# Qualify of Life questions for Hernia patients, to be asked prior to discharge

Index case number (from B-1 register and patient chart): …..

Index procedure: O Emergency for strangulated / incarcerated hernia’s

O Elective for non strangulated / incarcerated hernia’s

Index condition: O Inguinal

 O Femoral

 O Other (umbilical, epigastric, incisional, …)

Date of operation:

Name of hospital where patient underwent surgery:

Date of interview:

Name of interviewer:

**Part A: Situation before operation**

*To be administered after operation, prior to discharge from hospital (preferably >48 hrs after operation)*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Was this the first hernia operation you had on this hernia? | No ❑*If no, proceed to Q 1.1* | Yes ❑If yes, proceed to Q2 |
| 1.1 | (If no,) was this a reoperation on the same hernia? |  |
| 1.2 | When did you have the first operation on this hernia? |  |
| 1.3 | In which hospital did you last have an operation on this hernia?  |  |
| 2.  | Did the hernia interfere with any of your daily work or leisure activities?  | NoYesIf Yes, which activity did it most interfere with? |
| 3.  | How did the hernia interfere with the above activity? |  |
| 4. | What benefits are you hoping to get from the hernia operation that you have just had? *PROBE !* | <free text> |
| 5. | Did your hernia have a huge impact on your health? | ❑No❑Yes, to some extent❑Yes, a lot |
| 6. | Did your hernia cause you physical pain? | ❑No❑Yes, a little bit❑Yes, a lot |
| 7. | Did you have difficulties in performing strenuous activities, such as lifting heavy items? | ❑No❑Yes, sometimes❑Yes, often |
| 8. | Did you have difficulties in bowing or bending over? | ❑No❑Yes, sometimes❑Yes, often |
| 9. | Did you have difficulties when walking? | ❑No❑Yes, sometimes❑Yes, often |
| 10. | Did you have difficulties dressing yourself or bathing? | ❑No❑Yes, sometimes❑Yes, often |
| 11. | Did you have difficulties during sexual activities? | ❑No❑Yes, sometimes❑Yes, often |
| 12. | Did you often just stay home because of your hernia? | ❑No❑Yes, sometimes❑Yes, often |
| 13. | Were you accomplishing less at home because of your hernia? | ❑No❑Yes, sometimes❑Yes, often |
| 14. | Were you accomplishing less at work because of your hernia? | ❑No❑Yes, sometimes❑Yes, often |
| 15. | Did your hernia affect how you felt every day? | ❑No❑Yes, a little bit❑Yes, a lot |
| 16. | Did you often feel blue (sad, low spirits, depressed) because of your hernia? | ❑No❑Yes, sometimes❑Yes, often |

Instruction for interviewer:

* please set up an appointment for follow-up interview at 60-90 days (2-3 months) after discharge. Advise the patient that follow up interview is normally by phone
* advise patient to go and consult clinician, if hernia problems persist after discharge, or if any complications arise.

Agreed date for follow-up interview: ….

Phone numbers: 1. ………………………………………………….

 2. …………………………………………………..

 3. …………………………………………………..

# Part 6 Post-discharge telephone interview

*Short instruction:*

***Timing:***

* ***Hernia cases: 2 to 3 months after surgery 🡪 go to Section 6.1***
* ***Obstetric cases: 28 to 30 days after surgery 🡪 go to Section 6.2***

*After completing Section 6.1 / 6.2 of the telephone interview, please proceed to Section 6.3, which applies to both hernia cases and obstetric cases (also by telephone)*

# 6.1: Qualify of Life questions for Hernia cases, 2-3 months post discharge, by telephone

*Instruction to the interviewer*

*The questions below ask for information about how the patient feels at present after the Hernia operation. Review Part A before the phone call to check areas where patient reported problems and relate to current situation.*

|  |
| --- |
| It’s about ……….. months since you had your operation.  |
| 17. | Have you fully recovered from your operation? | ❑Yes ❑Partially, please explain …..❑No, explain ….. |
| 18. | *Check if patient gave a positive response to Q.2 and 3. If so, ask the following:* When we last interviewed you, you told us that your hernia had been affecting your daily activity in the following way  | ❑hernia no longer affecting this activity❑ hernia affecting this activity to some extent❑ hernia affecting this activity to a great extent |
| 18. | Has your hernia operation brought you the benefits you had hoped for? *Read out to the patient the benefits s/he said s/he hoped for* | ❑No❑Yes, to some extent❑Yes, a lot |
| 19. | Does your hernia have a huge impact on my health? | ❑No❑Yes, a little bit❑Yes a lot |
| 20. | Does your hernia cause you physical pain? | ❑No❑Yes, a little bit❑Yes a lot |
| 21. | Do you have difficulties in performing strenuous activities, such as lifting heavy items? | ❑No❑Yes, sometimes❑Yes, often |
| 22. | Do you have difficulties in bowing or bending over? | ❑No❑Yes, sometimes❑Yes, often |
| 23. | Do you have difficulties when walking? | ❑No❑Yes, sometimes❑Yes, often |
| 24. | Do you have difficulties dressing yourself or bathing? | ❑No❑Yes, sometimes❑Yes, often |
| 25. | Do you have difficulties during sexual activities? | ❑No❑Yes, sometimes❑Yes, often |
| 26. | Do you often just stay home because of your hernia? | ❑No❑Yes, sometimes❑Yes, often |
| 27. | Do you accomplish less at home because of your hernia? | ❑No❑Yes, sometimes❑Yes, often |
| 28. | Do you accomplish less at work because of your hernia? | ❑No❑Yes, sometimes❑Yes, often |
| 29. | Does your hernia affect how you feel every day? | ❑No❑Yes, a little bit❑Yes, a lot |
| 30. | Do you feel blue (sad, low spirits, depressed) because of your hernia? | ❑No❑Yes, sometimes❑Yes often |

Instruction to interviewer: if hernia problems persist or if any complications seem to have arisen, please advise patient to go and consult clinician.

# 6.2 Tool P-2: Follow-up of index patients that underwent major obstetrical surgery

*Timing: 28-30 days post-discharge (normally by phone, unless patient has come back for review)*

Patient name or reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (from B-1 register and patient chart)

Index procedure (P): O Caesarean section O Hysterectomy

 O Salpingectomy O Other, specify: ...

Index condition (C): *not required here; can be looked up from B1-register (provided the patient reference number is recorded!)*

Date of surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_... Date of discharge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent obtained from patient/guardian to participate in interview: O Yes. Date: \_\_\_\_\_\_\_

*NOTE: patients to be consented before discharge*  O No. Do not proceed!

Date of interview: \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of follow-up: O Patient attending hospital

O Interview of patient by telephone

O Interview of relative / neighbour by telephone

Indicate relation of respondent to index patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.** Are you (is the woman): O Alive and well *go to Q.4*

 Is the woman O Dead

*Offer sympathies and proceed with interview if respondent willing.*

*Write down date of death: \_\_\_\_\_\_ and cause of death\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Cause of death continued) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_ *go to Q.4*

 Are you (is the woman): O Alive and not well

*Proceed with interview if respondent willing AND suggest hospital review.*

*Write down health problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**2**. Is the wound healed or is there any fluid leaking from it? O wound has healed completely

O wound has Not healed completely

O don’t know

**3.** Have you (the woman) recovered from the surgery? O Yes, fully

O Partially

O Not at all

O Don’t know

**4.** Is the baby: O Alive

O Dead

*Offer sympathies and proceed with interview if respondent willing.*

*Write down date of death: \_\_\_\_\_\_ and cause of death\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *(Cause of death continued) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_*

O Alive and not well

*Proceed with interview if respondent willing AND suggest hospital review.*

*Write down health problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**THANK YOU !**

# 6.3: Financial impact of index condition on patient and the household as a whole

*Revert to the answers that the interviewee gave on some of the questions asked during the 1st interview (prior to discharge).*

*“A couple of weeks ago we talked about the cost that you incurred to undergo surgical treatment.*

*You said that prior to surgery your index condition*

*O affected your capacity to generate income for your family*

*O did not affect your capacity to generate income for your family*

*O not applicable: you were not generating any income for the family”*

*(tick what is appropriate).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 92. | Has the surgery you had restored your capacity to work and generate income?  | Yes | Yes but only to some extent | No | Not applicable |
|  | *If yes (or yes to some extent) to Q92*, please explain what it is that you are now able to do again as income generating activities. |  |
| 93. | Do you consider your current condition as one that is a burden to you financially? | Yes | No |
|  | Please explain  |  |
| 94. | How would you compare the overall economic situation of your household now with the situation before the procedure? *Please tick* | It has become worse | It has remained the same | It has improved |
|  | Please explain  |  |

**THANK YOU for your cooperation !**