choose (Please tick one box only)				

Choice 2: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	30 days	3 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	10 in1000 people (1%)	15 in1000 people (1.5%)	20 in1000 people (2%)	
Time taken to return to usual activities	42 days	30 days	21 days	
Chance of a recurrence of haemorrhoidal symptoms	15 in1000 people (1.5%)	9 in1000 people (0.9%)	21 in1000 people (2.1%)	
Cost of treatment	£100	£200	£300	
I would choose (Please tick one box only)				

Section 1: Treatment choice

Please remember there is no right or wrong answer. We just want to know what **YOU** think.

Choice 1: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	30 days	7 days	21 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	15 in 1000 people (1.5%)	30 in 1000 people (3%)	10 in 1000 people (1%)	
Time taken to return to usual activities	42 days	21 days	30 days	
Chance of a recurrence of haemorrhoidal symptoms	15 in 1000 people (1.5%)	21 in 1000 people (2.1%)	9 in 1000 people (0.9%)	
Cost of treatment	£300	£100	£400	
I would choose (Please tick one box only)				

Choice 2: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	30 days	3 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	10 in 1000 people (1%)	15 in 1000 people (1.5%)	20 in 1000 people (2%)	
Time taken to return to usual activities	42 days	30 days	21 days	
Chance of a recurrence of haemorrhoidal symptoms	15 in 1000 people (1.5%)	9 in 1000 people (0.9%)	21 in 1000 people (2.1%)	
Cost of treatment	£100	£200	£300	
I would choose (Please tick one box only)				

Choice 3: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	7 days	3 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	10 in1000 people (1%)	30 in 1000 people (3%)	20 in1000 people (2%)	
Time taken to return to usual activities	30 days	21 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	9 in1000 people (0.9%)	21 in1000 people (2.1%)	18 in1000 people (1.8%)	
Cost of treatment	£400	£100	£200	
I would choose (Please tick one box only)				

Choice 4: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	21 days	7 days	30 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	15 in1000 people (1.5%)	20 in1000 people (2%)	10 in1000 people (1%)	
Time taken to return to usual activities	21 days	30 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	18 in1000 people (1.8%)	15 in1000 people (1.5%)	21 in1000 people (2.1%)	
Cost of treatment	£100	£400	£200	
I would choose (Please tick one box only)				

Choice 5: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	30 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	20 in 1000 people (2%)	15 in 1000 people (1.5%)	30 in 1000 people (3%)	
Time taken to return to usual activities	21 days	30 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	21 in 1000 people (2.1%)	9 in 1000 people (0.9%)	18 in 1000 people (1.8%)	
Cost of treatment	£300	£200	£400	
I would choose (Please tick one box only)				

Choice 6: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	30 days	21 days	3 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	30 in 1000 people (3%)	20 in 1000 people (2%)	10 in 1000 people (1%)	
Time taken to return to usual activities	42 days	30 days	3 days	
Chance of a recurrence of haemorrhoidal symptoms	21 in 1000 people (2.1%)	18 in 1000 people (1.8%)	9 in 1000 people (0.9%)	
Cost of treatment	£400	£300	£100	
I would choose (Please tick one box only)				

Choice 7: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	7 days	21 days	30 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	20 in 1000 people (2%)	15 in 1000 people (1.5%)	10 in 1000 people (1%)	
Time taken to return to usual activities	42 days	3 days	21 days	
Chance of a recurrence of haemorrhoidal symptoms	9 in 1000 people (0.9%)	21 in 1000 people (2.1%)	18 in 1000 people (1.8%)	
Cost of treatment	£100	£400	£300	
I would choose (Please tick one box only)				

Choice 8: Please compare the treatments and tick (✓) the treatment, if any, you would choose

	Excisional	Artery ligation	Stapled	No treatment
Time in post-operative pain	3 days	21 days	7 days	If you do not seek treatment your symptoms will persist and possibly become worse
Chance of serious complications requiring hospitalisation	30 in 1000 people (3%)	15 in 1000 people (1.5%)	20 in 1000 people (2%)	
Time taken to return to usual activities	42 days	21 days	30 days	
Chance of a recurrence of haemorrhoidal symptoms	9 in 1000 people (0.9%)	18 in 1000 people (1.8%)	15 in 1000 people (1.5%)	
Cost of treatment	£200	£300	£100	
I would choose (Please tick one box only)				

Study No

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PARTICIPANT COSTS QUESTIONNAIRE

CONFIDENTIAL

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

This study is funded by the
NHS National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre,
Health Technology Assessment programme (NETSCC-HTA)

This questionnaire will help us to find out how much it costs you to use health services. In relation to your haemorrhoid symptoms, we wish to ask about your most recent admission to hospital, your most recent outpatient appointment and your most recent appointment with a GP. We wish to know how much money and time were spent by you and any companion in attending these appointments and as a result of any hospital admission you may have had.

It may have been a long time ago and we understand that you are unlikely to remember the exact details. Please just give us your best guess.

If you have a problem in answering any question please telephone the eTHoS Study Office on [REDACTED]. Please return the questionnaire in the enclosed pre-paid envelope. Thank you very much for taking the time to answer this questionnaire.

SECTION A: YOUR MOST RECENT ADMISSION TO HOSPITAL

If, in the last 18 months, you were not admitted to hospital due to your haemorrhoid symptoms, please go to Section B.

A1. Please circle the number that best describes how you travelled. If you used more than one form of transport please indicate the way you travelled for the main (longest in terms of distance) part of your journey.

Bus	1	Ambulance	5
Train	2	Private car	6
Taxi	3	Other (please specify below)	7
Hospital car	4		

A2. If you travelled by bus, train or taxi to hospital what was the total cost of the (one-way) journey? Please write the cost in the box below. Please put zero if you did not travel by bus, train or taxi at all or if you did not pay a fare.

Cost of (one-way) fare (£) - pence

A3. If you travelled by private car about how many miles did you travel one-way? Please write the number of miles in the box below. Please put zero if you did not travel by private car at all.

Number of miles one-way

A4. If you travelled by private car and you or your companion had to pay a parking fee how much did this cost? Please write the cost in the box below. Please put zero if you did not pay a parking fee.

Expenditure on parking fee (£) - pence

- A5. When you were admitted to the hospital, how long did you spend there? Please write the number of days in the box below.**

Number of days

- A6. What would you otherwise have been doing as your main activity if you had not had to be admitted to hospital? Please circle the number that best applies to you.**

Housework	1	Paid work	5
Childcare	2	Voluntary work	6
Caring for a relative or friend	3	Leisure activities	7
Unemployed	4	Other (please specify below)	8

- A7. When you were admitted to hospital, did anyone come with you?**

Yes (continue to question 8)	1
No (go to Section B)	2

- A8. Who accompanied you to the hospital? Please circle the number that best describes the main person who accompanied you to the hospital.**

Partner/spouse	1	Friend	4
Other relative	2	Other (please specify below)	5
Paid caregiver	3		

A9. Please circle the number that best describes what your main companion would otherwise have been doing as their main activity if they had not gone with you to the hospital.

Housework	1	Paid work	5
Childcare	2	Voluntary work	6
Caring for a relative or friend	3	Leisure activities	7
Unemployed	4	Other (please specify below)	8

A10. Did your main companion take time off from paid work (or business activity if self-employed)?

- | | |
|-------------------------------|---|
| Yes (continue to question 11) | 1 |
| No (go to section B) | 2 |

A11. Please write the number of hours your companion took off from paid work (or business activity if self-employed) in the box below. Please put zero if your main companion did not take time off from paid work (or business activity if self-employed) to accompany you to the hospital.

Number of hours

A12. Whilst you were in hospital, approximately how many times did your main companion come to visit you?

Number of times

SECTION B: YOUR MOST RECENT OUTPATIENT VISIT

If, in the last 18 months, you did not have an outpatient's appointment about your haemorrhoid symptoms., please go to Section C.

- B1. Please circle the number that best describes how you travelled. If you used more than one form of transport please indicate the way you travelled for the main (longest in terms of distance) part of your journey.

Bus	1	Ambulance	5
Train	2	Private car	6
Taxi	3	Other (please specify below)	7
Hospital car	4		

- B2. If you travelled by bus, taxi or train to hospital what was the total cost of the (one-way) journey? Please write the cost in the box below. Please put zero if you did not travel by bus, train or taxi at all or if you did not pay a fare.

Cost of (one-way) fare (£) - pence

- B3. If you travelled by private car about how many miles did you travel one-way? Please write the number of miles in the box below. Please put zero if you did not travel by private car at all.

Number of miles one-way

- B4. If you travelled by private car and you or your companion had to pay a parking fee, approximately how much did this cost? Please write the cost in the box below. Please put zero if you did not pay a parking fee.

Expenditure on parking fee (£) - pence

B5. When you visited outpatients, how long did it take to travel there? Please write the number of hours and minutes in the box below.

Number of hours - minutes

B6. When you visited outpatients, how long did you spend there? Please write the number hours and minutes in the box below.

Number of hours - minutes

B7. Please circle the number that best describes what you otherwise would have been doing as your main activity if you had not been visiting outpatients?

- | | | | |
|---------------------------------|---|------------------------------|---|
| Housework | 1 | Paid work | 5 |
| Childcare | 2 | Voluntary work | 6 |
| Caring for a relative or friend | 3 | Leisure activities | 7 |
| Unemployed | 4 | Other (please specify below) | 8 |
-

B8. When you visited outpatients did anyone come with you?

- | | |
|------------------------------|---|
| Yes (continue to question 9) | 1 |
| No (go to section C) | 2 |

B9. Please circle the number that best describes the main person who accompanied you to outpatients.

- | | | | |
|----------------|---|------------------------------|---|
| Partner/spouse | 1 | Friend | 4 |
| Other relative | 2 | Other (please specify below) | 5 |
| Paid caregiver | 3 | | |
-

B10. If your main companion travelled with you by bus or train approximately how much did they pay (one-way) in fares? Please write the approximate cost in the box below. Please put zero if your main companion did not travel by bus or train at all.

Cost of (one-way) fare (£) – pence

B11. Please circle the number that best describes what your main companion would otherwise have been doing as their main activity if they had not gone with you to outpatients.

Housework	1	Paid work	5
Childcare	2	Voluntary work	6
Caring for a relative or friend	3	Leisure activities	7
Unemployed	4	Other (please specify below)	8

SECTION C: YOUR MOST RECENT GP APPOINTMENT (DUE TO YOUR HAEMORROIDS)

C1. Please circle the number that best describes how you travelled to your most recent GP appointment about your haemorrhoid symptoms. If you used more than one form of transport please indicate the way you travelled for the main (longest in terms of distance) part of your journey.

Walked	1	Bus	4
Cycled	2	Taxi	5
Private car	3	Other (please specify below)	6

- C2. If you travelled by bus or taxi, what was the cost of the (one-way) fare? Please write the cost in the box below. Please put zero if you did not travel by bus or taxi or if you did not pay the fare.

Cost of (one-way) fare (£) - pence

- C3. If you travelled by private car about how many miles did you travel one-way? Please write the number of miles in the box below. Please put zero if you did not travel by private car at all.

Number of miles one-way

- C4. If you travelled by private car and you or a companion had to pay a parking fee how much did this cost? Please write the cost in the box below. Please put zero if you did not pay for parking.

Expenditure on parking fee (£) - pence

- C5. When you visited the GP, how long did it take to travel there? Please write the number of minutes in the box below.

Number of minutes

- C6. When you visited the GP, how long did you spend there? Please write the number minutes in the box below. Please include in your answer the time spent waiting and also the time spent with the doctors and nurses

Number of minutes

- C7. Please cross the box that best describes what you otherwise would have been doing as your main activity if you had not visited the GP.

Housework	1	Paid work	5
Childcare	2	Voluntary work	6
Caring for a relative or friend	3	Leisure activities	7
Unemployed	4	Other (please specify below)	8

C8. When you visited the GP did anyone come with you?

- | | | |
|-----|-----------------------------|---|
| Yes | Yes(continue to question 9) | 1 |
| No | (go to the end) | 2 |

C9. Please circle the number(s) that best describe the person(s) who accompanied you to the GP surgery.

- | | | | |
|----------------|---|------------------------------|---|
| Partner/spouse | 1 | Friend | 4 |
| Other relative | 2 | Other (please specify below) | 5 |
| Paid caregiver | 3 | | |
-

C10. If your main companion travelled with you by bus how much approximately did they pay (one-way) in fares (if anything)? Please write the cost in the box below. Please put zero if your main companion did not travel by bus at all.

Cost of (one-way) fare (£) - pence

C11. Please cross the box that best describes what your main companion would otherwise have been doing as their main activity if they had not gone with you to the GP's surgery.

- | | | | |
|---------------------------------|---|------------------------------|---|
| Housework | 1 | Paid work | 5 |
| Childcare | 2 | Voluntary work | 6 |
| Caring for a relative or friend | 3 | Leisure activities | 7 |
| Unemployed | 4 | Other (please specify below) | 8 |
-

Thank you very much for being part of the eTHoS 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.

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

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

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Aberdeen
AB25 2ZD
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