Reference Number

Men's Health & Wellbeing Survey

Why are you being asked to do this survey?

We are asking a sample of men to complete this survey relating to everyday health issues which are quite common but often not talked about.

This survey is being run at the same time as another survey which is being sent out to men who have had a diagnosis of prostate cancer within the last three years.

Some of the problems that men with prostate cancer face are also quite often experienced by men who have not had prostate cancer, but we don't know just how common these problems are. To study this we need to compare the experiences of men without prostate cancer to those of men with prostate cancer. You have been randomly picked from the Northern Ireland population as one of the group **without** prostate cancer. If however, you have been recently diagnosed with prostate cancer, you do not need to complete the survey. Just return the pack in the envelope provided indicating when you were diagnosed with prostate cancer. We apologise for contacting you and you will not be contacted again.

By taking part in this survey you will provide important information on men's health which will help health services make decisions about how to improve the quality of care and support for men with and without prostate cancer.

This survey was originally designed to find out more about what life is like for men with prostate cancer. Many men with prostate cancer have problems with their bladder, bowels etc. and so some questions may seem a bit unusual and sensitive. This is because we need to be able to compare answers from this survey with those given by men with prostate cancer.

If you have any questions about this survey please call this FREEPHONE helpline number: 0808 801 06748.

We are very grateful for your time and effort in completing this survey. Your answers will be completely anonymous.

The survey
This survey is made up of six sections, and should take approximately 30 minutes to complete.

Who should complete the questionnaire?
The questions should be answered by the man named in the letter that came with this questionnaire. If that man needs help to answer the questions then the answers should be given from his point of view – not from the point of view of the person who is helping.
The information you give us will be kept **securely and confidentially** and any personal details such as your name will not be available to our researchers. We will not publish any personal information that could allow anyone to identify you

Completing the questionnaire
Please use a black or blue pen and for each question tick clearly inside the box that best represents your views. Do not worry if you make a mistake. Just cross out the mistake and put a tick in the correct box. **Do not** write your name or address anywhere on the questionnaire.

Although there are a number of questions which may seem quite personal we would really appreciate you answering all questions frankly as it is so important to get a clear picture of what men's health issues are. **Your answers will be anonymous and no one will be able to identify you.**

The more questions in this survey that you complete, the more information we will have to compare with those men who are living with and beyond prostate cancer. However, if you feel unable or uncomfortable about answering any of the questions, or if any question does not apply to you, please leave it blank and move on to the next one.

If reflecting on your situation has caused anxiety or uncertainty about your health, please contact your GP.

If you have any queries about the questionnaire, please call the FREEPHONE helpline number: 0808 801 06748.

Section One: Your overall health today

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

1. MOBILITY

I have no problems in walking about ❑
I have slight problems in walking about ❑
I have moderate problems in walking about ❑
I have severe problems in walking about ❑
I am unable to walk about ❑

2. SELF-CARE

I have no problems washing or dressing myself ❑
I have slight problems washing or dressing myself ❑
I have moderate problems washing or dressing myself ❑
I have severe problems washing or dressing myself ❑
I am unable to wash or dress myself ❑

3. USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

I have no problems doing my usual activities ❑
I have slight problems doing my usual activities ❑
I have moderate problems doing my usual activities ❑
I have severe problems doing my usual activities ❑
I am unable to do my usual activities ❑

4. PAIN / DISCOMFORT

I have no pain or discomfort ❑
I have slight pain or discomfort ❑
I have moderate pain or discomfort ❑
I have severe pain or discomfort ❑
I have extreme pain or discomfort ❑

5. ANXIETY / DEPRESSION

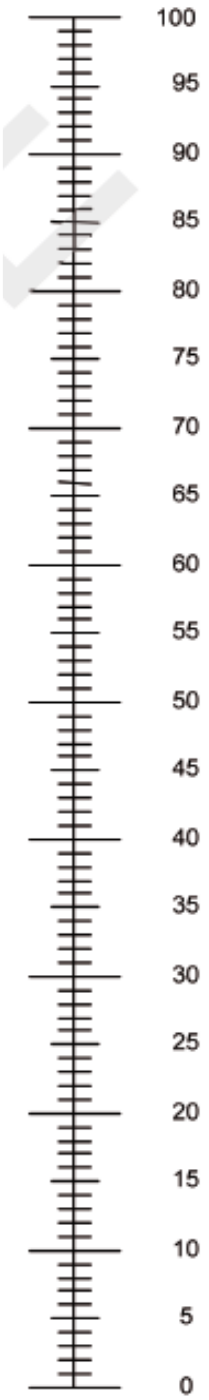
I am not anxious or depressed ❑
I am slightly anxious or depressed ❑
I am moderately anxious or depressed ❑
I am severely anxious or depressed ❑
I am extremely anxious or depressed ❑

6. We would like to know how good or bad your health is TODAY

- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you mark on the scale in the box below.

YOUR HEALTH TODAY = ☐

The best health you can imagine



The worst health you can imagine

Section Two: Men's Health Issues

1. In the **last 3 years:** *Please tick all that apply*

☐ Have you attended your GP with urinary symptoms (e.g. urinating frequently, blood in urine)?

☐ Have you attended your GP with back pain or joint pain?

☐ Has your GP/Practice Nurse offered to test your PSA (blood test) as part of a general health check?

If yes, Did you go ahead with the test? ☐

☐ Have you asked your GP/Practice Nurse to measure your PSA? (blood test).

Did your GP/ nurse test your PSA, when requested? ☐

☐ Have you had a PSA test as part of a private health check?

☐ Have you had a biopsy of your prostate?

We understand that some of the following questions are very sensitive, but we would really appreciate you answering them if possible. As with the rest of the questionnaire, your answers will be kept confidential and no one will be able to identify you.

*Please tick **one** box for each question.*

2.	Over the **past 4 weeks,** how often have you leaked urine**?**
More than once a day	☐
About once a day	☐
More than once a week	☐
About once a week	☐
Rarely or never	☐

3.	Which of the following best describes your urinary control **during the last 4 weeks?**
No urinary control whatsoever	☐
Frequent dribbling	☐
Occasional dribbling	☐
Total control	☐

Please answer only IF you leak urine

4.	IF you leak urine, How many pads <u>per day</u> did you usually use to control leakage **during the last 4 weeks?**
None	☐
1 pad per day	☐
2 pads per day	☐
3 or more pads per day	☐

5.	How big a problem, if any, has each of the following been for you **during the last 4 weeks?** *Please tick **one** box on each line.*				
	No problem	Very small problem	Small problem	Moderate problem	Big problem
Dripping or leaking urine	☐	☐	☐	☐	☐
Pain or burning on urination	☐	☐	☐	☐	☐
Bleeding with urination	☐	☐	☐	☐	☐
Weak urine stream	☐	☐	☐	☐	☐
Incomplete emptying	☐	☐	☐	☐	☐
Need to urinate frequently during the day	☐	☐	☐	☐	☐

6.	Overall, how big a problem has your urinary function been for you **during the last 4 weeks?** *Please tick **one** box.*
No problem	☐
Very small problem	☐
Small problem	☐
Moderate problem	☐
Big problem	☐

*Please tick **one** box for each question.*

7.	How big a problem, if any, has each of the following been for you? *Please tick **one** box on each line.*				
	No problem	Very small problem	Small problem	Moderate problem	Big problem
Urgency to have a bowel movement	☐	☐	☐	☐	☐
Increased frequency of bowel movements	☐	☐	☐	☐	☐
Losing control of your bowel movements	☐	☐	☐	☐	☐
Bloody stools	☐	☐	☐	☐	☐
Abdominal/ Pelvic/Rectal/ back passage pain	☐	☐	☐	☐	☐

8.	**Overall, how big a problem have your bowel habits been for you during the last 4 weeks? *Please tick one box.***
No problem	☐
Very small problem	☐
Small problem	☐
Moderate problem	☐
Big problem	☐

The following questions are very personal and we appreciate your answers which will help us measure levels of problems that men have. All information provided is anonymous.

9.	How would you rate each of the following **during the last 4 weeks**? *Please tick **one** box on each line.*				
	Very poor to none	Poor	Fair	Good	Very good
Your ability to have an erection	☐	☐	☐	☐	☐
Your ability to reach orgasm (climax)	☐	☐	☐	☐	☐

*Please tick **one** box for each question.*

10.	How would you describe the usual QUALITY of your erections **during the last 4 weeks?** *Please tick **one** box.*
None at all	☐
Not firm enough for any sexual activity	☐
Firm enough for masturbation and foreplay only	☐
Firm enough for intercourse	☐

11.	How would you describe the FREQUENCY of your erections **during the last 4 weeks?**
I NEVER had an erection when I wanted one	☐
I had an erection LESS THAN HALF the time I wanted one	☐
I had an erection ABOUT HALF the time I wanted one	☐
I had an erection MORE THAN HALF the time I wanted one	☐
I had an erection WHENEVER I wanted one	☐

*Please tick **one** box for each question.*

12.	Overall, how would you rate your ability to function sexually **during the last 4 weeks?**
Very poor	☐
Poor	☐
Fair	☐
Good	☐
Very good	☐

13.	Overall, how big a problem has your sexual function or lack of sexual function been for you **during the last 4 weeks?**
No problem	☐
Very small problem	☐
Small problem	☐
Moderate problem	☐
Big problem	☐

14.	How big a problem **during the last 4 weeks**, if any, has each of the following been for you? *Please tick **one** box on each line.*				
	No problem	Very small problem	Small problem	Moderate problem	Big problem
Hot flushes	☐	☐	☐	☐	☐
Breast tenderness/enlargement	☐	☐	☐	☐	☐
Feeling depressed	☐	☐	☐	☐	☐
Lack of energy	☐	☐	☐	☐	☐
Change in body weight	☐	☐	☐	☐	☐

During the last 4 weeks *Please tick **one** box on each line.*	Not at all	A little	Quite a bit	Very much
15. To what extent were you interested in sex?	☐	☐	☐	☐
16. To what extent were you sexually active (with or without intercourse)?	☐	☐	☐	☐

*Please tick **one** box for each question.*

17. Have you used any medications to aid or improve erections in the last three years? (e.g. tablets, penis injections, gels) *Please tick **one** box.*						
☐	☐	☐	☐	☐	☐	☐
I was not offered this	I was offered this but did not want it	I was offered this but have not tried it	I was offered this and tried it, but it was not helpful	I was offered this and it helped, but I am not using it now	I was offered this, it helps and I use it sometimes	I was offered this, it helps and I use it often

18. Have you used any devices to aid or improve erections in the last three years? (e.g. vacuum pump, penile prosthesis)						
☐	☐	☐	☐	☐	☐	☐
I was not offered this	I was offered this but did not want it	I was offered this but have not tried it	I was offered this and tried it, but it was not helpful	I was offered this and it helped, but I am not using it now	I was offered this, it helps and I use it sometimes	I was offered this, it helps and I use it often

19. Have you used any specialist services to aid or improve erections in the last three years? (e.g. counselling, psychosexual clinics, psychology)						
☐	☐	☐	☐	☐	☐	☐
I was not offered this	I was offered this but did not want it	I was offered this but have not tried it	I was offered this and tried it, but it was not helpful	I was offered this and it helped, but I am not using it now	I was offered this, it helps and I use it sometimes	I was offered this, it helps and I use it often

During the past week: *Please tick **one** box on each line.*				
	Not at all	A little	Quite a bit	Very much
20. Did you need to rest?	☐	☐	☐	☐
21. Have you felt weak?	☐	☐	☐	☐
22. Were you tired?	☐	☐	☐	☐

Section Three: Your everyday life

On each line please tick the box that best describes your answer.
Please tick the **'no difficulty box'** if a question **does not apply to you**.

During the past month:	No difficulty	A little difficulty	Quite a bit of difficulty	Very much difficulty
1. Have you had any difficulty maintaining your independence?	☐	☐	☐	☐
2. Have you had any difficulty in carrying out your domestic chores? (e.g. cleaning, gardening, cooking, shopping)	☐	☐	☐	☐
3. Have you had any difficulty with managing your own personal care? (e.g. bathing, dressing washing)	☐	☐	☐	☐
4. Have you had any difficulty with looking after those who depend on you? (e.g. children, dependent adults, pets)	☐	☐	☐	☐
5. Have any of those close to you (e.g. partner, children, parents) had any difficulty with the support available to them?	☐	☐	☐	☐
6. Have you had any difficulties with benefits? (e.g. Statutory Sick Pay, Personal Independence Payments, Attendance Allowance, Universal Credit)	☐	☐	☐	☐
7. Have you had any financial difficulties?	☐	☐	☐	☐
8. Have you had any difficulties with financial services? (e.g. loans, mortgages, pensions, insurance)	☐	☐	☐	☐
9. Have you had any difficulty concerning your work? (or education if you are a student)	☐	☐	☐	☐
10. Have you had any difficulty with planning for your own or your family's future? (e.g. care of dependents, legal issues, business affairs)	☐	☐	☐	☐
11. Have you had any difficulty with communicating with those closest to you? (e.g. partner, children ,parents)	☐	☐	☐	☐

12. Have you had any difficulty with communicating with others? (e.g. friends, neighbours, colleagues, dates)	☐	☐	☐	☐
13. Have you had any difficulty concerning plans to have a family?	☐	☐	☐	☐
14. Have you had any difficulty concerning your appearance or body image?	☐	☐	☐	☐
15. Have you felt isolated?	☐	☐	☐	☐
16. Have you had any difficulty with getting around? (e.g. transport, car parking, your mobility)	☐	☐	☐	☐
17. Have you had any difficulty in carrying out your recreational activities (e.g. hobbies, pastimes, social pursuits)	☐	☐	☐	☐
18. Have you had any difficulty with your plans to travel or take a holiday?	☐	☐	☐	☐

19. In the **past week**, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?
(This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.)
*Please tick **one** box.*

☐	☐	☐	☐	☐	☐	☐	☐
None	**I day**	**2 days**	**3 days**	**4 days**	**5 days**	**6 days**	**7 days**

Section Four: Your Emotional Wellbeing

Below are some statements about feelings and thoughts. Please tick the box on each line that best describes your experience of each over **the last 2 weeks.**

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
1. I've been feeling optimistic about the future	☐	☐	☐	☐	☐
2. I've been feeling useful	☐	☐	☐	☐	☐
3. I've been feeling relaxed	☐	☐	☐	☐	☐
4. I've been dealing with problems well	☐	☐	☐	☐	☐
5. I've been thinking clearly	☐	☐	☐	☐	☐
6. I've been feeling close to other people	☐	☐	☐	☐	☐
7. I've been able to make up my own mind about things	☐	☐	☐	☐	☐

The following questions ask about how you have been feeling during the **past 30 days**.
For each question, please tick the box on each line that best describes how often you had this feeling.

During the past 30 days, about how often did you feel ...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
8. ...nervous?	☐	☐	☐	☐	☐
9. ...hopeless?	☐	☐	☐	☐	☐
10. ...restless or fidgety?	☐	☐	☐	☐	☐
11. ...so depressed that nothing could cheer you up?	☐	☐	☐	☐	☐
12. ...that everything was an effort?	☐	☐	☐	☐	☐
13. ...worthless?	☐	☐	☐	☐	☐

Section Five: Looking to the Future Please read the statements carefully and tick your responses to them. *Please tick **one** box on each line.* **If a question does not apply to you please leave it blank.**

	Strongly agree	Agree	Disagree	Strongly disagree
1. I am capable of handling my health	☐	☐	☐	☐
2. I have all the information I need to manage my health	☐	☐	☐	☐
3. I am capable of helping health professionals reach decisions related to my health	☐	☐	☐	☐
4. My family are very supportive	☐	☐	☐	☐
5. I need the support of my family and friends	☐	☐	☐	☐
6. My family and friends still rely on me	☐	☐	☐	☐
7. I can adapt to the changes in my lifestyle	☐	☐	☐	☐
8. Health professionals are happy to include me in decisions related to my health	☐	☐	☐	☐
9. I want my family and friends to continue to rely on me	☐	☐	☐	☐
10. My friends are always supportive	☐	☐	☐	☐
11. I still feel useful in my daily life	☐	☐	☐	☐
12. My spiritual beliefs help me cope with my health	☐	☐	☐	☐
13. I accept that I have to change my lifestyle	☐	☐	☐	☐
14. Complementary therapies help me cope with my health	☐	☐	☐	☐
15. I have a lot of confidence in my local GP	☐	☐	☐	☐

	No impact	A little impact	Quite a bit of impact	Very much impact
16. How much of an impact have any health issues had on your life?	☐	☐	☐	☐

Section Six: Questions about you

1. How old are you?

_____

2. What is your legal marital status? *Please tick* *one* *box.*

- ☐ Married
- ☐ In civil partnership
- ☐ Separated
- ☐ Divorced/dissolved civil partnership
- ☐ Widowed/surviving partner from civil partnership
- ☐ Single (never married/never in civil partnership)
- ☐ Other

3. What was your employment status 3 years ago**? Please *tick* *one* *box.***

- ☐ Full time employment
- ☐ Part time employment
- ☐ Self employed
- ☐ Looking after family/home
- ☐ Retired
- ☐ Unemployed, seeking work
- ☐ Unemployed, unable to work for health reasons
- ☐ Other

4.* What is your employment status** currently**? *If on sick leave answer in relation to your usual employment status. Please tick* *one* *box.

- ☐ Full time employment
- ☐ Part time employment
- ☐ Self employed
- ☐ Looking after family/home
- ☐ Retired
- ☐ Unemployed, seeking work
- ☐ Unemployed, unable to work for health reasons
- ☐ Other

5. To which of these ethnic groups would you say you belong? *Please tick* *one* *box.*

White

- ☐ English/Welsh/Scottish
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

Mixed/Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed/multiple ethnic background

Asian / British Asian

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Black/African/Caribbean/Black British

- ☐ Black African
- ☐ Black Caribbean
- ☐ Any other Black / African / Caribbean background

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group

6. Do you consider yourself. *Please tick* *one* *box.*

- ☐ Heterosexual / straight
- ☐ Homosexual / gay
- ☐ Bisexual
- ☐ Don't know
- ☐ Prefer not to answer

7. Which, if any, of the following conditions do you have? *Please tick all the boxes that apply.*

☐	A heart condition	☐	Kidney disease
☐	Angina	☐	Diabetes
☐	High blood pressure	☐	Stroke
☐	Asthma or other chronic chest problem	☐	Alzheimer's disease or dementia
☐	Liver disease	☐	Epilepsy
☐	Problems with your stomach, bowels or gallbladder	☐	Other long standing neurological problem
☐	Problems with your pancreas	☐	Received radiotherapy for any of the following cancers: kidney, bladder, bowel, testicular
☐	Cancer (please indicate the type below) _____	☐	A diagnosis of Arthritis

8. How tall are you? ……feet……..inches OR ……centimetres ☐ Don't know

9. How much do you weigh? ……..stone……pounds OR ….kilograms ……..grams Don't know

10. Have you <u>ever in your lifetime</u> seen a health care professional (such as a GP, psychiatrist, psychologist, social worker, counsellor, psychotherapist, mental health nurse, or any other such professional) for problems with your emotions or nerves or your use of alcohol or drugs

Yes ☐ No ☐

11. Do you look after, or give any help or support (not part of your paid employment) to family members, friends, neighbours or others because of either:

Long term physical or mental health disability, or
Problems relating to old age

Yes ☐ No ☐

12. If you were given the option would you complete this questionnaire online?

Yes ☐ No ☐

Please would you tell us who filled in this survey. ***Please tick*** *one* ***box.***

☐ **The person to whom this survey was sent**

☐ **A representative of person to whom this survey was sent**

(e.g. partner, family member, friend)

You have completed the survey.
Thank you for your time.

If you would like to know more about the overall study of which this is part then please visit our website at: www.lifeafterprostatecancerdiagnosis.com

If you have any questions about this survey please call this FREEPHONE helpline number: 0808 801 06748

If reflecting on your situation has caused anxiety or uncertainty about your health, please contact your GP.

We very much appreciate the time and thought you have put into completing this survey.