Dear Patient,

We are carrying out a survey to help improve health care for women with heavy menstrual bleeding (HMB). Some people might call this “heavy periods”. Sometimes this type of survey is called an “audit”. The best way for us to improve services is to ask women with heavy menstrual bleeding to tell us about their experience. Everyone who comes to a hospital outpatient clinic for heavy menstrual bleeding for the first time in the last 12 months will be offered a questionnaire.

We would be really grateful if you could complete this questionnaire while you are in the clinic today, and hand it back to a member of staff before you leave.

If you are not here for heavy menstrual bleeding, or if you have been seen in a hospital for heavy menstrual bleeding in the last 12 months, please just give the blank questionnaire back to a member of staff.

The enclosed patient information sheet describes in more detail why we are undertaking this survey and how we will use your answers to this questionnaire. Taking part is voluntary. You may find some of the questions sensitive. If you agree to take part, please complete and sign the consent form on the next page.

When you have completed the consent form and questionnaire, tear off the consent form. Please put the questionnaire in the envelope provided. The questionnaire (placed in the envelope and sealed) and the consent form (not in the envelope) should both be handed to a member of staff before you leave the hospital.

Thank you very much for your help.

The National HMB Audit Team

Royal College of Obstetricians and Gynaecologists
London School of Hygiene & Tropical Medicine
Ipsos MORI

In partnership with:

Funding provided by:

HQIP
Healthcare Quality Improvement Partnership
Consent Form
Complete, tear off and return with your questionnaire

Please read the information, tick the relevant box and sign below.

I have read and understood the enclosed Patient Information Sheet.

I understand that patients who complete this questionnaire will not be identified by name in any published reports or papers.

I understand that I am free to withdraw from taking part at any time, without giving a reason.

I understand that all information I provide will be kept confidentially.

I agree to receive a second questionnaire by post in 12 months.

I agree that my personal details will be held and used by the National HMB Audit. These details will be used to send out the second questionnaire and to link the questionnaire to information that is routinely collected in other NHS databases (such as the hospital episode statistics databases).

I understand that the National HMB Audit will not release my personal details, unless required by law. In such an exceptional event, I will be told if any disclosure will take place.

☐ I AGREE to take part in the National HMB Audit.

If you have agreed to take part in this Audit please write your name and address in CAPITAL LETTERS below so that we can send you a second questionnaire in 12 months’ time.

Title  

First Name  

Surname  

Address  

Postcode  

Date of birth (dd/mm/yyyy)  

Signature  

Name (in capital letters)  

Today’s date (dd/mm/yyyy)  

12345678910
The first few questions are about your symptoms, any treatment that you may have had and factors that may have influenced your treatment. Please indicate your answer by ticking (✓) the box or writing in the space provided.

Q1. How long have you had symptoms of heavy menstrual bleeding?
- 2 months or less
- More than 2 months, but less than 1 year
- More than 1 year
- Don’t know

Q2. In the last year, how many times have you seen your GP about heavy menstrual bleeding?
- None
- 1-2 times
- 3-4 times
- 5-6 times
- More than 6 times
- Don’t know

Q3. What previous treatment have you had for heavy menstrual bleeding?
Please tick (✓) as many boxes as you need to.
- None
- The Pill (oral contraception)
- Other medication (not The Pill)
- Intrauterine system (for example Mirena)
- Endometrial ablation (treatment to remove the lining of uterus or womb)
- Other treatment
- Don’t know

Q4. Have you had any operations on the uterus (womb) or cervix? Please do not include endometrial ablation.
- Yes
- No
- Don’t know

Q5. During the last 3 months, how much pain did you experience during your periods?
- No pain
- Very mild pain
- Mild pain
- Moderate pain
- Severe pain
- Very severe pain

Q6. How many times have you been pregnant?
- pregnancies
- I do not want to answer this question

Q7. How many babies have you had?
- babies
- I do not want to answer this question
Q8. Do you think you might want to become pregnant in the future?
☐ Yes ☐ No ☐ Not sure ☐ I do not want to answer this question

Q9. Have you been told by a doctor that you have any of the following?
Please tick (✓) as many boxes as you need to.
☐ Uterine fibroids ☐ A bleeding disorder
☐ Endometriosis ☐ Adenomyosis
☐ Polyps of the uterus (womb) or cervix
☐ Heart disease (for example angina, high blood pressure
heart attack or heart failure) ☐ Lung disease (for example asthma,
endometriosis adenomyosis, chronic bronchitis or emphysema)
☐ Depression ☐ Kidney disease
☐ Polyps of the uterus (womb) or cervix ☐ Cancer (within the last 5 years)
☐ Diabetes

Q10. Overall, how would you say your health is?
Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐

Q11. If you were to spend the next 5 years with your heavy menstrual bleeding symptoms the way they are now, how would you feel about that?
Delighted ☐ Pleased ☐ Mostly satisfied ☐ Mixed – about equally satisfied and dissatisfied ☐ Mostly dissatisfied ☐ Unhappy ☐ Terrible ☐

Listed below are symptoms experienced by women who have heavy menstrual bleeding (heavy periods). Please consider each symptom as it relates to your heavy menstrual bleeding or menstrual cycle. Each question asks how much distress you have experienced from each symptom during the previous 3 months.

There are no right or wrong answers. Please be sure to answer every question by ticking (✓) the most appropriate box. If a question does not apply to you, please mark “not at all” as a response.

During the previous 3 months, how distressed were you by…

<table>
<thead>
<tr>
<th>During the previous 3 months, how distressed were you by…</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Some-what</th>
<th>A great deal</th>
<th>A very great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q12. Heavy bleeding during your menstrual period</td>
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<tr>
<td>Q13. Passing blood clots during your menstrual period</td>
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<td>Q14. Fluctuation in the duration of your menstrual period compared to your previous cycles</td>
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<tr>
<td>Q15. Fluctuation in the length of your monthly cycle compared to your previous cycles</td>
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<td>Q16. Feeling tightness or pressure in your pelvic area</td>
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<td>Q17. Frequent urination during the daytime hours</td>
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<tr>
<td>Q18. Frequent nighttime urination</td>
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<td>Q19. Feeling fatigued</td>
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The following questions ask about your feelings and experiences regarding the impact of heavy menstrual bleeding symptoms (heavy periods) on your life. Please consider each question as it relates to your experiences with heavy menstrual bleeding during the previous 3 months.

There are no right or wrong answers. Please be sure to answer every question by ticking (✓) the most appropriate box. If the question does not apply to you, please tick “none of the time” as your option.

During the previous 3 months, how often have your symptoms related to heavy menstrual bleeding...

<table>
<thead>
<tr>
<th>Question</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
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<tbody>
<tr>
<td>Q20. Made you feel anxious about the unpredictable onset or duration of your periods?</td>
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<td>Q21. Made you anxious about travelling?</td>
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<td>Q22. Interfered with your physical activities?</td>
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<td>Q23. Caused you to feel tired or worn out?</td>
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<tr>
<td>Q24. Made you decrease the amount of time you spent on exercise or other physical activities?</td>
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<td>Q25. Made you feel as if you are not in control of your life?</td>
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<td>Q26. Made you concerned about staining underclothes?</td>
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<td>Q27. Made you feel less productive?</td>
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<td>Q28. Caused you to feel drowsy or sleepy during the day?</td>
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<td>Q29. Made you feel self-conscious of weight gain?</td>
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<td>Q30. Made you feel that it was difficult to carry out your usual activities?</td>
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<td>Q31. Interfered with your social activities?</td>
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<td>Q32. Made you feel conscious about the size and appearance of your stomach?</td>
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<td>Q33. Made you concerned about staining bed linen?</td>
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<td>Q34. Made you feel sad, discouraged, or hopeless?</td>
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<td>Q35. Made you feel down hearted and low?</td>
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<td>Q36. Made you feel exhausted?</td>
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<td>Q37. Caused you to be concerned or worried about your health?</td>
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<td>Q38. Caused you to plan activities more carefully?</td>
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<td>Q39. Made you feel inconvenienced about always carrying extra pads, tampons, and clothing to avoid accidents?</td>
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<td>Q40. Caused you embarrassment?</td>
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<td>Q41. Made you feel uncertain about your future?</td>
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<td>Q42. Made you feel irritable?</td>
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<tr>
<td>Q43. Made you concerned about staining outer clothes?</td>
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During the previous 3 months, how often have your symptoms related to heavy menstrual bleeding...

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<td>Q44.</td>
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<td>Q45.</td>
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<td>Q46.</td>
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<td>Q47.</td>
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<td>Q48.</td>
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</table>

The following questions are about your health overall. By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

**Q49. Mobility**

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

**Q50. Self-Care**

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

**Q51. Usual Activities** *(for example work, study, housework, family or leisure activities)*

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**Q52. Pain/Discomfort**

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**Q53. Anxiety/Depression**

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

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Q54. To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the black box below to whichever point on the scale indicates how good or bad your health state is today.

Please also write the number that represents your health today in the white boxes provided.
Q55. What is your current body weight?

☐ kg or ☐ stones ☐ pounds

Q56. What is your height?

☐ cm or ☐ feet ☐ inches

Q57. How old were you when you left full-time education (for example school, college or university)?

☐ 16 or under ☐ I do not want to answer this question

☐ 17 to 18

☐ 19 or over

Q58. What is your ethnic group?

Choose ONE section from A to E, then tick (✓) the appropriate box to indicate your ethnic group

A White

☐ British

☐ Irish

☐ Any Other White background

B Mixed

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any Other Mixed background

C Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Any Other Asian background

D Black or Black British

☐ Caribbean

☐ African

☐ Any Other Black background

E Chinese or Other Ethnic Group

☐ Chinese

☐ Any Other

☐ I do not want to answer this question

Thank you for completing this questionnaire.

Please check that you have given us your correct name and address so that we can send you a second questionnaire and then give this questionnaire back to a member of staff.

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