

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 - Female	0 1	
A3	Ethnicity	- Kinh - Others (specify)	0 1	
A4	Education level	- Under primary - Primary - Middle school - High School - Professional intermediate/ College/University/ Postgraduate	1 2 3 4 5	

A5	Occupation	<ul style="list-style-type: none"> - Pupils/students - Healthcare workers - Officers - Workers/ Farmers - Business/ Commerce - Others (specify) 	1 2 3 4 5 6	
A6	Marital status	<ul style="list-style-type: none"> - Single - Married/ Living with a spouse or partner - Separated/ Divorced/ Widowed 	1 2 3	
A7	Residence	<ul style="list-style-type: none"> - Rural - Urban - Others (specify) 	1 2 3	
A8	Religion	<ul style="list-style-type: none"> - No religion - Buddhism - Others (specify) 	1 2 3	
A9	Monthly income	<ul style="list-style-type: none"> - ≤ 5 million VND - > 5 - ≤ 10 million VND - > 10 - ≤ 15 million VND - > 15 - ≤ 20 million VND - > 20 - ≤ 25 million VND - > 25 million VND 	1 2 3 4 5 6	
A10	Comorbidities	<ul style="list-style-type: none"> - No - Hypertension - Diabetes - Hypertension, diabetes - Others (specify) 	1 2 3 4 5	
A11	Surgical method	<ul style="list-style-type: none"> - Stapled hemorrhoidopexy - Hemorrhoidectomy 	0 1	

A12	Accompanying surgery	- No - Surgery to treat anal fissure - Surgery to treat skin tags - Polypectomy	1 2 3 4	
A13	Duration of disease years		
A14	Previous treatment of hemorrhoid	- No - Yes	0 1	

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