Evaluation of effects on patients undergoing CAMPROBE local anaesthetic transperineal prostate biopsies

CAMPROBE Q1

**Please write your initials here……………………………………….**

**Date of biopsy: Centre number :**

**Study number :**

**Administer immediately after biopsy**

This questionnaire is designed to help us understand how much discomfort the procedure you have just had caused you. **For each of the questions, please place a tick in the box ✓ that most accurately indicates your experience. Please tick only one box for each question.**

|  |  |
| --- | --- |
| **1.** | How much **discomfort** did the initial blood test cause? |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **none** |  |  **a great deal** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **2.** | How much **discomfort** did the initial prostate examination (finger in the back passage) cause you? |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **none** |  |  **a great deal** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **3.** | How much **discomfort** did the insertion of the scanner probe cause you? |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **none** |  |  **a great deal** |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **4.** | How **uncomfortable** was the presence of the probe in your back passage? |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **not at all** |  |  **a great deal** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **5.** | How much **discomfort** did the injection of local anaesthetic cause you?  |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **none** |  |  **a great deal** |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **6.** | How much **discomfort** did the actual taking of the biopsies with the needle cause you? |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **none** |  |  **a great deal** |
|  |  |  |  |  |  |

**Perception Questionnaire**

This questionnaire asks about your perceptions of the biopsy you have just had. Please answer each question by placing a tick ✓ in the appropriate box. Please tick only one box for each question.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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| **7.** | Overall, how **painful** did you find the whole procedure? |  |
|  |  | not at all |  | 0 |
|  |  |  |  |  |  |
|  | a little |  | 1 |
|  |  |  |  |  |  |
|  | somewhat |  | 2 |
|  |  |  |  |  |
|  | a lot |  | 3 |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **8.** | Overall, how **physically uncomfortable** did you find the whole procedure? |  |
|  |  | not at all |  | 0 |
|  |  |  |  |  |  |
|  | a little |  | 1 |
|  |  |  |  |  |  |
|  | somewhat |  | 2 |
|  |  |  |  |  |
|  | a lot |  | 3 |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **9.** | Overall, how **embarrassing** did you find the whole procedure? |  |
|  |  | not at all |  | 0 |
|  |  |  |  |  |  |
|  | a little |  | 1 |
|  |  |  |  |  |  |
|  | somewhat |  | 2 |
|  |  |  |  |  |
|  | a lot |  | 3 |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **10.** | Overall, how much **loss of dignity** did you feel? |  |
|  |  | not at all |  | 0 |
|  |  |  |  |  |  |
|  | a little |  | 1 |
|  |  |  |  |  |  |
|  | somewhat |  | 2 |
|  |  |  |  |  |
|  | a lot |  | 3 |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **11.** | Overall, how much of a problem would you find having **a similar biopsy** in the future? |  |
|  |  | not a problem |  | 0 |
|  |  |  |  |  |  |
|  | a minor problem |  | 1 |
|  |  |  |  |  |  |
|  | a moderate problem |  | 2 |
|  |  |  |  |  |
|  | a major problem |  | 3 |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **12.** | Overall, if you were discussing the procedure with a friend **who requires a biopsy** in the future, how would you describe it? |  |
|  |  | a minor procedure |  | 0 |
|  |  |  |  |  |  |
|  | a moderate procedure tolerable under local anaesthetic |  | 1 |
|  |  |  |  |  |  |
|  | quite a major procedure but tolerable under local anaesthetic |  | 2 |
|  |  |  |  |  |
|  | a major procedure that requires a general anaesthetic (being put to sleep) |  | 3 |
|  |  |  |  |  |  |