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.**

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

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

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

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

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|  |  | |  | |  | |  |  |
| **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 |
|  |  | |  | |  | |  |  |