

We would like to assess how much abdominal pain you experienced during and after your treatment. Please place a mark (x) on the lines shown below to indicate how much pain you had. One extreme of the line represents “no pain at all” while the other represents “as much pain as you can possibly imagine”.

1. Pain one hour following procedure

No pain at all _____ Worst
imaginable pain

2. Pain on discharge from hospital

No pain at all _____ Worst
imaginable pain

3. Would you describe the procedure as:

Totally acceptable Generally acceptable
Fairly acceptable Unacceptable

4. Did you find the exposure required for the procedure embarrassing?

Yes, extremely Yes, moderately Yes, a little No

5. If you had a friend with a similar problem to you, would

you recommend this operation? Yes No

6. Would you have the same treatment again? Yes No

7. With hindsight would you have preferred to have avoided a general anaesthetic (i.e. be awake for the procedure)? Yes No

8. In the time period from your outpatient hysteroscopy to coming into hospital today would you say your bleeding symptoms are?

Same Better Worse

Please give any comments about your treatment experience:

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Thank you for taking the time to complete this questionnaire