



STUDY No.

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CONFIDENTIAL

MAPS TRIAL

MEN'S HEALTH AFTER PROSTATE SURGERY

Thank you for helping us with our research into urinary incontinence after prostate surgery. We would be very grateful if you could complete and return this questionnaire.

After you have answered the questions,
we can allocate you to a treatment group.

HOW TO FILL IN THIS QUESTIONNAIRE

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

2	7
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 OR

M	I	K	E
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 OR

✓

If you make a mistake, shade out the wrong box completely and tick the correct one like this

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

OFTEN

✓

 SOMETIMES

✓

 NEVER

--

Please try to complete the whole questionnaire.

There are no right or wrong answers.

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

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

Some of the questions ask for answers in your own words, please write these in the boxes provided.

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

Thank you for your help.

SECTION A – URINE SYMPTOMS

When you answer these questions, please think about how you have been in the **LAST WEEK**.

A1 How often do you leak urine?

*(Tick **ONE** box only)*

- Never
- About once a week or less often
- Two or three times a week
- About once a day
- Several times a day
- All the time

A2 We would like to know how much urine you think leaks.

How much urine do you usually leak (whether you wear protection or not)?

*(Tick **ONE** box only)*

- None
- A small amount
- A moderate amount
- A large amount

A3 Overall, how much does leaking urine interfere with your everyday life?

*Please choose a number between 0 (not at all) and 10 (a great deal) (Tick **ONE** box only)*

- Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal

SECTION A – URINE SYMPTOMS

In the following questions (**A4** to **A8**), we would like to find out when you leak urine. When you answer these questions, please think about how you have been in the **LAST WEEK**.

A4 Does urine leak when you cough, sneeze, or are physically active or exercising?

(Tick **ONE** box only)

- Never
- About once a week or less often
- Two or three times a week
- About once a day
- Several times a day
- All the time

A5 When you feel the need to urinate, do you have to rush urgently to the toilet?

(Tick **ONE** box only)

- Never
- About once a week or less often
- Two or three times a week
- About once a day
- Several times a day
- All the time

A6 Does urine leak when you have to rush urgently to the toilet?

(Tick **ONE** box only)

- Never
- About once a week or less often
- Two or three times a week
- About once a day
- Several times a day
- All the time

A7 Does urine leak when you have finished urinating and are dressed?

(Tick **ONE** box only)

- Never
- About once a week or less often
- Two or three times a week
- About once a day
- Several times a day
- All the time

SECTION A – URINE SYMPTOMS

When you answer these questions, please think about how you have been in the **LAST WEEK**.

A8 Does urine leak at times other than shown in your answers to questions A4, A6 or A7?

Yes Go to **A8a** No Go to **A9**

↓

A8a If Yes, please give details of when you leak:

A9 Do you wear a pad or other protection because of leaking urine?
(Tick **ONE** box only)

Yes Go to **A9a** No Go to **A10**

↓

A9a If Yes, how many pads do you wear in an average day (24 hours)?

Enter **TOTAL** number of pads you wear in 24 hours

A9b Of these pads, how many do you pay for yourself?
If you do not pay for them, please enter zero (0) in the boxes

Enter number of pads **YOU PAY FOR** yourself

A10 Do you use pads or protectors on your chair or bed in case you leak urine?

Yes Go to **A10a** No Go to **A11**

↓

A10a If Yes, how many chair or bed pads do you use in an average day (24 hours)?

Enter **TOTAL** number of chair and bed pads you use in 24 hours

A10b Of these chair or bed pads, how many do you pay for yourself?
If you do not pay for them, please enter zero (0) in the boxes

Enter number of chair and bed pads **YOU PAY FOR** yourself

SECTION A – URINE SYMPTOMS

When you answer these questions, please think about how you have been in the **LAST WEEK**.

A11 How often do you usually pass urine during the daytime?

Enter number of times

A12 How often do you usually have to get up at night to pass urine?

Enter number of times

A13 Are you using a permanent catheter (inside your bladder) to collect your urine?

Yes

No

A14 Do you ever use an external (sheath) catheter to collect your urine?

Yes

No

SECTION B – CARE YOU HAVE RECEIVED

When you answer these questions, please think about the care you have received **SINCE YOUR PROSTATE OPERATION**

B1 Have you seen your family doctor (GP) since your prostate operation?

Yes Go to **B1a**

No Go to **B2**

B1a If Yes, approximately how often have you seen your family doctor (GP) since your prostate operation?

Enter number of times seen GP for leaking urine

Enter number of times seen GP for any other reason

B2 Have you seen a nurse (from your doctor's practice) since your prostate operation?

Yes Go to **B2a**

No Go to **B3**

B2a If Yes, approximately how many times have you seen a nurse from your doctor's practice since your prostate operation?

Enter number of times seen nurse for leaking urine

Enter number of times seen nurse for any other reason

SECTION B – CARE YOU HAVE RECEIVED

When you answer these questions, please think about the care you have received **SINCE YOUR PROSTATE OPERATION**

B3 Since your prostate operation, have you seen NHS HOSPITAL staff for leaking urine?

I have seen a hospital doctor
about leaking urine

Yes *If yes, enter number of visits* → Number of visits
No

I have seen a hospital nurse
about leaking urine

Yes *If yes, enter number of visits* → Number of visits
No

I have seen a hospital physiotherapist
about leaking urine

Yes *If yes, enter number of visits* → Number of visits
No

B4 Since your prostate operation, have you received any PRIVATE TREATMENT (for which you had to pay yourself) for leaking urine?

I have seen a private doctor
about leaking urine

Yes *If yes, enter number of visits* → Number of visits
No

I have seen a private nurse
about leaking urine

Yes *If yes, enter number of visits* → Number of visits
No

I have seen a private physiotherapist
about leaking urine

Yes *If yes, enter number of visits* → Number of visits
No

SECTION B – CARE YOU HAVE RECEIVED

When you answer these questions, please think about the care you have received **SINCE YOUR PROSTATE OPERATION**

B5 Since your prostate operation, have you been admitted to hospital because of leaking urine?

Yes Go to **B5a** No Go to **B6**



B5a If you were admitted since your prostate operation, how many nights did you stay in hospital?

Enter number of nights in hospital

B5b Since your prostate operation, have you had an operation for leaking urine?

Yes Go to **B5c** No Go to **B6**



B5c If Yes, please give the name or type of operation and the date:

B6 Since your prostate operation, have you taken any medications (*from a doctor, or direct from the chemist's*) for leaking urine?

Yes Go to **B6a** No Go to **B7**



B6a If Yes, please give details of medication received since your prostate operation for leaking urine. Please give drug names (e.g. detrusitol, duloxetine):

B7 Have you had any other treatment or advice for leaking urine since your prostate operation (other than the operation you named in B5c or the drugs you listed in B6a)?

Yes Go to **B7a** No Go to **B8**



SECTION B – CARE YOU HAVE RECEIVED

When you answer these questions, please think about the care you have received **SINCE YOUR PROSTATE OPERATION**

B7a If Yes, please give details of other treatment or advice received since your prostate operation for leaking urine:

B8 Are you in paid employment?

Yes Go to **B8a**



No Go to **C1**

B8a If Yes, approximately how many days off sick have you had for any reason since your prostate operation?

days

SECTION C – OTHER HEALTH PROBLEMS

C1 Do you have any health or medical problems (such as heart, chest or kidney problems, diabetes, stroke or high blood pressure) other than those to do with your prostate operation?

Yes

No

C2 Do you take any medications (such as drugs or prescriptions from your doctor, or direct from the chemist's) for these health problems?

Yes

No

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Sometimes we lose touch with our participants (for example if they move house). Would you please give us the name and contact details of someone such as a family member or close friend (a 'best contact') who might be able to give us your new address?

This 'best contact' should be someone who does **NOT** live at your own home.

Please could you let this person know that you have given us their details.

BEST CONTACT

Title (*Mr, Mrs etc*)

Surname

First Names

Address

Postcode

Telephone Number (*including code*)

Relationship to yourself

Please could you let this person know that you have given us their details.

We would also like to tell your GP that you are helping with our MAPS study. Please could you give us his or her contact details

MY GENERAL PRACTITIONER:

Surname

First Name(s) (*if known*)

Address

Postcode

Telephone Number (*including code*)

Finally:

Date you filled in this questionnaire

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Your date of birth

D D M M Y Y Y Y

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THANK YOU

Thank you very much for your time and patience in filling in this questionnaire.

The information you have given us will be extremely useful in helping us carry out research into men's health after prostate surgery.

It will be treated with the strictest confidence and kept securely.

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

**When we receive it, we will contact you to tell you which type of
treatment you will receive, and to tell you what to do next.**

Please could you confirm your phone number:

Thank you again for your help

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

The MAPS Trial Office in Aberdeen (Tel: 01224 551103)

This study is taking place in centres across the UK but the questionnaires are being processed in Aberdeen at the Health Services Research Unit, Polwarth Building, Foresterhill, ABERDEEN, AB25 2ZD.