

PERSONAL INTERVIEW QUESTIONNAIRE

(Lap Ventral Mesh Rectopexy for Rectal Prolapse)

Department of Surgical Gastroenterology

King George Medical University

Date:	Name:	Age/
Sex:	Date of surgery:	

1. Are you satisfied with the outcome of your surgery:

Yes / No

2. Do you feel your life has become better after surgery:

Yes/ No/ Has remained same

3. Does part of your bowel ever pass through the anus and comes outside during or after defecation?

Yes/ No/ Sometimes

4. To what extent does the constipation distress you following surgery:

Completely relieved/ Partially relieved/ remained same/ Slightly worsened/ Worsened much

5. Ever have to push on the vagina or around the rectum to have or complete a bowel movement?

Yes/ No/ Sometimes

6. To what extent does the anal/fecal incontinence distress you following surgery:

Completely relieved/ Partially relieved/ remained same/ Slightly worsened/ Worsened much

7. Do you now feel more confident in your

a. Daily life (walking/ swimming/ doing exercise/ driving): Yes / No

b. Family life (with spouse): Yes / No

c. Social life: Yes / No

8. Do you feel yourself a burden on others:

Yes / No

9. Do you ever feel insecure/ nervous or depressed?

No/ Sometimes/ Most of times

10. To what extent do you feel yourself as an integral part of your family before and after the procedure:

11. To what extent can you fulfill the needs of your family after the procedure:

12. Will you advice this procedure to others (friends/relatives) with the same problem:

Yes / No

13. Suppose if you have the same problem (like you had earlier), would you like to undergo this procedure again:

Yes / No

14. Other comments:

Signature

(Name/ Date)
