

Questionnaire

Paper number:

Survey date:...../...../202.....

Assessment of the Quality of Life of Patients Before and After Hemorrhoid Surgery

Patient ID:

Diagnose:.....

Phone number:.....

Address:.....

Part 1: Patient's background

Please kindly answer the following questions in your own opinion. The information you provide will be kept confidential and used for research purposes only

No	Question	Answer	Code	Note
A1	Age			Year of birth
A2	Gender	Male	0	
		Female	1	
A3	Ethnicity	Kinh	0	
		Others (specify)	1	
A4	Education level	Under primary	1	
		Primary	2	
		Middle school	3	
		High school	4	
		Professional intermediate/college/university/postgraduate	5	
A5	Occupation	Pupils/students	1	
		Healthcare workers	2	
		Officers	3	

		Workers/farmers	4	
		Business/commerce	5	
		Others (specify)	6	
A6	Marital status	Single	1	
		Married/living with a spouse or partner	2	
		Separated/ divorced/widowed	3	
A7	Residence	Rural	1	
		Urban	2	
		Others (specify)	3	
A8	Religion	No religion	1	
		Buddhism	2	
		Others (specify)	3	
A9	Monthly income	≤ 5 million VND	1	
		> 5 - ≤ 10 million VND	2	
		> 10 - ≤ 15 million VND	3	
		> 15 - ≤ 20 million VND	4	
		> 20 - ≤ 25 million VND	5	
		> 25 million VND	6	
A10	Comorbidities	No	1	
		Hypertension	2	
		Diabetes	3	
		Hypertension, diabetes	4	
		Others (specify)	5	
A11	Surgical method	Stapled hemorrhoidopexy	0	
		Hemorrhoidectomy	1	
A12	Accompanying surgery	No	1	
		Surgery to treat anal fissure	2	
		Surgery to treat skin tags	3	
		Polypectomy	4	
A13	Duration of disease	Years		
A14	Previous treatment of hemorrhoid	No	0	

		Yes	1	
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Part 2: HEMO - FISS – QoL Questionnaire

This part examines the patient's quality of life before and after hemorrhoid surgery

Please answer as spontaneously as possible. There are no right or wrong answers. Each answer to the HF-QoL questionnaire has 6 options, if you think that a question or statement does not apply to you, please check the box "Not applicable". For example: "You find it difficult to take care of your children because of your anal symptoms." If you do not have children, please check the box "Not applicable". Please mark (X) on the ONE most appropriate answer:

No	Last Week, Because of Your Anal Symptoms	Always	Very Often	Regularly	Rarely	Never	Not Applicable
		5	4	3	2	1	
B1	It is uncomfortable to remain seated						
B2	You have to change clothes regularly or use a special type of clothing						
B3	It is uncomfortable to remain standing						
B4	Your relations with your partner are disrupted						
B5	You're uncomfortable while walking						
B6	You feel ashamed						
B7	You're afraid of having a bowel movement						
B8	You feel uncomfortable with people around you						
B9	You're uncomfortable when You play sports						
B10	You're uncomfortable during bowel movements						
B11	Driving a vehicle is difficult						
B12	Taking care of your children is difficult						
B13	Riding a two-wheeled						

	vehicle or bicycle is difficult						
B14	You find it difficult to do my work well						
B15	You feel as if you're different from others						
B16	You do fewer things than you would want to do						
B17	Your sexual activity has decreased						
B18	You avoid going out (travel, leisure, friends, ...)						
B19	Your family life is disrupted						
B20	You're uncomfortable when doing house chores/ tidying up/ handy work						
B21	You're uncomfortable in my own body						
B22	You're uncomfortable after having a bowel movement						
B23	You believe that your illness is incurable						

Thank you for your attendance