

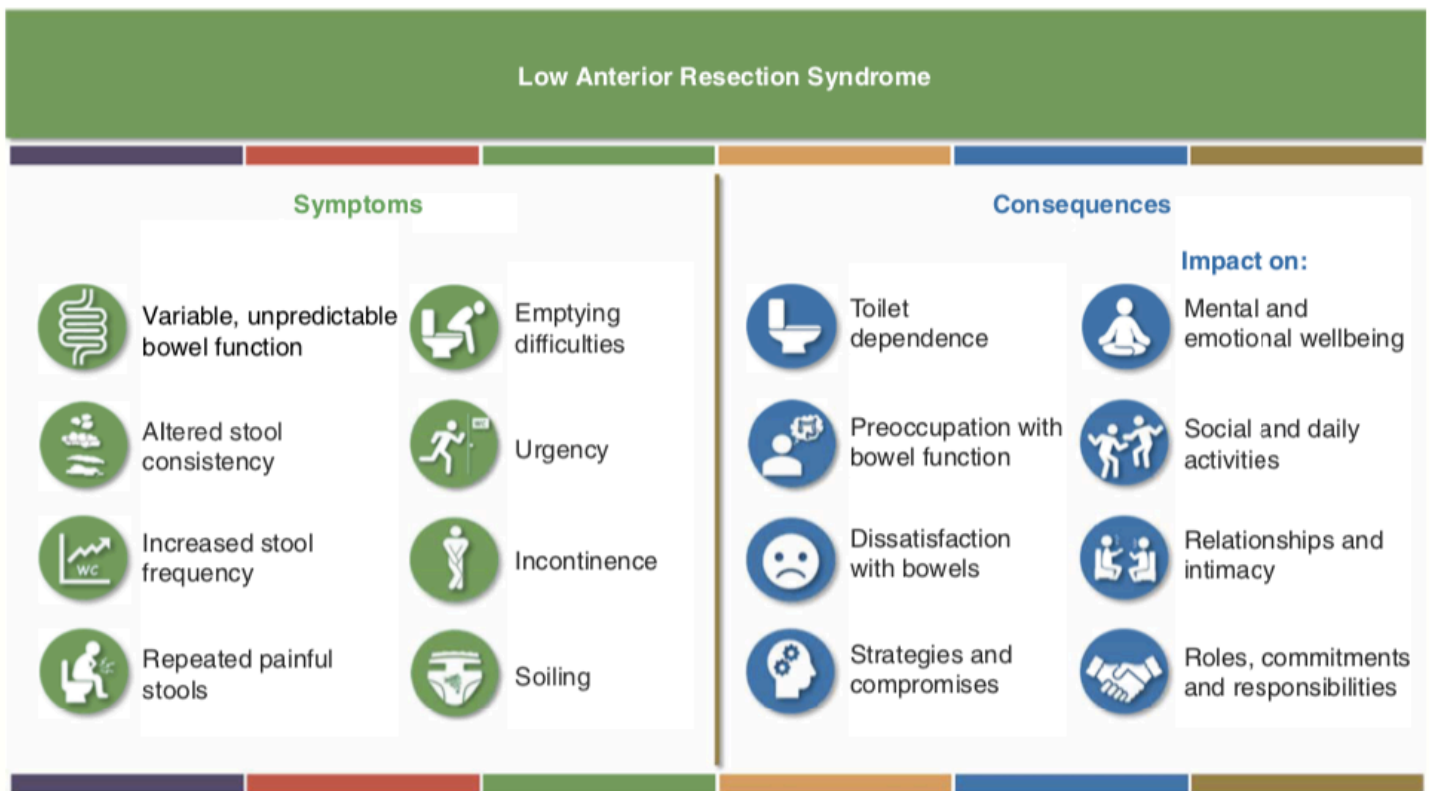
TRIPARTITE LARS

Patient Identification Number for this study:

Date of surgery:

Type of surgery:

Please select at least of these symptoms resulting in at least one of these consequences:



LARS SCORE

Patient Identification Number for this study:

Date of surgery:

Type of surgery:

Under each heading, please tick the ONE box that best describes your health TODAY.

Do you ever have occasions when you cannot control your flatus (wind)?

No, never

Yes, less than once per week

Yes, at least once per week

Do you ever have any accidental leakage of liquid stool?

No, never

Yes, less than once per week

Yes, at least once per week

How often do you open your bowels?

More than 7 times per day (24h)

4-7 times per day (24h)

1-3 times per day (24h)

Less than once per day (24h)

Do you ever have to open your bowels again within 1 hour of the last bowel opening?

No, never

Yes, less than once per week

Yes, at least once per week

Do you ever have such a strong urge to open your bowels that you have to rush to the toilet?

No, never

Yes, less than once per week

Yes, at least once per week

VAIZEY SCORE

Patient Identification Number for this study:

Date of surgery:

Type of surgery:

	Never	Rarely	Sometimes	Weekly	Daily
Solid stool	0	1	2	3	4
Liquid stool	0	1	2	3	4
Gas	0	1	2	3	4
Change in lifestyle	0	1	2	3	4
				No	Yes
Wear a pad/plug	-	-	-	0	2
Taking constipating agents				0	2
Inability to defer defecation for 15 min				0	2

Total Score:

EORTC QLQ – C30

Patient Identification Number for this study:

Date of surgery:

Type of surgery:

		Not at al	A little	Quite a bit	Very much
1	Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?	1	2	3	4
2	Do you have any trouble taking a long walk?	1	2	3	4
3	Do you have any trouble taking a short walk outside of the house?	1	2	3	4
4	Do you need to stay in bed or a chair during the day?	1	2	3	4
5	Do you need help with eating, dressing, washing yourself or using the toilet?	1	2	3	4
During the past week:					
6	Were you limited in doing either your work or other daily activities?	1	2	3	4
7	Were you limited in pursuing your hobbies or other leisure time activities?	1	2	3	4
8	Were you short of breath?	1	2	3	4
9	Have you had pain?	1	2	3	4
10	Did you need to rest?	1	2	3	4
11	Have you had trouble sleeping?	1	2	3	4
12	Have you felt weak?	1	2	3	4
13	Have you lacked appetite?	1	2	3	4
14	Have you felt nauseated?	1	2	3	4

15	Have you vomited?	1	2	3	4
16	Have you been constipated?	1	2	3	4
17	Have you had diarrhea?	1	2	3	4
18	Were you tired?	1	2	3	4
19	Did pain interfere with your daily activities?	1	2	3	4
20	Have you had difficulty in concentrating on things, like Reading a newspaper or watching TV?	1	2	3	4
21	Did you feel tense?	1	2	3	4
22	Did you worry?	1	2	3	4
23	Did you feel irritable?	1	2	3	4
24	Did you feel depressed?	1	2	3	4
25	Have you had difficulty remembering things?	1	2	3	4
26	Has your physical condition or medical treatment interfered with your family life?	1	2	3	4
27	Has your physical condition or medical treatment interfered with your social activities?	1	2	3	4
28	Has your physical condition or medical treatment caused you financial difficulties?	1	2	3	4

29. How would you rate your overall health during the past week??

Very poor 1 2 3 4 5 6 7 Excellent

30. How would you rate your overall quality of life during the past week?

Very poor 1 2 3 4 5 6 7 Excellent

EORTC QLQ-CR29

Patient Identification Number for this study:

Date of surgery:

Type of surgery:

	During the past week:	Not at all	A little	Quite a bit	Very much
31	Did you urinate frequently during the day?	1	2	3	4
32	Did you urinate frequently during the night?	1	2	3	4
33	Have you had any unintentional release (leakage) of urine?	1	2	3	4
34	Did you have pain when you urinated?	1	2	3	4
35	Did you have abdominal pain?	1	2	3	4
36	Did you have pain in your buttocks/anal area/rectum?	1	2	3	4
37	Did you have a bloated feeling in your abdomen?	1	2	3	4
38	Have you had blood in your stools?	1	2	3	4
39	Have you had mucus in your stools?	1	2	3	4
40	Did you have a dry mouth?	1	2	3	4
41	Have you lost hair as a result of your treatment?	1	2	3	4
42	Have you had problems with your sense of taste?	1	2	3	4
43	Were you worried about your health in the future?	1	2	3	4
44	Were you worried about your weight?	1	2	3	4
45	Have you felt physically less attractive as a result of your disease or treatment?	1	2	3	4
46	Have you been feeling less feminine/masculine as a result of your disease or treatment?	1	2	3	4
47	Have you been dissatisfied with your body?	1	2	3	4
48	Do you have a stoma bag (colostomy/ileostomy)?	Yes	No		

Answer these questions ONLY IF YOU HAVE A STOMA BAG, if not please continue below

		Not at all	A little	Quite a bit	Very much
49	Have you had unintentional release of gas/flatulence from your stoma bag?	1	2	3	4
50	Have you had leakage of stools from your stoma?	1	2	3	4
51	Have you had sore skin around your stoma?	1	2	3	4
52	Did frequent bag changes occur during the day?	1	2	3	4
53	Did frequent bag changes occur during the night?	1	2	3	4
54	Did you feel embarrassed because of your stoma?	1	2	3	4
55	Did you have problems caring for your stoma?	1	2	3	4

Answer these questions ONLY IF YOU DO NOT HAVE A STOMA BAG

		Not at all	A little	Quite a bit	Very much
49	Have you had unintentional release of gas/flatulence from your back passage?	1	2	3	4
50	Have you had leakage of stools from your your back passage?	1	2	3	4
51	Have you had sore skin around your anal area?	1	2	3	4
52	Did frequent bowel movements occur during the day?	1	2	3	4
53	Did frequent bowel movements occur during the night?	1	2	3	4
54	Did you feel embarrassed because of your bowel movements?	1	2	3	4

During the past 4 weeks:

For MEN only:		Not at all	A little	Quite a bit	Very much
62	To what extent were you interested in sex?	1	2	3	4
63	Did you have difficulty getting or maintaining an erection?	1	2	3	4

For WOMEN only:		Not at all	A little	Quite a bit	Very much
64	To what extent were you interested in sex?	1	2	3	4
65	Did you have pain or discomfort during intercourse?	1	2	3	4

FEMALE SEXUAL FUNCTION INDEX (FSFI)

Patient Identification Number for this study:

Date of surgery:

Type of surgery::

Q1: Over the past 4 weeks, how **often** did you feel sexual desire or interest?

5 = Almost always or always
 4 = Most times (more than half the time)
 3 = Sometimes (about half the time)
 2 = A few times (less than half the time)
 1 = Almost never or never

Q2: Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest?

5 = Very high
 4 = High
 3 = Moderate
 2 = Low
 1 = Very low or none at all

Q3. Over the past 4 weeks, how **often** did you feel sexually aroused (“turned on”) dur- ing sexual activity or intercourse?

0 = No sexual activity
 5 = Almost always or always
 4 = Most times (more than half the time)
 3 = Sometimes (about half the time)
 2 = A few times (less than half the time)
 1 = Almost never or never

Q4. Over the past 4 weeks, how would you rate your **level** of sexual arousal (“turn on”) during sexual activity or intercourse?

0 = No sexual activity
 5 = Very high
 4 = High
 3 = Moderate
 2 = Low
 1 = Very low or none at all

Q5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse?

0 = No sexual activity
 5 = Very high confidence
 4 = High confidence
 3 = Moderate confidence
 2 = Low confidence
 1 = Very low or no confidence

Q6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse?

0 = No sexual activity
 5 = Almost always or always
 4 = Most times (more than half the time)
 3 = Sometimes (about half the time)
 2 = A few times (less than half the time)
 1 = Almost never or never

Q7: Over the past 4 weeks, how **often** did you become lubricated (“wet”) during sexual activity or intercourse?

0 = No sexual activity
 5 = Almost always or always
 4 = Most times (more than half the time)
 3 = Sometimes (about half the time)
 2 = A few times (less than half the time)
 1 = Almost never or never

Q8. Over the past 4 weeks, how **difficult** was it to become lubricated (“wet”) during sexual activity or intercourse?

0 = No sexual activity
 1 = Extremely difficult or impossible
 2 = Very difficult
 3 = Difficult
 4 = Slightly difficult
 5 = Not difficult

Q9: Over the past 4 weeks, how often did you **maintain** your lubrication (“wetness”) until completion of sexual activity or intercourse?

0 = No sexual activity
 5 = Almost always or always
 4 = Most times (more than half the time)
 3 = Sometimes (about half the time)
 2 = A few times (less than half the time)
 1 = Almost never or never

Q10: Over the past 4 weeks, how **difficult** was it to maintain your lubrication (“wetness”) until completion of sexual activity or intercourse?

0 = No sexual activity
 1 = Extremely difficult or impossible
 2 = Very difficult
 3 = Difficult
 4 = Slightly difficult
 5 = Not difficult

Q11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)?

0 = No sexual activity
 5 = Almost always or always
 4 = Most times (more than half the time)
 3 = Sometimes (about half the time)
 2 = A few times (less than half the time)

1 = Almost never or never

Q12: Over the past 4 weeks, when you had sexual stimulation or intercourse, how **diffi- cult** was it for you to reach orgasm (climax)?

0 = No sexual activity
 1 = Extremely difficult or impossible
 2 = Very difficult
 3 = Difficult
 4 = Slightly difficult
 5 = Not difficult

Q13: Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse?

0 = No sexual activity
 5 = Very satisfied
 4 = Moderately satisfied
 3 = About equally satisfied and dissatisfied
 2 = Moderately dissatisfied
 1 = Very dissatisfied

Q14: Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner?

0 = No sexual activity
 5 = Very satisfied
 4 = Moderately satisfied
 3 = About equally satisfied and dissatisfied
 2 = Moderately dissatisfied
 1 = Very dissatisfied

Q15: Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?

5 = Very satisfied
 4 = Moderately satisfied
 3 = About equally satisfied and dissatisfied
 2 = Moderately dissatisfied
 1 = Very dissatisfied

Q16: Over the past 4 weeks, how **satisfied** have you been with your overall sexual life?

5 = Very satisfied
 4 = Moderately satisfied
 3 = About equally satisfied and dissatisfied
 2 = Moderately dissatisfied
 1 = Very dissatisfied

Q17: Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration?

0 = Did not attempt intercourse
 1 = Almost always or always
 2 = Most times (more than half the time)
 3 = Sometimes (about half the time)
 4 = A few times (less than half the time)
 5 = Almost never or never

Q18: Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration?

0 = Did not attempt intercourse
1 = Almost always or always
2 = Most times (more than half the time)
3 = Sometimes (about half the time)
4 = A few times (less than half the time)
5 = Almost never or never

Q19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration?

0 = Did not attempt intercourse
1 = Very high
2 = High
3 = Moderate
4 = Low
5 = Very low or none at all

International Index Erectile Function (IIEF)

Patient Identification Number for this study:

Date of surgery:

Type of surgery:

Q1: How often were you able to get an erection during sexual activity?

- 0 = No sexual activity
- 1 = Almost never/never
- 2 = A few times (much less than half the time)
- 3 = Sometimes (about half the time)
- 4 = Most times (much more than half the time)
- 5 = Almost always/always

Q2: When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

- 0 = No sexual activity
- 1 = Almost never/never
- 2 = A few times (much less than half the time)
- 3 = Sometimes (about half the time)
- 4 = Most times (much more than half the time)
- 5 = Almost always/always

Q3: When you attempted sexual intercourse, how often were you able to penetrate (enter) your partner?

- 0 = Did not attempt intercourse
- 1 = Almost never/never
- 2 = A few times (much less than half the time)
- 3 = Sometimes (about half the time)
- 4 = Most times (much more than half the time)
- 5 = Almost always/always

Q4: During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- 0 = Did not attempt intercourse
- 1 = Almost never/never
- 2 = A few times (much less than half the time)
- 3 = Sometimes (about half the time)
- 4 = Most times (much more than half the time)
- 5 = Almost always/always

Q5: During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

- 0 = Did not attempt intercourse
- 1 = Extremely difficult
- 2 = Very difficult
- 3 = Difficult

4 = Slightly difficult

5 = Not difficult

Q6: How many times have you attempted sexual intercourse?

0 = No attempts

1 = One to two attempts

2 = Three to four attempts

3 = Five to six attempts

4 = Seven to ten attempts

5 = Eleven+ attempts

Q7: When you attempted sexual intercourse, how often was it satisfactory for you?

0 = Did not attempt intercourse

1 = Almost never/never

2 = A few times (much less than half the time)

3 = Sometimes (about half the time)

4 = Most times (much more than half the time)

5 = Almost always/always

Q8: How much have you enjoyed sexual intercourse?

0 = No intercourse

1 = No enjoyment

2 = Not very enjoyable

3 = Fairly enjoyable

4 = Highly enjoyable

5 = Very highly enjoyable

Q9: When you had sexual stimulation or intercourse, how often did you ejaculate?

0 = No sexual stimulation/intercourse

1 = Almost never/never

2 = A few times (much less than half the time)

3 = Sometimes (about half the time)

4 = Most times (much more than half the time)

5 = Almost always/always

Q10: When you had sexual stimulation or intercourse, how often did you have tile feeling of orgasm or climax?

0 = No sexual stimulation/intercourse

1 = Almost never/never

2 = A few times (much less than half the time)

3 = Sometimes (about half the time)

4 = Most times (much more than half the time)

5 = Almost always/always

Q11: How often have you felt sexual desire?

1 = Almost never/never

2 = A few times (much less than half the time)

3 = Sometimes (about half the time)

4 = Most times (much more than half the time)

5 = Almost always/always

Q12: How would you rate your level of sexual desire?

1 = Very low/none at all
2 = Low
3 = Moderate
4 = High
5 = Very high

Q13: How satisfied have you been with your overall sex life?

1=Very dissatisfied
2 = Moderately dissatisfied
3 = About equally satisfied and dissatisfied
4 = Moderately satisfied
5 = Very satisfied

Q14: How satisfied have you been with your sexual relationship with your partner?

1=Very dissatisfied
2 = Moderately dissatisfied
3 = About equally satisfied and dissatisfied
4 = Moderately satisfied
5 = Very satisfied

Q15: How do you rate your confidence that you could get and keep an erection?

1 = Very low
2 = Low
3 = Moderate
4 = High
5 = Very high

CUESTIONARIO IPSS

Patient Identification Number for this study:

Date of surgery:

Type of surgery:

In the past month:	Not at all	Less than 1 in 5 times	Less than half the time	About half the time	More than Half the time	Almost always
1. Incomplete Emptying How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	
2. Frequency How often have you had to urinate less than every two hours?	0	1	2	3	4	
3. Intermittency How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	
4. Urgency How often have you found it difficult to postpone urination?	0	1	2	3	4	
5. Weak Stream How often have you had a weak urinary stream?	0	1	2	3	4	
6. Straining How often have you had to strain to start urination?	0	1	2	3	4	

	None	1 Time	2 Times	3 Times	4 Times	5 Times
7. Nocturia						
How many times did you typically get up at night to urinate?	0	1	2	3	4	5
Total I-PSS Score						

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Score: *1-7 Mild*

8-19: moderate

20-35: Severe