

Pelvic Floor

Pre-Treatment PROMs Questionnaire



The purpose of this questionnaire is to help measure and improve the quality of healthcare services.

Completing the questionnaire

For each question please tick or write clearly inside the box that is closest to your views using a black or blue pen. Don't worry if you make a mistake; simply cross out the mistake and put a tick / write in the correct box.

IMPORTANT INFORMATION

The purpose of this questionnaire is to collect information about the quality of healthcare services. The information collected will be used to produce statistics about the quality of healthcare services offered by different healthcare providers (hospitals) across the NHS. These statistics will be used to measure and improve the quality of healthcare services.

With your permission, the personal details that you provide and other information held about you in other NHS databases will be used to analyse and interpret the information collected.

By completing this questionnaire, you are giving your consent for the information provided to be used for the purposes set out above. You are agreeing that:

- Your personal details and other relevant health information related to this operation will be held and used by the Health and Social Care Information Centre, including relevant information held about you by the National Joint Registry, the Personal Demographics Service, the Demographics Batch Service, the Secondary Uses Service and other NHS databases.
- Your personal details can be used to send you related follow-up questionnaires in the future.
- Your personal details and health information can be held and used by contractors, working on behalf of the Health and Social Care Information Centre and Department of Health for this project.

Your personal information will be handled securely and it will be anonymised after analysis and before any publication. The Health and Social Care Information Centre, the Department of Health and contractor(s) working on their behalf will not release your personal information unless required by law or where there is a clear overriding public interest. They will hold your personal information for no longer than 24 months for checking the accuracy of the information.

Your personal information may be shared with healthcare professionals involved in your care. If you do not wish for your information to be shared with healthcare professionals involved in your care please tick the box below.

☐

I do **not** want the information I give here to be shared with healthcare professionals involved in my care.

Your participation is voluntary. If you do not want to take part, do not fill in the questionnaire. You may withdraw the information you give the NHS in this questionnaire upon request, up to the point at which data are analysed and personal details removed.

Patient Details

Please write your name and address in CAPITAL LETTERS.

First name:

Surname:

Address
Line 1:

Address
Line 2:

City/Town:

County:

Post code:

NHS No:

Mobile No:

Email
Address:

Q1. What is your date of birth?

(Please ensure this is your date of birth, **not** today's date)

/

/

Prefer not to answer

D D

M M

Y Y Y Y

Q2. Are you?

Male

Female

Prefer not to answer

Q3. Is anyone helping you fill in this questionnaire?

Yes ☐

No ☐

Prefer not to answer ☐

If the answer is yes, please give the relationship to you of the person assisting you:

Family Member	<input type="checkbox"/>
Health Care Professional	<input type="checkbox"/>
Spouse	<input type="checkbox"/>
Child	<input type="checkbox"/>
Parent	<input type="checkbox"/>
Relative	<input type="checkbox"/>
Carer	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

If other, please specify:

.....

Medication and Treatment Inventory

Q4. What prescription medications have you been taking regularly during the last month?

Medicine 1 _____

Medicine 2 _____

Medicine 3 _____

Medicine 4 _____

Medicine 5 _____

Please list any additional prescribed medications:

.....

.....

Q5. What prescription medications have you been taking regularly during the last month? [other medications]

.....

.....

.....

.....

.....

.....

(EQ-5D-5L) - Under each heading, please tick the ONE box that best describes your health today:

Q6. Mobility

I have no problems in walking about

☐

I have slight problems in walking about

☐

have moderate problems in walking about

☐

I have severe problems in walking about

☐

I am unable to walk about

☐

Q7. Self-Care

I have no problems washing or dressing myself

☐

I have slight problems washing or dressing myself

☐

I have moderate problems washing or dressing myself

☐

I have severe problems washing or dressing myself

☐

I am unable to wash or dress myself

☐

Q8. Usual Activities

e.g. work, study, housework, family or leisure activities

I have no problems doing my usual activities

☐

I have slight problems doing my usual activities

☐

I have moderate problems doing my usual activities

☐

I have severe problems doing my usual activities

☐

I am unable to do my usual activities

☐

Q9. Pain/Discomfort

I have no pain or discomfort

☐

I have slight pain or discomfort

☐

I have moderate pain or discomfort

☐

I have severe pain or discomfort

☐

I have extreme pain or discomfort

☐

Q10. Anxiety/Depression

I am not anxious or depressed

☐

I am slightly anxious or depressed

☐

I am moderately anxious or depressed

☐

I am severely anxious or depressed

☐

I am extremely anxious or depressed

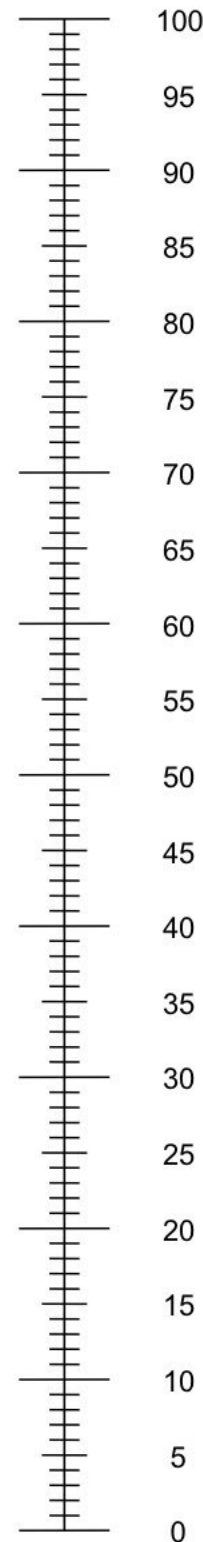
☐

Q11. Visual Analogue Scale

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

YOUR HEALTH TODAY =

The best health
you can imagine



Q12 - 16.

WHO (Five) Well Being Index

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

Please respond to each item by marking <u>one box per row</u> , regarding how you felt in the last two weeks.		All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
WHO 1	I have felt cheerful in good spirits.	<div><input type="checkbox"/> 5</div>	<div><input type="checkbox"/> 4</div>	<div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 0</div>
WHO 2	I have felt calm and relaxed.	<div><input type="checkbox"/> 5</div>	<div><input type="checkbox"/> 4</div>	<div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 0</div>
WHO 3	I have felt active and vigorous.	<div><input type="checkbox"/> 5</div>	<div><input type="checkbox"/> 4</div>	<div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 0</div>
WHO 4	I woke up feeling fresh and rested.	<div><input type="checkbox"/> 5</div>	<div><input type="checkbox"/> 4</div>	<div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 0</div>
WHO 5	My daily life has been filled with things that interest me.	<div><input type="checkbox"/> 5</div>	<div><input type="checkbox"/> 4</div>	<div><input type="checkbox"/> 3</div>	<div><input type="checkbox"/> 2</div>	<div><input type="checkbox"/> 1</div>	<div><input type="checkbox"/> 0</div>

Scoring:

The raw score is calculated by totaling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.

To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

National PROMS Questions

Patient Details

Q17. Living Arrangements - Which statement best describes your living arrangements?

I live with a partner / spouse / family / friend

☐

I live alone

☐

I live in a nursing home, hospital or other long-term care

☐

Prefer not to answer

☐

Other

☐

If other, please specify:

.....

Q18. General Health - For how long have you had problems related to Pelvic Floor for which you are going to have surgery?

Less than 1 year

☐

1 to 5 years

☐

6 to 10 years

☐

More than 10 years

☐

Prefer not to answer

☐

Q19. Previous Surgery - Have you had previous Pelvic Floor Surgery on which you are about to have surgery?

Yes

☐

No

☐

Q20. Co-morbidities - Have you been told by a doctor that you have any of the following? (Tick all that apply)

Heart disease (E.g. Angina, Heart Attack or Heart Failure)

☐

Problems caused by stroke

☐

Lung disease (E.g. Asthma, Chronic Bronchitis or Emphysema)

☐

Liver Disease

☐

Depression

☐

High blood pressure

☐

Leg pain when walking due to poor circulation

☐

Diabetes

☐

Diseases of the nervous system (E.g. Parkinson's, Multiple Sclerosis)

☐

Cancer (within the last 5 years)

☐

Kidney disease

☐

Arthritis

☐

Prefer not to answer

☐

Q21. Questionnaire completion date?

(This is today's date)

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D D

/

--	--

M M

/

--	--	--	--

Y Y Y Y

Q22. Do you consider yourself to have a disability?

Yes

☐

No

☐

For Office Use Only

Thank you for your help

Please return this questionnaire to the person who gave it to you

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