# A Survey on Women's Experience with a Surgical Procedure called a Hysterectomy

## 📖 Data Dictionary Codebook

10/28/2015 1:51pm

| # | Variable / Field Name | Field Label *Field Note* | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) |
|---|---|---|---|
| | | Instrument: **Survey on Women's Experience with Hysterectomy** | |
| 1 | record_id | Study ID | text |
| 2 | date_of_survey | What is today's date? | text (date_dmy), Required Custom alignment: LV |
| 3 | hysterectomy_yes_no | Have you had a hysterectomy (removal of the uterus/womb with or without the ovaries) in the last 2 years? *If No, please do not continue completing this questionnaire* | yesno, Required <br><br> 1 Yes <br> 0 No <br><br> Custom alignment: LV <br> Question number: 1 <br> Stop actions on 0 |
| 4 | postcode | What is your postcode? | text (postalcode_australia), Required Custom alignment: LV Question number: 2 |
| 5 | birth_year | What is the year of your birth? | text (number, Min: 1900, Max: 2000), Required Custom alignment: LV Question number: 3 |
| 6 | height | What is your height (cm)? | text (number, Min: 130, Max: 215), Required Custom alignment: LV Question number: 4 |
| 7 | weight | What is your weight (kg)? | text (integer, Min: 35, Max: 200), Required Custom alignment: LV Question number: 5 |
| 8 | weight_at_hysterectomy | What was your approximate weight at the time of your hysterectomy (kg)? | text (integer, Min: 35, Max: 200) Custom alignment: LV Question number: 6 |
| 9 | marital_status | What is your current marital status? | radio, Required <br><br> 0 Single <br> 1 Married <br> 2 Defacto or living with partner <br> 3 Separated or divorced <br> 4 Widowed <br><br> Custom alignment: LV <br> Question number: 7 |
| 10 | household_income | What is your household's yearly income? | radio, Required <br><br> 0 I'd prefer not to answer <br> 1 $1-$4,159 <br> 2 $4,160-$6,239 <br> 3 $6,240-$10,399 |

| | | | |
|---|---|---|---|
| | | | 4 | $10,400-$15,599 |
| | | | 5 | $15,600-$25,999 |
| | | | 6 | $26,000-$36,399 |
| | | | 7 | $36,400-$51,999 |
| | | | 8 | $52,000-$77,999 |
| | | | 9 | $78,000-$103,999 |
| | | | 10 | Over $104,000 |

Custom alignment: LV
Question number: 8

| 11 | private_health_insurance | Do you have private health insurance? | radio, Required |
|---|---|---|---|

| 0 | No |
|---|---|
| 1 | Yes, hospital only |
| 2 | Yes, hospital plus extras |
| 3 | Yes, extras only |
| 4 | Other please specify |

Custom alignment: LV
Question number: 9

| 12 | other_cover_specify

Show the field ONLY if:
[private_health_insurance] = '4' | Other, please specify | text, Required
Custom alignment: LV
Question number: 9a |
|---|---|---|---|

| 13 | level_of_education | What is the highest level of education you have completed? | radio, Required |
|---|---|---|---|

| 0 | I'd prefer not to answer |
|---|---|
| 1 | Did not complete primary school or have no formal schooling |
| 2 | Completed primary school (or Grade 6) |
| 3 | Completed junior high (or Grade 10) |
| 4 | Completed senior high school (or Grade 12) |
| 5 | Trade or technical certificate or diploma |
| 6 | University or college degree |
| 7 | Other please specify |

Custom alignment: LV
Question number: 10

| 14 | other_specify_edcuation

Show the field ONLY if:
[level_of_education] = '7' | Other please specify | text, Required
Custom alignment: LV
Question number: 10a |
|---|---|---|---|

| 15 | menopause | Had you gone through menopause or 'change of life' before your hysterectomy? | yesno, Required |
|---|---|---|---|

| 1 | Yes |
|---|---|
| 0 | No |

| | | | |
|---|---|---|---|
| | | | Custom alignment: LV<br>Question number: 11 |
| 16 | pregnancies_yes_no | Have you ever been pregnant? | yesno, Required<br><br>1 Yes<br>0 No<br><br>Custom alignment: LV<br>Question number: 12 |
| 17 | number_pregnancies<br><br>Show the field ONLY if:<br>[pregnancies_yes_no] = '1' | How many pregnancies have you had? | text, Required<br>Custom alignment: LV<br>Question number: 12a |
| 18 | had_children<br><br>Show the field ONLY if:<br>[pregnancies_yes_no] = '1' | Have you had any children? | yesno, Required<br><br>1 Yes<br>0 No<br><br>Custom alignment: LV<br>Question number: 12b |
| 19 | number_of_children<br><br>Show the field ONLY if:<br>[had_children] = '1' | How many children have you had? | text (number), Required<br>Custom alignment: LV<br>Question number: 12c |
| 20 | children_delivered_by<br><br>Show the field ONLY if:<br>[had_children] = '1' | How were they delivered?<br>*select all that apply* | checkbox, Required<br><br>1 children_delivered_by___1 Spontan... Vaginal Delivery<br>2 children_delivered_by___2 Caesare... Section<br>3 children_delivered_by___3 Forceps Delivery (doctor ... special equipme... help get baby ou...<br><br>Custom alignment: LV<br>Question number: 12d |
| 21 | svd_number<br><br>Show the field ONLY if:<br>[children_delivered_by(1)] = '1' | How many were by spontaneous vaginal delivery? | text (number), Required<br>Custom alignment: LV<br>Question number: 12d1 |
| 22 | c_section_numbers<br><br>Show the field ONLY if:<br>[children_delivered_by(2)] = '1' | How many were by caesarean section? | text (number), Required<br>Custom alignment: LV<br>Question number: 12d2 |
| 23 | equipment_delivery_no<br><br>Show the field ONLY if:<br>[children_delivered_by(3)] = '1' | How many were by forceps delivery or other special equipment used by the doctor? | text (number), Required<br>Custom alignment: LV<br>Question number: 12d3 |
| 24 | morbidities_at_hyst | Below is a list of common health problems. Please select one or more of the following | checkbox, Required |

|  |  | that were occurring at the time you planned to have the hysterectomy.<br>*select all that apply* | 1 | morbidities_at_hyst___1 | No heal problem |
|---|---|---|---|---|---|
|  |  |  | 2 | morbidities_at_hyst___2 | Heart disease |
|  |  |  | 3 | morbidities_at_hyst___3 | High blood pressure |
|  |  |  | 4 | morbidities_at_hyst___4 | Lung disease |
|  |  |  | 5 | morbidities_at_hyst___5 | Diabetes mellitus |
|  |  |  | 6 | morbidities_at_hyst___6 | Ulcer or stomach disease reflux |
|  |  |  | 7 | morbidities_at_hyst___7 | Kidney disease |
|  |  |  | 8 | morbidities_at_hyst___8 | Liver dis |
|  |  |  | 9 | morbidities_at_hyst___9 | Anaemi other blood disease |
|  |  |  | 10 | morbidities_at_hyst___10 | Cancer |
|  |  |  | 11 | morbidities_at_hyst___11 | Anxiety Depress |
|  |  |  | 12 | morbidities_at_hyst___12 | Osteoar or degener arthritis |
|  |  |  | 13 | morbidities_at_hyst___13 | Back pa |
|  |  |  | 14 | morbidities_at_hyst___14 | Rheuma arthritis |
|  |  |  | 15 | morbidities_at_hyst___15 | Other medical problem |

Custom alignment: LV
Question number: 13

| 25 | other_med_probs<br><br>Show the field ONLY if:<br>[morbidities_at_hyst (15)] = '1' | Please specify other medical problems | text, Required<br>Custom alignment: LH<br>Question number: 13a |
|---|---|---|---|

| 26 | public_or_pvt_pt | Did you have your hysterectomy as a: | radio, Required |
|---|---|---|---|

| 1 | Public patient |
|---|---|
| 2 | Private patient |

Custom alignment: LV
Question number: 14

| 27 | gp | General Practioner | checkbox, Required |
|---|---|---|---|

| 1 | gp___1 | First suggested |
|---|---|---|
| 2 | gp___2 | and/or Informed me |
| 3 | gp___3 | This info was very influential |
| 4 | gp___4 | This info was moderately influential |

| | | | | | |
|---|---|---|---|---|---|
| | | | 5 | gp___5 | This info was not influential |
| | | | 6 | gp___6 | N/A |

Question number: 15

| 28 | obsgyn | Obstetrician or Gynaecologist | checkbox, Required | | |
|---|---|---|---|---|---|
| | | | 1 | obsgyn___1 | First suggested |
| | | | 2 | obsgyn___2 | and/or Informed me |
| | | | 3 | obsgyn___3 | This info was very influential |
| | | | 4 | obsgyn___4 | This info was moderately influential |
| | | | 5 | obsgyn___5 | This info was not influential |
| | | | 6 | obsgyn___6 | N/A |

Question number: 16

| 29 | med_dr | Other medical doctor | checkbox, Required | | |
|---|---|---|---|---|---|
| | | | 1 | med_dr___1 | First suggested |
| | | | 2 | med_dr___2 | and/or Informed me |
| | | | 3 | med_dr___3 | This info was very influential |
| | | | 4 | med_dr___4 | This info was moderately influential |
| | | | 5 | med_dr___5 | This info was not influential |
| | | | 6 | med_dr___6 | N/A |

Question number: 17

| 30 | spec_nurse | Specialist nurse | checkbox, Required | | |
|---|---|---|---|---|---|
| | | | 1 | spec_nurse___1 | First suggested |
| | | | 2 | spec_nurse___2 | and/or Informed me |
| | | | 3 | spec_nurse___3 | This info was very influential |
| | | | 4 | spec_nurse___4 | This info was moderately influential |
| | | | 5 | spec_nurse___5 | This info was not influential |
| | | | 6 | spec_nurse___6 | N/A |

Question number: 18

| 31 | friend_family | Friends or family | checkbox, Required | | |
|---|---|---|---|---|---|
| | | | 1 | friend_family___1 | First suggested |
| | | | 2 | friend_family___2 | and/or Informed me |

| | | | | | |
|---|---|---|---|---|---|
| | | | 3 | friend_family___3 | This info was very influential |
| | | | 4 | friend_family___4 | This info was moderately influential |
| | | | 5 | friend_family___5 | This info was not influential |
| | | | 6 | friend_family___6 | N/A |

Question number: 19

| | | | | | |
|---|---|---|---|---|---|
| 32 | wesbite | Website | checkbox, Required | | |
| | | | 1 | wesbite___1 | First suggested |
| | | | 2 | wesbite___2 | and/or Informed me |
| | | | 3 | wesbite___3 | This info was very influential |
| | | | 4 | wesbite___4 | This info was moderately influential |
| | | | 5 | wesbite___5 | This info was not influential |
| | | | 6 | wesbite___6 | N/A |

Question number: 20

| | | | | | |
|---|---|---|---|---|---|
| 33 | chat_forum | Internet chat forum | checkbox, Required | | |
| | | | 1 | chat_forum___1 | First suggested |
| | | | 2 | chat_forum___2 | and/or Informed me |
| | | | 3 | chat_forum___3 | This info was very influential |
| | | | 4 | chat_forum___4 | This info was moderately influential |
| | | | 5 | chat_forum___5 | This info was not influential |
| | | | 6 | chat_forum___6 | N/A |

Question number: 21

| | | | | | |
|---|---|---|---|---|---|
| 34 | yourself | Yourself | checkbox, Required | | |
| | | | 1 | yourself___1 | First suggested |
| | | | 2 | yourself___2 | and/or Informed me |
| | | | 3 | yourself___3 | This info was very influential |
| | | | 4 | yourself___4 | This info was moderately influential |
| | | | 5 | yourself___5 | This info was not influential |
| | | | 6 | yourself___6 | N/A |

Question number: 22

| 35 | other_specify | Other please specify | checkbox, Required |
|---|---|---|---|

| | | | |
|---|---|---|---|
| 1 | other_specify___1 | First suggested |
| 2 | other_specify___2 | and/or Informed me |
| 3 | other_specify___3 | This info was very influential |
| 4 | other_specify___4 | This info was moderately influential |
| 5 | other_specify___5 | This info was not influential |
| 6 | other_specify___6 | N/A |

Question number: 23

| 36 | other_info_hyst<br><br>Show the field ONLY if:<br>[other_specify(1)] = '1' or [other_specify(2)] = '1' | Other specify, please inform us of where you obtained your information from | text, Required<br>Custom alignment: LV<br>Question number: 23a |
|---|---|---|---|

| 37 | how_informed_were_you | Looking back now after you have had the hysterectomy, how well informed do you think you were at the time of making the decision to have one? | radio, Required |
|---|---|---|---|

| | |
|---|---|
| 1 | Very well informed |
| 2 | Fairly well informed |
| 3 | Not very well informed |
| 4 | Not informed at all |

Custom alignment: LV
Question number: 24

| 38 | health_reasons_for_hyst | What were the reasons behind your decision to have a hysterectomy?<br>*select all that apply* | checkbox, Required |
|---|---|---|---|

| | | |
|---|---|---|
| 1 | health_reasons_for_hyst___1 | Fi... ca... ins... wa... |
| 2 | health_reasons_for_hyst___2 | En... co... ce... lin... oth... bo... |
| 3 | health_reasons_for_hyst___3 | Pro... ute... va... |
| 4 | health_reasons_for_hyst___4 | Pe... dis... inf... of... fal... an... |
| 5 | health_reasons_for_hyst___5 | Hy... the... ute... thi... ab... |

|   |   |   |   |
|---|---|---|---|
|   |   |   | 6 | health_reasons_for_hyst___6 | He me |
|   |   |   | 7 | health_reasons_for_hyst___7 | Ble me |
|   |   |   | 8 | health_reasons_for_hyst___8 | Se |
|   |   |   | 9 | health_reasons_for_hyst___9 | Fa ov ute |
|   |   |   | 10 | health_reasons_for_hyst___10 | Ab |
|   |   |   | 11 | health_reasons_for_hyst___11 | Ca |
|   |   |   | 12 | health_reasons_for_hyst___12 | Pe |
|   |   |   | 13 | health_reasons_for_hyst___13 | Bir |
|   |   |   | 14 | health_reasons_for_hyst___14 | Do |
|   |   |   | 15 | health_reasons_for_hyst___15 | Ot sp |

Custom alignment: LV
Question number: 25

| 39 | other_reason_for_hyst<br><br>Show the field ONLY if:<br>[health_reasons_for_hyst(15)] = '1' | Other reason please specify | text, Required<br>Custom alignment: LV<br>Question number: 25a |
|---|---|---|---|
| 40 | symptoms_b4_hyst | For how many MONTHS did you have symptoms or health issues (if any) before you decided you needed/agreed to have a hysterectomy?<br>*enter 0 if no symptoms/health issues* | text (number), Required<br>Custom alignment: LV<br>Question number: 26 |
| 41 | alleviating | Alleviating symptoms | radio (Matrix), Required<br><br>1 Very much<br>2 Somewhat<br>3 Don't recall<br>4 Not really<br>5 Not at all<br><br>Question number: 27 |
| 42 | solving | Solving medical problem | radio (Matrix), Required<br><br>1 Very much<br>2 Somewhat<br>3 Don't recall<br>4 Not really<br>5 Not at all<br><br>Question number: 28 |
| 43 | lifestyle | Lifestyle | radio (Matrix), Required<br><br>1 Very much<br>2 Somewhat<br>3 Don't recall<br>4 Not really<br>5 Not at all |

| | | | |
|---|---|---|---|
| | | | Question number: 29 |
| 44 | hormone_levels | Change to hormone levels | radio (Matrix), Required<br><br>1 Very much<br>2 Somewhat<br>3 Don't recall<br>4 Not really<br>5 Not at all<br><br>Question number: 30 |
| 45 | avoid_cancer | Avoiding cancer | radio (Matrix), Required<br><br>1 Very much<br>2 Somewhat<br>3 Don't recall<br>4 Not really<br>5 Not at all<br><br>Question number: 31 |
| 46 | treat_cancer | Treating cancer | radio (Matrix), Required<br><br>1 Very much<br>2 Somewhat<br>3 Don't recall<br>4 Not really<br>5 Not at all<br><br>Question number: 32 |
| 47 | other | Other (please specify other reason if any) | radio (Matrix)<br><br>1 Very much<br>2 Somewhat<br>3 Don't recall<br>4 Not really<br>5 Not at all<br><br>Question number: 33 |
| 48 | reason_for_hyst<br><br>Show the field ONLY if:<br>[other] = '1' or [other] = '2' or [other] = '4' | Other reason for deciding to have a hysterectomy | text, Required<br>Custom alignment: LV<br>Question number: 33a |
| 49 | aware_other_hyst_methods | Were you aware that there are several possible surgical methods by which a hysterectomy can be performed? | yesno, Required<br><br>1 Yes<br>0 No<br><br>Custom alignment: LV<br>Question number: 34 |
| 50 | what_hyst_methods<br><br>Show the field ONLY if:<br>[aware_other_hyst_methods] = '1' | If yes, what methods do you know about?<br>*select all that apply* | checkbox, Required<br><br>1 what_hyst_methods___1 Open Abdomina Hysterect (long cut, horizontal |

| | | | | 2 | what_hyst_methods___2 | Vaginal Hysterecte (all perfor through th vagina, nc |
| --- | --- | --- | --- | --- | --- | --- |
| | | | | 3 | what_hyst_methods___3 | Total Laparosco Hysterecte (all perfor through ti keyhole c abdomen |
| | | | | 4 | what_hyst_methods___4 | Laparosco Assisted \ Hysterecte (performe through ti keyhole c the abdon and throu vagina) |
| | | | | 5 | what_hyst_methods___5 | Robotic Hysterecte (using too attached t robotic ar surgeon c arm with a computer |

Custom alignment: LV
Question number: 34a

| 51 | knowledge_tah<br><br>Show the field ONLY if:<br>[what_hyst_methods (1)] = '1' | Open abdominal hysterectomy - what do you think or know are the advantages and disadvantages of this type of hysterectomy?<br>*there are no wrong answers* | text, Required<br>Custom alignment: LV<br>Question number: 34a1 |
| --- | --- | --- | --- |
| 52 | knowledge_vag_hyst<br><br>Show the field ONLY if:<br>[what_hyst_methods (2)] = '1' | Vaginal Hysterectomy - what do you think or know are the advantages and disadvantages of this type of hysterectomy?<br>*there are no wrong answers* | text, Required<br>Custom alignment: LV<br>Question number: 34a2 |
| 53 | knowledge_tlh<br><br>Show the field ONLY if:<br>[what_hyst_methods (3)] = '1' | Total Laparoscopic Hysterectomy - what do you think or know are the advantages and disadvantages of this type of hysterectomy?<br>*there are no wrong answers* | text, Required<br>Custom alignment: LV<br>Question number: 34a3 |
| 54 | knowledge_lavh<br><br>Show the field ONLY if:<br>[what_hyst_methods (4)] = '1' | Laparoscopically assisted vaginal hysterectomy - what do you think or know are the advantages and disadvantages of this type of hysterectomy?<br>*there are no wrong answers* | text, Required<br>Custom alignment: LV<br>Question number: 34a4 |
| 55 | knowledge_robotic<br><br>Show the field ONLY if:<br>[what_hyst_methods (5)] = '1' | Robotic hysterectomy - what do you think or know are the advantages and disadvantages of this type of hysterectomy?<br>*there are no wrong answers* | text, Required<br>Custom alignment: LV<br>Question number: 34a5 |
| 56 | pt_preference_hyst | Did you have a preference for a particular type of hysterectomy? | yesno, Required |
| | | | 1 | Yes |

| | | | 0 | No | | |
|---|---|---|---|---|---|---|

Custom alignment: LV
Question number: 35

| 57 | type_of_hyst_preference<br><br>Show the field ONLY if:<br>[pt_preference_hyst] = '1' | Which type of hysterectomy did you have a preference for?<br>*select all that apply* | checkbox, Required | | |
|---|---|---|---|---|---|
| | | | 1 | type_of_hyst_preference___1 | Open Abd Hyst (long horiz vertic abdo |
| | | | 2 | type_of_hyst_preference___2 | Vagi Hyst (all p throu vagir |
| | | | 3 | type_of_hyst_preference___3 | Total Lapa Hyst (all p throu keyh abdo |
| | | | 4 | type_of_hyst_preference___4 | Lapa Assis Hyst (perf throu keyh the a and t vagir |
| | | | 5 | type_of_hyst_preference___5 | Robo Hyst (usin attac robot surge arm comp |

Custom alignment: LV
Question number: 35a

| 58 | pref_tah_why<br><br>Show the field ONLY if:<br>[type_of_hyst_preference(1)] = '1' | Why did you have a preference for the Open Abdominal Hysterectomy? | text, Required<br>Custom alignment: LV<br>Question number: 35a1 |
|---|---|---|---|
| 59 | pref_vag_why<br><br>Show the field ONLY if:<br>[type_of_hyst_preference(2)] = '1' | Why did you have a preference for the Vaginal Hysterectomy? | text, Required<br>Custom alignment: LV<br>Question number: 35a2 |
| 60 | pref_tlh_why<br><br>Show the field ONLY if:<br>[type_of_hyst_preference(3)] = '1' | Why did you have a preference for the Total Laparoscopic Hysterectomy? | text, Required<br>Custom alignment: LV<br>Question number: 35a3 |
| 61 | pref_lavh_why<br><br>Show the field ONLY if: | Why did you have a preference for the Laparoscopically Assisted Vaginal Hysterectomy? | text, Required<br>Custom alignment: LV<br>Question number: 35a4 |

| | | | | |
|---|---|---|---|---|
| | [type_of_hyst_preference(4)] = '1' | | | |
| 62 | pref_robotic_why<br><br>Show the field ONLY if:<br>[type_of_hyst_preference(5)] = '1' | Why did you have a preference for the Robotic Hysterectomy? | text, Required<br>Custom alignment: LV<br>Question number: 35a5 | |
| 63 | choose_dr_on_hysts | Did you choose your Doctor based on what types of hysterectomy they perform? | yesno, Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Custom alignment: LV<br>Question number: 36 | |
| 64 | dr_recommend_hyst_type | What type/s of hysterectomy did your Doctor recommend?<br>*select all that apply* | checkbox, Required<br><br>| 1 | dr_recommend_hyst_type___1 | Ope Abd Hys (lon hori vert abd |<br>| 2 | dr_recommend_hyst_type___2 | Vag Hys (all thro vag |<br>| 3 | dr_recommend_hyst_type___3 | Tota Lap Hys (all thro key abd |<br>| 4 | dr_recommend_hyst_type___4 | Lap Ass Hys (pe thro key the and vag |<br>| 5 | dr_recommend_hyst_type___5 | Rob Hys (usi atta rob surg arm com |<br><br>Custom alignment: LV<br>Question number: 37 | |
| 65 | second_opinion | Did you get a second opinion about your hysterectomy? | yesno<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Custom alignment: LV<br>Question number: 38 | |
| 66 | second_opinion_options | What type/s of hysterectomy did the second doctor recommend?<br>*select all that apply* | checkbox, Required<br><br>| 1 | second_opinion_options___1 | Open Abdo | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Show the field ONLY if: [second_opinion] = '1' | | | 3 | | Hyste (long horizo vertic abdo |
| | | | | 2 | second_opinion_options___2 | Vagin Hyste (all pe throug vagin |
| | | | | 3 | second_opinion_options___3 | Total Lapa Hyste (all pe throug keyho abdo |
| | | | | 4 | second_opinion_options___4 | Lapa Ass Hyste (perfo throug keyho the a and t vagin |
| | | | | 5 | second_opinion_options___5 | Robo Hyste (usin attacl robot surge arm v comp |

Custom alignment: LV
Question number: 38a

| 67 | decision_surg_risks | Surgical risks | radio (Matrix), Required |
|---|---|---|---|
| | | | 1 Very much |
| | | | 2 Somewhat |
| | | | 3 A little bit |
| | | | 4 Not at all |
| | | | 5 Don't recall |
| | | | Question number: 39 |

| 68 | decision_sex_fx | Sexual function | radio (Matrix), Required |
|---|---|---|---|
| | | | 1 Very much |
| | | | 2 Somewhat |
| | | | 3 A little bit |
| | | | 4 Not at all |
| | | | 5 Don't recall |
| | | | Question number: 40 |

| 69 | decision_body_image | Body image (e.g. scarring) | radio (Matrix), Required |
|---|---|---|---|
| | | | 1 Very much |
| | | | 2 Somewhat |
| | | | 3 A little bit |
| | | | 4 Not at all |

| | | | |
|---|---|---|---|
| | | | 5 | Don't recall |
| | | | Question number: 41 |
| 70 | decision_cost | Cost | radio (Matrix), Required<br>1 Very much<br>2 Somewhat<br>3 A little bit<br>4 Not at all<br>5 Don't recall<br><br>Question number: 42 |
| 71 | decision_recovery | Recovery time | radio (Matrix), Required<br>1 Very much<br>2 Somewhat<br>3 A little bit<br>4 Not at all<br>5 Don't recall<br><br>Question number: 43 |
| 72 | decision_support | Family or main support person's preference | radio (Matrix), Required<br>1 Very much<br>2 Somewhat<br>3 A little bit<br>4 Not at all<br>5 Don't recall<br><br>Question number: 44 |
| 73 | decision_surgeon | Surgeon's preference | radio (Matrix), Required<br>1 Very much<br>2 Somewhat<br>3 A little bit<br>4 Not at all<br>5 Don't recall<br><br>Question number: 45 |
| 74 | decision_other | Other (please specify other reason if any) | radio (Matrix)<br>1 Very much<br>2 Somewhat<br>3 A little bit<br>4 Not at all<br>5 Don't recall<br><br>Question number: 46 |
| 75 | specify_other_hyst_decision<br><br>Show the field ONLY if:<br>[decision_other] = '1'<br>or [decision_other] = | Please specify other reason/s for your hysterectomy decision | text, Required<br>Custom alignment: LV<br>Question number: 46a |

| | | | |
|---|---|---|---|
| | '2' or [decision_other] = '3' | | |
| 76 | type_hyst_had | Which type of hysterectomy did you have? | radio, Required |
| | | | <table><tr><td>1</td><td>Open Abdominal Hysterectomy (long cut, either horizontal or vertical across abdomen)</td></tr><tr><td>2</td><td>Vaginal Hysterectomy (all performed through the vagina, no cuts)</td></tr><tr><td>3</td><td>Total Laparoscopic Hysterectomy (all performed through tiny keyhole cuts on abdomen)</td></tr><tr><td>4</td><td>Laparoscopically Assisted Vaginal Hysterectomy (performed through tiny keyhole cuts on the abdomen and through vagina)</td></tr><tr><td>5</td><td>Robotic Hysterectomy (using tools attached to a robotic arm, the surgeon controls arm with a computer)</td></tr></table> Custom alignment: LV Question number: 47 |
| 77 | hospital_nights | How many nights were you in hospital after your hysterectomy? | text, Required Custom alignment: LV Question number: 48 |
| 78 | problems_as_inpt | Did any problems occur, whilst you were in hospital for your hysterectomy, before you were discharged home? | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Question number: 49 |
| 79 | what_problems_inpt  Show the field ONLY if: [problems_as_inpt] = '1' | What problems occurred whilst you were in hospital recovering from your hysterectomy? | notes, Required Custom alignment: LV Question number: 49a |
| 80 | return_to_ot_when_inpt  Show the field ONLY if: [problems_as_inpt] = '1' | Did you need to go back to the operating theatre for these problems whilst you were still in hospital recovering from your hysterectomy? | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Question number: 49b |
| 81 | good_dc_info | When you left the hospital (discharged), were you well prepared and given enough information to recover at home? | yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Question number: 50 |
| 82 | missing_info_on_dc  Show the field ONLY if: [good_dc_info] = '0' | What information do you think was missing that could have helped you more at home? | notes, Required Custom alignment: LV Question number: 50a |
| 83 | unprepared_on_dc | What did you find you were unprepared for after discharge from the hospital? | notes, Required Custom alignment: LV Question number: 50b |

| | | | Show the field ONLY if: [good_dc_info] = '0' | |
|---|---|---|---|
| 84 | return_to_hospital | After you were discharged from the hospital, did you have to return to the hospital for any problems? | yesno, Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Custom alignment: LV<br>Question number: 51 |
| 85 | why_return_to_hosp<br><br>Show the field ONLY if: [return_to_hospital] = '1' | What were the problems that caused you to have to return to the hospital after you were discharged home? | notes, Required<br>Custom alignment: LV<br>Question number: 51a |
| 86 | taken_back_to_ot<br><br>Show the field ONLY if: [return_to_hospital] = '1' | Were you taken back to the operating theatre after returning to the hospital with these problems? | yesno, Required<br><br>| 1 | Yes |<br>| 0 | No |<br><br>Custom alignment: LV<br>Question number: 51b |
| 87 | bend_stretch | I could bend and stretch | radio (Matrix), Required<br><br>| 1 | Within 1 week |<br>| 2 | Within 6 weeks |<br>| 3 | Within 3 months |<br>| 4 | Within 6 months |<br>| 5 | Within 12 months |<br>| 6 | Not resolved |<br>| 7 | Don't recall |<br>| 8 | Not applicable |<br><br>Question number: 52 |
| 88 | usual_activities | I returned to my usual activities | radio (Matrix), Required<br><br>| 1 | Within 1 week |<br>| 2 | Within 6 weeks |<br>| 3 | Within 3 months |<br>| 4 | Within 6 months |<br>| 5 | Within 12 months |<br>| 6 | Not resolved |<br>| 7 | Don't recall |<br>| 8 | Not applicable |<br><br>Question number: 53 |
| 89 | returned_work | I returned to work | radio (Matrix), Required<br><br>| 1 | Within 1 week |<br>| 2 | Within 6 weeks |<br>| 3 | Within 3 months |<br>| 4 | Within 6 months |<br>| 5 | Within 12 months |<br>| 6 | Not resolved | |

| | | | | |
|---|---|---|---|---|
| | | | 7 | Don't recall |
| | | | 8 | Not applicable |

Question number: 54

| 90 | no_pain | I no longer had any pain | radio (Matrix), Required | |
|---|---|---|---|---|
| | | | 1 | Within 1 week |
| | | | 2 | Within 6 weeks |
| | | | 3 | Within 3 months |
| | | | 4 | Within 6 months |
| | | | 5 | Within 12 months |
| | | | 6 | Not resolved |
| | | | 7 | Don't recall |
| | | | 8 | Not applicable |

Question number: 55

| 91 | bowels_normal | My bowels worked normally | radio (Matrix), Required | |
|---|---|---|---|---|
| | | | 1 | Within 1 week |
| | | | 2 | Within 6 weeks |
| | | | 3 | Within 3 months |
| | | | 4 | Within 6 months |
| | | | 5 | Within 12 months |
| | | | 6 | Not resolved |
| | | | 7 | Don't recall |
| | | | 8 | Not applicable |

Question number: 56

| 92 | bladder_normal | My bladder worked normally | radio (Matrix), Required | |
|---|---|---|---|---|
| | | | 1 | Within 1 week |
| | | | 2 | Within 6 weeks |
| | | | 3 | Within 3 months |
| | | | 4 | Within 6 months |
| | | | 5 | Within 12 months |
| | | | 6 | Not resolved |
| | | | 7 | Don't recall |
| | | | 8 | Not applicable |

Question number: 57

| 93 | energy_normal | My energy levels were back to normal | radio (Matrix), Required | |
|---|---|---|---|---|
| | | | 1 | Within 1 week |
| | | | 2 | Within 6 weeks |
| | | | 3 | Within 3 months |
| | | | 4 | Within 6 months |
| | | | 5 | Within 12 months |
| | | | 6 | Not resolved |
| | | | 7 | Don't recall |
| | | | 8 | Not applicable |

| | | | Question number: 58 |
|---|---|---|---|
| 94 | moods_stable | My moods stablised | radio (Matrix), Required |
| | | | 1 Within 1 week |
| | | | 2 Within 6 weeks |
| | | | 3 Within 3 months |
| | | | 4 Within 6 months |
| | | | 5 Within 12 months |
| | | | 6 Not resolved |
| | | | 7 Don't recall |
| | | | 8 Not applicable |
| | | | Question number: 59 |
| 95 | accepted_body_image | I accepted the changes to my body image | radio (Matrix), Required |
| | | | 1 Within 1 week |
| | | | 2 Within 6 weeks |
| | | | 3 Within 3 months |
| | | | 4 Within 6 months |
| | | | 5 Within 12 months |
| | | | 6 Not resolved |
| | | | 7 Don't recall |
| | | | 8 Not applicable |
| | | | Question number: 60 |
| 96 | sexual_function_return | My sexual function was back to normal | radio (Matrix), Required |
| | | | 1 Within 1 week |
| | | | 2 Within 6 weeks |
| | | | 3 Within 3 months |
| | | | 4 Within 6 months |
| | | | 5 Within 12 months |
| | | | 6 Not resolved |
| | | | 7 Don't recall |
| | | | 8 Not applicable |
| | | | Question number: 61 |
| 97 | did_not_choose | I was not given the option to choose a type of hysterectomy | radio (Matrix), Required |
| | | | 1 Strongly agree |
| | | | 2 Agree |
| | | | 3 Neither agree or disagree |
| | | | 4 Disagree |
| | | | 5 Strongly disagree |
| | | | Question number: 62 |
| 98 | right_choice | It was the right choice made either by me or my Doctor | radio (Matrix), Required |
| | | | 1 Strongly agree |
| | | | 2 Agree |
| | | | 3 Neither agree or disagree |

| | | | | |
|---|---|---|---|---|
| | | | 4 | Disagree |
| | | | 5 | Strongly disagree |
| | | | Question number: 63 | |
| 99 | regret_choice | I regret the choice that was made either by me or my Doctor | radio (Matrix), Required | |
| | | | 1 | Strongly agree |
| | | | 2 | Agree |
| | | | 3 | Neither agree or disagree |
| | | | 4 | Disagree |
| | | | 5 | Strongly disagree |
| | | | Question number: 64 | |
| 100 | same_choice | If I had to choose again or had been able to choose, the decision would remain the same | radio (Matrix), Required | |
| | | | 1 | Strongly agree |
| | | | 2 | Agree |
| | | | 3 | Neither agree or disagree |
| | | | 4 | Disagree |
| | | | 5 | Strongly disagree |
| | | | Question number: 65 | |
| 101 | choice_did_harm | The choice did me a lot of harm | radio (Matrix), Required | |
| | | | 1 | Strongly agree |
| | | | 2 | Agree |
| | | | 3 | Neither agree or disagree |
| | | | 4 | Disagree |
| | | | 5 | Strongly disagree |
| | | | Question number: 66 | |
| 102 | wise_choice | It was the wisest choice | radio (Matrix), Required | |
| | | | 1 | Strongly agree |
| | | | 2 | Agree |
| | | | 3 | Neither agree or disagree |
| | | | 4 | Disagree |
| | | | 5 | Strongly disagree |
| | | | Question number: 67 | |
| 103 | perpare_pt_better | Looking back now, what information could have helped you prepare for your choice of hysterectomy better and how could this have been better provided to you? | notes<br>Custom alignment: LV<br>Question number: 68 | |
| 104 | comments | Please provide any other comments that you would like to share about your hysterectomy experience | notes<br>Custom alignment: LV<br>Question number: 69 | |
| 105 | survey_on_womens_experience_with_hysterectomy_complete | Complete? | dropdown | |
| | | | 0 | Incomplete |
| | | | 1 | Unverified |
| | | | 2 | Complete |