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# Design of new patient-reported outcome measures to assess quality of life, symptoms and treatment satisfaction in patients with abdominal aortic aneurysm

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#### **Competing interests**

Clare Bradley is the copyright owner of the AneurysmDQoL, AneurysmTSQ and AneurysmSRQ which, along with other questionnaires designed by CB and her research team, are licensed to others to use through Health Psychology Research (HPR) Ltd, of which she is CEO and majority shareholder. Licence fees are charged to commercial companies who license the questionnaires. Clinicians,

academics and other non-commercial users are asked to pay a small administration charge but no licence fee. Licence agreements are provided to students free of all charges.



#### **Abstract**

**Introduction**: No condition-specific patient-reported outcome measures existed for patients with abdominal aortic aneurysm (AAA). The aim of this work was to develop three questionnaires to assess quality of life (QoL), symptoms and treatment satisfaction in patients with AAA.

**Method**: Semi-structured interview techniques were used to explore patients' experiences of having AAA in a series of focus groups and in-depth interviews. The information gathered was used to inform design and selection of items for the new tools, with the overall structure of the new questionnaires based upon tools developed previously for patients with diabetes and other conditions.

Results: 54 patients (51 men; 3 women; mean age 71.9yrs) were recruited from 4 NHS Trusts to participate in focus groups or interviews, either whilst under surveillance or following AAA repair (using open or endovascular techniques). The Aneurysm-Dependent Quality of Life Questionnaire (AneurysmDQoL) is an individualised measure of the impact of AAA on patients' QoL. 23 domains were chosen specifically for their relevance to patients with AAA with a further 2 overview items to assess overall QoL and the impact of AAA on QoL. The Aneurysm Symptom Rating Questionnaire (AneurysmSRQ) is a 44-item measure assessing physical and psychological symptoms reported by patients with AAA. The Aneurysm Treatment Satisfaction Questionnaire (AneurysmTSQ) contains 11 items, suitable for patients pre- and post-surgical intervention.

**Conclusion**: The iterative development process reported here has confirmed that these three new tools have good face and content validity for patients with AAA. Psychometric analyses assessing structure and construct validity of the tools will be reported separately.

**Keywords** 

Quality of life; aortic aneurysm; patient-reported outcome measure; treatment satisfaction; symptoms; AneurysmDQoL; AneurysmSRQ; AneurysmTSQ

#### Introduction

In the UK, abdominal aortic aneurysms (AAA) affect 5-10% of men and 1.5% of women between the ages of 65 and 79 and constitute a significant cause of mortality in this age group.<sup>1</sup> Due to the risk of rupture, patients diagnosed with AAA usually undergo elective repair once the aneurysm reaches threshold size (5.5cm). Techniques of AAA repair have evolved significantly in recent years with large numbers now treated with endovascular repair (EVAR) rather than open repair (OR). As a result of these advances and rigorous Quality Improvement Programmes, surgical morbidity and mortality have fallen dramatically and these parameters are therefore less useful than previously as the sole markers of surgical quality.<sup>2</sup> Additionally and importantly, measures of quality of life (QoL), symptoms and treatment satisfaction allow evaluation of outcomes from the patients' perspectives. This allows clinicians to target those issues that are most important to patients and strive for even higher quality care rather than simply avoiding adverse outcomes. For this reason the last few years have seen the UK Department of Health embark on a nationwide initiative to encourage the use of patient-reported outcome measures (PROMs), both in the surgical specialties generally and more specifically in aortic aneurysm surgery.<sup>34</sup>

In the absence of a validated aneurysm-specific QoL measure, all previous studies of QoL in patients with AAA have used generic tools. Systematic review of these studies demonstrated that there was no clear consensus about the overall impact of AAA (or AAA repair) on QoL.<sup>5</sup> Meta-analysis of existing data did provide some additional clarification, suggesting that QoL may be negatively impacted after AAA repair.<sup>6</sup> However, the pattern of change over time (particularly beyond 12 months post-intervention) and any differences between OR and EVAR may have been obscured by the use of generic tools and heterogeneity of data in the included studies. Many of the studies used generic health status measures instead of QoL instruments and it is important to

distinguish between the two if we are not to be misled: health and QoL do not necessarily improve/deteriorate in tandem.<sup>7</sup> Furthermore, very little is known about symptoms experienced or treatment satisfaction in these patients.

The aim of this work was to design three new condition-specific questionnaires based on the experiences of patients with AAA to provide robust, separate assessments of QoL, symptoms, and treatment satisfaction for use in clinical practice, audit and research.

#### Methods

#### **Recruitment of patients**

Patients were recruited from 4 English NHS Trusts: St George's University Hospitals NHS Foundation Trust (London), North Bristol NHS Trust, Norfolk and Norwich University Hospitals NHS Trust and Worcestershire Acute Hospitals NHS Trust. All participants had undergone AAA repair within the preceding 24 months (OR or EVAR) or were enrolled in preoperative surveillance with an aneurysm that was below the threshold size for intervention. Men and women were invited and there was no age constraint. Only English-speaking patients were invited to take part.

#### **Focus groups**

Patients were identified using a purposive sampling technique (maximum variation) and assigned to focus groups with similar patients (i.e. all preintervention or OR or EVAR). This was done to prevent confusion between participants who had experienced different forms of treatment. The National Research Ethics Service (NRES Committee – London Chelsea – 11/L0/1416) approved the process of patient recruitment prior to the start of the study and patients provided written consent at each stage.

The number of focus groups was determined using a 'theme-saturation' model, which dictates that no further focus groups are necessary once there are no new themes being presented by participants. Focus groups were moderated by a trainee vascular surgeon (GP) and a health psychologist with extensive experience in questionnaire design (CB). A semi-structured format was used to explore patients' experiences in relation to QoL, symptoms and treatment satisfaction at each stage in the treatment pathway using open-ended questions. The discussion included diagnosis, surveillance, preoperative investigations and, where applicable, intervention, recovery and follow-up. More sensitive topics (such as bowel or sexual function) were not broached by the facilitators during focus groups to avoid causing embarrassment to participants but were discussed during in-depth interviews. Written notes and audio recordings were made during each session to allow subsequent transcription.

Transcripts underwent content analysis to allow identification of the themes raised by group participants. Individual issues were listed and grouped into themes, with continual re-evaluation after each group and addition of new issues/themes as they emerged. Newly identified themes were then re-explored in greater depth at subsequent focus groups. This process clarified when themesaturation had been reached and resulted in a single list of all aspects of QoL, symptoms and treatment satisfaction that had been raised by the participants. (Table 2 – Supplementary material).

#### Questionnaire design

The themes identified during the focus groups then determined the aspects of QoL, symptoms and treatment satisfaction that were included in drafts of the three new questionnaires. To minimize the need for linguistic validation, the wording and structure of questions in the new tools was based upon items from existing questionnaires previously developed with other patient groups and validated by CB as described below. The number of items in each of the new questionnaires was not predetermined, but instead resulted from selection of suitable items from a pre-existing item bank to address the domains relevant to

patients with AAA. If no previous bank item existed (or could be adapted) to cover a QoL domain raised in the focus groups, a new item was created with specialist linguistic input (to facilitate future translations into other languages) before being tested in interviews.

#### <u>AneurysmDQoL</u>

The overall format of the AneurysmDQoL and many of the individual items were based upon those in the Audit of Diabetes-Dependent Quality of Life (ADDQoL) and associated questionnaires designed for use by people with other conditions. The ADDQoL was designed by CB and colleagues to improve on previous condition-specific measures which were not individualised and often contained a mixture of items measuring symptoms, functional status and treatment satisfaction, with a minority including items genuinely measuring QoL. The ADDOoL is the most widely used of the various -DOoL measures and is linguistically validated in more than 60 languages. 9-17 The design of the ADDQoL was influenced by the principles underpinning the SEIQoL (Schedule for the Evaluation of Individual QoL) interview methodology. 18 The guiding definition of QoL provided by the ADDQoL, as with the SEIQoL, is 'how good or bad you feel your life to be'. The SEIQoL allows respondents to select the aspects of their life of importance for their QoL before rating them for quality, thereby providing an individualised measure of QoL. The -DQoLs differ from the SEIQoL by being condition-specific and questionnaire measures rather than a generic interview tool but are similarly individualised in two different ways: first, a not applicable option is provided for items that may not be applicable to everyone (eg working life) and, secondly, a rating of the importance of each aspect of life is elicited as well as a rating of the impact of the condition on that aspect of their life (see figure 1). Thus each item consists of two rating scales to measure impact and importance and the two scores are multiplied to give a Weighted Impact (WI) score. The AneurysmDQoL, thereby provides a personalised assessment of the impact of AAA on an individual's QoL

In addition, the AneurysmDQoL also includes two broad overview items. The first asks respondents to rate their present QoL and the second asks how their quality of life would be if they had not had an aneurysm.

#### AneurysmSRQ

Question format of the AneurysmSRQ was based on tools developed previously by CB and colleagues for patients with a number of long-term conditions.  $^{19\,20}$ 

In the first part of each question, respondents are asked to indicate whether they had experienced a particular symptom at all in recent weeks (defined as 'about four weeks'). For those who had experienced that symptom, the second part of the question asks how much it had bothered them. Responses to the second part of the question are given using a 4-point scale from 'not at all' 'to 'a lot'. (Fig 2).

#### AneurysmTS0

The AneurysmTSQ was based on the Diabetes Treatment Satisfaction Questionnaire (DTSQ) and associated questionnaires for other conditions. <sup>21-26</sup> For each question in the AneurysmTSQ, patients are asked to respond using a 7-point scale where a higher score indicates greater satisfaction with treatment (Fig. 3).

Since questionnaires were to be tested in patient interviews, all patient-identified issues were included in the initial drafts even if they were considered to be uncommon or unrelated to having an aneurysm, or had only been mentioned by one or two participants. Several additional items were also incorporated into the drafts to assess more sensitive symptoms including bowel function and sexual function, which may not have been mentioned by patients in a focus-group setting, but where there is evidence to suggest that AAA or its repair may have a negative impact. <sup>27-29</sup>

#### Pilot interviews and questionnaire refinement

In the next stage of development, the draft questionnaires were refined through in-depth interviews. In these interviews, participants were asked to work through each of the questionnaires in turn, reading the questions out and 'thinking aloud' so that interviewers could see when they were having difficulty reading or comprehending an item. This technique has been well proven over many years of developing similar tools.<sup>9 30</sup> Participants were also given the opportunity to identify any additional issues that they felt had not been covered in the new tools.

#### Results

Nine focus groups were held during the initial phase of development (6 EVAR; 2 OR; 1 surveillance). In total, these involved 41 patients with AAA, with between 3 and 6 participants in each group. Though the majority of groups were with EVAR patients for logistic reasons, theme saturation suggested no further groups were necessary for either OR or surveillance patients. Thirteen in-depth interviews were then carried out during the subsequent refinement process. (Table 1)

#### **Aneurysm-Dependent Quality of Life Questionnaire (AneurysmDQoL)**

In all of the focus groups for patients who had already undergone aneurysm repair (OR or EVAR), there were reports of AAA-related issues that could have negatively impacted their QoL (Table 2). Preoperative anxiety was particularly prevalent, with participants mentioning this spontaneously in 8 of the 9 focus groups and describing feelings of having a 'ticking time-bomb inside'. Anxiety about surgical intervention was also noted.

Participants in 2 groups (both EVAR) reported feelings of relief once their aneurysm was repaired, using phrases such as 'I felt happy to be alive', 'I had a near miss' and 'it was as if the bomb had been defused'. One patient (EVAR group) also said that they valued each day more since having the aneurysm repaired. However, relief of anxiety following intervention was certainly not

universal. With many having experienced no preoperative symptoms, participants in 4 groups (3 EVAR, 1 OR) expressed concerns about the possibility of other occult illnesses and how they would ever know if any 'problem' were to arise with their aneurysm repair.

Another commonly arising theme was the impact of restricted activity on QoL. This was mentioned in 6 groups (all EVAR) and largely related to patients feeling that they had to limit their physical activity (as opposed to being physically incapable of doing things). In a small subset of patients (e.g. commercial drivers) there were financial implications due to being prohibited from working with an untreated aneurysm. Other notable QoL themes raised by participants included failure to return to preoperative levels of well-being following intervention; impact on relationships with family members; and the fact that some patients felt unprepared for the severity of the operation or complications when they arose.

The initial draft of the AneurysmDQoL contained 25 items in total. Following the first 2 overview items, there were 23 domain-specific items addressing the impact of AAA on multiple patient-identified aspects of life of importance for QoL (Table 2). The final item on the questionnaire was a free-text question, to allow patients to identify any other ways in which QoL is impacted by having had AAA.

In-depth interviews resulted in several minor modifications to the AneurysmDQoL. To improve patients' understanding of the stem question, the wording was changed from 'If I had <u>not</u> had an aneurysm, my quality of life would be...' to 'If I had never had an aneurysm...'. This was because a number of participants misinterpreted this to be about how their quality of life would be if they had not had an aneurysm <u>repair</u>, rather than the actual condition. For example, some patients commented that if they had not had an aneurysm repair they would be dead. The change to the wording improved participants' understanding that the item was asking them to consider their QoL at time of questionnaire completion and how they feel this would be different if they had never had an aneurysm (whether repaired or not). Wording of the discomfort

item was also changed, with participants finding the words 'physical discomfort' easier to understand than 'bodily discomfort'.

In a draft version of the AneurysmDQoL, there were three items relating to cognitive function, which asked about 'memory', 'ability to concentrate' and 'ability to think quickly and clearly'. However, a composite form of this question ultimately proved to detect as much impact as the three separate items taken together and the composite item was therefore retained in their place (Item 22, Appendix 1).

None of the participants identified any additional aneurysm-related QoL issues that were not already covered by the questionnaire. The final version contained 23 domain-specific items plus two overview items and a single free-text question about any other ways that QoL is affected. One domain specific item ("The amount I value each day") was ultimately removed during validation (to be reported separately), resulting in 22 domain specific items.

#### **Aneurysm Symptom Rating Questionnaire (AneurysmSRQ)**

During focus groups, patients reported a wide range of symptoms that they attributed to their aneurysm or its repair (Table 2). The most common of these was pain, with leg pain, lower back pain, abdominal pain and buttock pain being the most common (reported in 7, 5, 4 and 4 groups respectively). Other lower limb symptoms included swelling, numbness, weakness and heaviness. In addition to pain and limb symptoms, there were also a number of more generalized symptoms that were frequently mentioned. Participants in 7 of the 8 postoperative groups (all 6 EVAR groups and 1 OR group) commented on a feeling of marked lethargy for many months post-intervention. Low mood and weight loss were also noted in 4 groups each, with general weakness, decreased activity, profuse sweating, significant bruising, and poor appetite each mentioned in at least two groups.

The initial draft of the AneurysmSRQ comprised 43 items asking about the specific physical, mental and psychological symptoms that were identified during focus groups plus 3 free-text items allowing patients to identify any additional symptoms that had not been covered elsewhere. Interviews provided the opportunity to discuss more sensitive topics that were not raised during focus groups. The interviews confirmed that these issues were experienced by patients and warranted inclusion in the AneurysmSRQ with more than 40% of interviewees reporting some upset in gastrointestinal function and over 60% reporting symptoms related to sexual dysfunction. The interview stage also resulted in the amendment or removal of several items that participants found difficult to understand or were not deemed relevant. These included those relating to general muscle pains, hallucinations, lumps under the skin and wound infection. A number of completely new items were also added after being identified as important by interviewees. These included avoidance of sexual activity (as distinct from problems with sexual function and loss of interest in sex which were in the original draft), feeling faint/lightheaded, difficulty thinking quickly and clearly and changes in bowel function. Furthermore, items were reordered to group symptoms into themes (e.g. gastrointestinal symptoms or pain etc.) so that the questionnaire followed a more logical sequence. The final version contained 44 items and 2 blank items for free-text describing any additional symptoms.

#### Aneurysm Treatment Satisfaction Questionnaire (AneurysmTSQ)

When it came to discussion of treatment satisfaction, a range of issues were highlighted (Table 2), though the most frequently reported concern was that patients didn't feel it had been made clear to them how serious their condition was. This related to a lack of information about likely side-effects (as opposed to complications covered in the preoperative consent process) and how much intervention might affect them both mentally and physically. Similarly, patients in six of the nine focus groups felt that that they had been given insufficient information about whether they should avoid physical exertion and whether certain activities, such as air travel, were safe pre- or postoperatively. Patients

also frequently commented (6 of 9 groups) that they had not been given any choice about the type of intervention they would have for their aneurysm (i.e. OR or EVAR) and one elderly woman patient was distressed that she had had an OR and would have preferred EVAR. Some appeared not to be concerned by the lack of choice, however, and felt that the surgeon knew best and that they would not have minded what sort of operation they had. Other reported factors reducing satisfaction included insufficient time for consent, little contact with the surgeon and a lack of feedback about scan results. Interestingly, however, patients generally described feeling positively reassured by follow-up scans and clinic visits, rather than seeing them as a burden or source of anxiety.

In the AneurysmTSQ, patients are asked to evaluate their experiences of AAA treatment (including any monitoring or surveillance) over the preceding few weeks. The initial draft contained 15 items related to specific elements of treatment and monitoring, including overall treatment, convenience, discomfort, information, feedback, support, follow-up, demands of treatment and monitoring, understanding and satisfaction with *type* of operation (i.e. OR or EVAR). As in the AneurysmDQoL and AneurysmSRQ, there was also a final open question to allow respondents to mention any particular areas of satisfaction or dissatisfaction that had not already been covered.

Four items were removed from the AneurysmTSQ following in-depth interviews. Three of these were poorly understood by patients or unnecessarily repetitive and related to demands of treatment; flexibility of treatment and how well they felt the operation had worked. The fourth item to be removed asked about whether patients would chose to undergo the same type of intervention again should it become necessary. Unfortunately, this was found to cause concern amongst participants as they felt it was suggesting that further intervention was likely. It was also decided that this aspect of satisfaction was covered in a separate item that asked whether patients would encourage others to have the same kind of treatment for their aneurysm.

Once again, despite prompting, none of the interviewees highlighted any sources of satisfaction or dissatisfaction that had not already been covered by the questionnaire. The final version therefore contained 11 items and a single open question about any unmentioned issues.

#### Discussion

The focus groups and interviews provided significant new qualitative data relating to patients' experiences of AAA and AAA repair. This has identified the aspects of QoL, symptoms and treatment satisfaction that are most relevant to these patients and led to the design of three comprehensive new outcome measures.

Over and above the health status outcomes described elsewhere in the literature, patients involved in this study have identified a number of previously unrecognized QoL issues associated with AAA. These included persistent postoperative anxiety in both EVAR *and* OR cohorts, restrictions of activity, avoidance of sexual activity, impact on family life and loss of financial independence. Importantly, with the exception of anxiety, these newly identified themes are not addressed at all by the generic measures of health status (such as the SF36 and EQ-5D) that have commonly been used to assess patient-reported outcomes in this patient group. <sup>31 32</sup> This emphasizes the need for the new tools - and for further study using these new tools - so that clinicians and patients can together make truly informed decisions about their care.

Patients described a wide range of symptoms and aspects of treatment that might influence their QoL. Whilst some of these symptoms may not be directly related to AAA or its repair, a conscious decision was made to retain all symptoms that had been mentioned by patients in the questionnaire until a much larger data collection has been undertaken. At that point it may be possible to remove items if there is robust evidence that they are unrelated to AAA.

Whilst postoperative pain – particularly affecting the lower limbs - has been described previously, what was unexpected here was that persistent pain and lethargy seemed to be reported as frequently after EVAR as after OR. This differs from previous evidence suggesting that OR has greater long-term physical impact than EVAR. <sup>33</sup> Whilst the data presented here are qualitative rather than quantitative, they certainly suggest that this aspect of recovery after AAA repair warrants further investigation.

The suggestion that AAA is a largely asymptomatic condition *prior* to intervention<sup>34</sup> is supported by the fact that most of the patients in our cohort did not describe overt physical symptoms preoperatively. However, that is not to say that having an aneurysm had no negative impact on their QoL during this period of surveillance. In the absence of major physical symptoms, the impact of AAA on QoL appears to be centred around anxiety in the preoperative phase. Though this may have been anticipated, what was less expected was that OR and EVAR patients reported persistent anxiety after intervention. In the open-repair group, a number of patients also expressed concerns about the relative lack of follow-up and felt as though they had been left to cope alone very soon after a major operation. Indeed, patients who had undergone EVAR generally reported feeling reassured by follow-up scans, rather than seeing them as a burden or a source of anxiety. This is contrary to previous assumptions that repetitive follow-up after EVAR might cause patients to worry that they were not 'fixed' or that CT surveillance might lead to concerns about radiation exposure.<sup>35 36</sup> It also highlights the need for more detailed study of this area, since awareness of such patient views might influence the current trend towards more rapid hospital discharge and early cessation of follow-up. At the very least it might allow clinicians to guide patients' expectations more effectively.

Guiding patients' expectations about treatment is clearly a very important part of the patient-doctor interaction, and the treatment satisfaction issues described by participants were often related to communication and the provision of information. Patients were often unclear about the nature and severity of their condition, whether they should restrict their day-to-day activity, and the

likelihood of side-effects and complications. Though communication issues are a common source of dissatisfaction in healthcare, <sup>37</sup> the identification of specific deficiencies in this setting has highlighted clear targets for improvements in practice.

Though a small number of changes were made to the newly designed questionnaires during the interview phase, they were generally well understood from the outset,. They were acceptable to (and welcomed by) patients and proved to have good face- and content-validity. Items relating to the more sensitive topics little discussed in the focus groups also proved to be highly relevant and these topics therefore warrant further quantitative investigation in a larger group of patients. The QoL and symptom measures are suitable for all AAA patients investigated to date and psychometric validation (reported elsewhere) has confirmed that the Treatment Satisfaction Questionnaire has separate subscales suitable for patients pre- or post-intervention and at any of the time-points studied (i.e. whilst under preoperative surveillance and postoperatively from 6-weeks to well beyond 12 months).<sup>38</sup>

Significant efforts were made to include a representative sample of patients by involving multiple centres and OR and EVAR patients, both pre- and post-intervention. However, it is recognized that the ratio of male to female participants was higher than might be expected based on the natural prevalence of the condition. This was partly because more men than women had undergone AAA repair within the preceding two years at the centres involved in the study. The number of female participants was also limited by simple logistic considerations such as whether they were readily contactable or available on the dates of the focus groups or interviews. Nonetheless, the deliberate retention of 'free text' items in the final versions of each questionnaire will ensure that patients have the opportunity to raise any issues that have not been covered within the questionnaires to date.

This paper reports the design of three new questionnaires to assess QoL (AneurysmDQoL), symptoms (AneurysmSRQ) and treatment satisfaction

(AneurysmTSQ) among patients with AAA. Having been developed with patient involvement at every stage, these new questionnaires are believed to be highly representative of the issues experienced by these patients. Psychometric evaluation (to be reported separately) has confirmed their structure, reliability and suitability for use in this patient group and they are now ready for wider clinical use in order to improve our understanding of the impact of AAA and AAA repair. <sup>38</sup>

Access to the questionnaires: please visit www.healthpsychologyresearch.com

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	5 (a)	If I had never had an aneurysm, physically I could do:								
		U-3 very much more	□-2 much more	□-1 a little more	□0 the same	□+1 less				
Ì	(b)	For me, how much I can do physically is:								
		☐+3 very important	□+2 importa	'	□+1 what important	□0 not at all important				

Fig 1 – Example of question format and scoring for the Aneurysm-Dependent Quality of Life Questionnaire (AneurysmDQoL) (scoring shown for information only – not usually visible). 254x190mm (72 x 72 DPI)

1 (a)	Have you felt unusually tired or lethargic in recent weeks?							
	No If no, go to next symptom							
	Yes If yes, complete (b)							
(b)	If <b>yes</b> , how much has this bothered you?							
	not at all a little moderately a lot							

Fig 2 – Example item from the Aneurysm Symptom Rating Questionnaire (AneurysmSRQ). 254x190mm (72 x 72 DPI)

	5. How satisfied are you with feedback about scan results?								
l	very satisfied	6	5	4	3	2	1	0	very dissatisfied

Fig. 3 - Example item from the Aneurysm Treatment Satisfaction Questionnaire (AneurysmTSQ). 254x190mm (72 x 72 DPI)

Table 1 - Patient/group demographics

Tubic 1	- r atient/group ut		C.,,,,,,;11
	OR	EVAR	Surveillance
Number of focus groups	2	6	1
Number of focus group participants (male/female)	8 (6/2)	29 (28/1)	4 (4/0)
Number of interviewees (male/female)	3 (3/0)	6 (6/0)	4 (4/0)
Mean age yrs (range)	74.9 (65.3-86.3)	72.9 (61.4-88.2)	73.7 (64.9-84.2)
Mean time since intervention (months) (range)	8.0 (3-20)	5.7 (2-13)	n/a

Table 2 – Aspects of QoL, symptoms and treatment satisfaction identified during focus groups

Outcome	No. of groups	Example quote
	mentioning	
0.		
Q1	uality of Life	
Preoperative anxiety - Fear of rupture	8	- 'what QoL could I have with a time-bomb inside of me'  - I waited 18 months and it was getting
<ul><li>Increasing anxiety as aneurysm grew</li><li>Waiting indefinitely for intervention</li></ul>	5 2	bigger and bigger and I was on edge waiting for the results
- Anxiety about intervention itself	2	- 'I didn't worry at first, but when it was said that action was needed I got worried' 'once you have one thing that was
Postoperative anxiety	4	completely symptomless you wonder what else you might have wrong with you'
Restrictions of activity	4	'I was terrified to do anything'
Impact on work	3	'I got through all the tests to be a truck driver and they sent me for all these tests and then doc said you won't get the job, you've got an aneurysm'
Relief of anxiety postop	3	'When I had the op it felt like someone had defused the bomb'
Impact on social life	1	'I find it overwhelming in a crowded room since the operation. Prior to that you couldn't keep me out of a crowded pub.' 'I don't feel sociable'
Financial implications	1	Commercial driver: 'I'm now restricted to a 1 year [driving] licence.
Loss of independence	1	'I don't go out so much since the operation'
Not returned to 'normal'	1	'Nothing was the same [after the operation] and nothing still is'
Not prepared for severity	1	'it didn't feel like a serious operation'
Increased awareness of own mortality	1	'[I had a] sense of mortalityYou're going to die one day'
Positive impact on relationships	1	'Quality of life, in some respects, has improved. I spend more time interacting with family and value each day more than before.'
	Symptoms	
Lethargy	7	'Had no get up and go'
Leg pain	7	'Aches in legs all the time now'
Back pain	5	'I get lower back pain'
Abdominal pain	4	'Had a routine examination (scan) for stomach pains and found AAA'
Buttock pain	4	'I had some pain in my left buttock for some time'
Calf pain	4	'I get aching in the legs sometimes – claves below the knees'
Low mood	4	'I got so depressed I had to have anti- depressants afterwards'
Weight loss	4	'I lost a lot of weightI've lost a stone'
Bruising	3	'I had a lot of bruising after – black and blue to the knees'
Leg swelling	3	'had a small amount of swelling and the nurse said it would go down'
Leg numbness	3	'I had this strange numbness'
Decreased activity	2	'Physical activity is down – perhaps because I'm thinking I shouldn't overdo it.'

General weakness	2	'I feel a lot weaker to what I used to'
Profuse sweating	2	'boiling hot, then sweating, then chills'
<u> </u>		'I would fantasize about food but if it was
Poor appetite	2	put in front of me I thought oh no'
Poor balance	1	'The legs worked but felt different – wobbly
1 001 Dalance	1	like I was drunk.
Leg weakness	1	'The right leg is not as strong as the left.
	+	That's new since the op' 'my right leg was really heavy, like a lump
Leg heaviness	1	of lead'
D ''' C ''	1	'I put Christmas cards there and list there
Poor cognitive function	1	and couldn't put the two together'
		'I had panic attacks for a couple of weeks –
Panic attacks	1	and that's not something I've ever had before.'
		'I had hallucinations I had been taken by a
Hallucinations	1	group and they were going to kill me.'
Changes in housel function	1	'I went to my doctor because I had a lot of
Changes in bowel function	1	flatulence that was causing discomfort.'
Changes in urinary function	1	'the next day I had waterwork problems
dianges in armary ranction		and still have'
Wound problems	1	'wound from second op bled and bled and oozed congealed blood.'
Troat	 ment satisfa	
		'No one said what you can do and what you
Unclear about risks (e.g. air travel)	6	can't.'
No choice in type of operation	6	'the stent option wasn't mentioned.'
The choice in type of operation		'No mention of taking it easy until after the
Not clear how serious AAA was	5	opthat was the first I knew how serious it
		was.'
Scans reassuring NOT a burden	5	'It's a pleasure coming here and being told
		you're OK.'
Complications sometimes confusing	3	'was told I had a bent limb. I didn't understand'
Insufficient time to discuss diagnosis	3	'There wasn't a lot of time to ask questions.'
msumerent time to discuss diagnosis	3	'[The information leaflet] didn't deal with
Familial risks unclear	3	the risks of having an aneurysm – risk
		factors, genetics, smoking.'
Felt unready to go home	3	'I didn't feel ready to go homeI was more
Tele unready to go nome	3	knackered than I expected to be.'
Little contact with surgeon	2	'Although you get the scan you don't
		automatically get [to see] the consultant.'  'There was a lack of information about any
		likely adverse outcomes of the op.'
No warning about side-effects	2	'I had no appreciation of what I would feel
		like after this operation.
		'If the AAA bursts the chances of surviving
		are pretty slim – but that is something I
Poor understanding of AAA	2	found out from the web, not from here.'
r oor understanding or run	_	'How do they do it? Where does the blood
		go? I didn't really get an answer I understood.'
		'It would have been better to have had the
Little time for consent	2	consent form sooner.'
	1	'when they scan you they don't tell you
Insufficient feedback about scans	2	[the results] – the operator of the scanner.
	1	You have to make an appointment.'
**	1	'They kept me in for a day longer than I felt
Hospital stay too long	1 *	was needed'
Hospital stay too long		(7 )
Hospital stay too long		'I wasn't sure when to take the dressings
Postop wound management unclear	1	'I wasn't sure when to take the dressings off.' 'Some hospitals don't tell you what to do

		patients can talk to them.'
Insufficient follow-up / support	1	'[I] objected to being cut out of the physiotherapists list without seeing me.'
Local f/u would be preferable	1	'The only thing was can we have scans at [local hospital] because it's so much closer to home.'
Worried about radiation in theatre	1	'worriedhow much radiation I was going to get'



### Appendix 1 - Domains covered in the final development versions of the 3 new tools:

AneurysmDQoL
1 leisure activities
2 working life
3 local or long distance journeys
4 holidays
5 physical ability
6 family life
7 friendships and social life
8 personal relationships
9 sex life
10 getting out and about
11 household tasks
12 being able to do things for others
13 enjoyment of food:
14 feelings about the future
15 financial situation
16 dependence on others
17 health
18 the amount people fuss or worry about me
19 energy
20 physical discomfort
21 anxiety
22 ability to think clearly, concentrate and/or remember things
23 The amount I value each day:

List of symptoms covered in the final version	on of the AnguryemCDO.
List of Symptoms covered in the final version	on the Alleuryshisky:
1 tiredness	
2 headaches	
3 fevers	
4 pain/discomfort in calves	
5 pain/discomfort in thighs	
6 pain/discomfort in groin	
7 pain/discomfort in buttocks	
8 pain/discomfort in back	
9 abdominal pain/discomfort	
10 wound problems	
11 excessive bruising	
12 minor illnesses	
13 depression	
14 panic	
15 worried or nervous	
16 irritable or angry	
17 emotional or upset	
18 difficulty concentrating	
19 memory problems	

20 difficulty thinking quickly and clearly
21 unsteady or uncoordinated
22 feeling dizzy, light-headed or faint
23 tingling or numbness in legs or feet
24 heaviness in legs
25 trembling (e.g. of limbs)
26 weakness in legs
27 swollen legs
28 lost interest in sex
29 avoided sexual activity
30 problems with sexual function
31 excessive sweating
32 episodes of feeling too cold or too hot
33 sleep problems
34 general weakness
35 poor appetite
36 weight loss
37 weight gain
38 indigestion or heartburn
39 nausea or vomiting
40 excessive flatulence or belching
41 bloating
42 diarrhoea
43 constipation
44 difficulty urinating

# Aspects of treatment covered in the final version of the AneurysmTSQ: 1. .... aneurysm treatment (including monitoring) 2. .... convenience of treatment (including monitoring) 3. .... bothered by any discomfort or pain 4. .... information provided 5. .... feedback about scan results 6. .... amount of support from nurses, doctors and other clinical staff 7. .... understanding of the treatment (including any operation/monitoring) 8. .... length of stay in hospital 9. .... side effects of the treatment 10. .... post-operative follow-up 11. .... likely to encourage others to have the same kind of treatment

## AneurysmDQoL (Aneurysm-Dependent Quality of Life)

This questionnaire asks about your quality of life – in other words how good or bad you feel your life to be.								
·	Please put an "X" in the box that best indicates your response for each item.  What we would like to know is how you feel about your life now.							
I In gen		ent quality of  G good	life is:  neither good nor bad	bad very ba	d extremely bad			
an aortic ar	Now we would like to know how your quality of life is affected by having had an aortic aneurysm, its treatment (including monitoring) and/or any side effects you may have.							
[ very	never had a much	much better	my quality of  a little better	life would be:  the same	worse			
\$O								

Please respond to the more specific questions on the following pages. For each aspect of life described, you will find two parts:

For Pa	Part (a): put an "X" in one box to show how your aneurysm affects this aspect of your life;					this aspect of	
For Pa	For Part (b): put an "X" in one box to show how important this aspect of your your quality of life.					of your life is to	
1 (a)	If I had	never had a	an aneurysm, I w	ould enjoy my l	eisure activitie	S!	
, ,	If I had never had an aneurysm, I would enjoy my leisure activities:						
	very m	uch more	much more	a little more	the same	less	
(b)	My leisure activities are:						
	ver	/ important	importa	nt somew	what important	not at all important	
	•			•			
2	Are yo	u currently v	working, looking	for work or wo	uld you like to	work?	
	Yes 🗌	If <b>yes</b> , com	plete (a) and (b).				
	No 🗌	No ☐ If <i>no</i> , go straight to 3 (a).					
(a)	If I had	never had a	an aneurysm, my	working life wo	ould be:		
	very m	uch better	much better	a little better	the same	worse	
(b)	For me	, having a w	orking life is:				
	very	/ important	importa	nt somew	/hat important	not at all important	
3 (a)	If I had	never had a	an aneurysm, loc	cal or long dista	nce journeys w	ould be:	
	very m	uch easier	much easier	a little easier	the same	more difficult	
(b)	For me	, local or lo	ng distance jour	neys are:			
	ven	/ important	importa	nt somev	vhat important	not at all important	

4	Do you over go on hel	iday or want to	ao on holiday?				
	Do you ever go on holiday or want to go on holiday?						
	Yes I If yes, complete (a) and (b).						
	No If <i>no</i> , go straight to 5 (a).						
(a)	If I had never had an aneurysm, my holidays would be:						
	very much better m	nuch better	a little better	the same	worse		
(b)	For me, holidays are:				. 1		
				П			
	very important	important	somewh	<del>—</del> at important	not at all important		
5 (a)	If I had never had an a	neurvsm. phvs	sically I could do	):			
- (,			П				
	very much more m	uch more	a little more	the same	less		
(b)	For me, how much I ca			Victoriie	1000		
(6)	For me, now much rea		y 15.				
	L	important	o o may what	L)	not at all important		
	very important	important	somewn	at important	not at all important		
	Danier bana ann famil	/					
6	Do you have any famil	_					
	Yes If yes, complete						
	No I If no, go straigh	it to <b>7(a)</b> .	<u> </u>				
(a)	If I had never had an a	neurysm, my fa	amily life would	be			
	very much better m	nuch better	a little better	the same	worse		
(b)	My family life is:						
	very important	important	somewha	— at important	not at all important		
	A						
7 (a)	If I had never had an a	neurysm, my f	riendships and s	social life wou	ıld be:		
					П		
	very much better m	uch better	a little better	the same	worse		
(b)	My friendships and so	cial life are:					
'~'	, in the same of						
	very important	important	somewh	ப at important	not at all important		
	10.5 Important	portant	SOTTOWIN	at important	at an important		

8	Do you have or would you like to have a close personal relationship (e.g. husband / wife, partner)?						
	Yes If yes, complete (a) and (b).						
	No If no, go stra	aight to <b>9</b> .					
(a)	If I had never had an aneurysm, my closest personal relationship would be:						
	very much better	much better	a little better	the same	worse		
(b)	For me, having a cl	ose personal rela	itionship is:				
	very important	important	somewh	LI nat important	not at all important		
	vory important	Important		iat important	not at an important		
	T				,		
9	Do you have or wor	_	ve a sex life?				
		olete (a) and (b).					
		aight to <b>10 (a)</b> .		Y			
(a)	If I had never had a	n aneurysm, my s	sex life would be	); 	П		
	very much better	<b>L</b> much better	a little better	the same	<b>L</b> worse		
(b)	For me, having a se		d intil pottor	and dame			
1 (1)		EX IIIC IS.					
(6)							
(6)	very important	importa <mark>n</mark>	somewh	at important	not at all important		
(6)			somewh	at important	not at all important		
10 (a)		importan			not at all important		
	very important  If I had never had a	importani n aneurysm, gett	ing out and abou	ut would be:			
10 (a)	very important  If I had never had a  very much easier	importani n aneurysm, gett much easier			not at all important  more difficult		
	very important  If I had never had a  very much easier	importani n aneurysm, gett much easier	ing out and abou	ut would be:			
10 (a)	very important  If I had never had a  very much easier	importani n aneurysm, gett much easier	ing out and abou	ut would be:			
10 (a)	very important  If I had never had a very much easier  For me, getting out	important in aneurysm, gett much easier and about is:	ing out and abou	ut would be:  the same	more difficult		
10 (a)	very important  If I had never had a very much easier  For me, getting out very important	important in aneurysm, gett much easier and about is: important	ing out and about a little easier	ut would be:  the same  at important	more difficult  I  not at all important		
10 (a)	very important  If I had never had a very much easier  For me, getting out very important	important in aneurysm, gett much easier and about is: important	ing out and about a little easier	ut would be:  the same  at important	more difficult  I  not at all important		
10 (a)	very important  If I had never had a very much easier  For me, getting out very important	important in aneurysm, gett much easier and about is: important	ing out and about a little easier	ut would be:  the same  at important	more difficult  I  not at all important		
10 (a)	very important  If I had never had a very much easier  For me, getting out very important	important in aneurysm, gett much easier and about is: important in aneurysm, I con much better	a little easier somewh	ut would be: the same at important ousehold tasks	more difficult  not at all important  s:		
10 (a) (b)	very important  If I had never had a very much easier  For me, getting out very important  If I had never had a very much better	important in aneurysm, gett much easier and about is: important in aneurysm, I con much better	a little easier  somewheat	ut would be: the same at important ousehold tasks	more difficult  not at all important  s:		

12 (a)	If I had never had an aneurysm, I could do things for others as I wish:						
	very much better	much better	a little better	the same	worse		
(b)	For me, doing thing	gs for others is:					
	very important	important	t somewh	at important	not at all important		
					4		
	I						
13 (a)	If I had never had a	nn aneurysm, I wo	uld enjoy food:	_			
		Ļ		$\square$			
	very much more	much more	a little more	the same	less		
(b)	My enjoyment of fo	ood is:		_	_		
	very important	important	t somewh	nat important	not at all important		
14 (a)	If I had never had a	nn aneurysm, my f	feelings about th	ne future (e.g.	worries, hopes)		
	would be:						
	very much better	much better	a little better	the same	worse		
_							
(b)	My feelings about	the future are:	~~~				
(b)	My feelings about	the future are:					
(b)	My feelings about to the second second with the second sec	the future are: important	somewh	aat important	not at all important		
(b)			somewh	nat important	not at all important		
		important		·	not at all important		
(b)	very important	important		·	not at all important		
	very important	important		·	not at all important  worse		
15 (a)	very important  If I had never had a	important an aneurysm, my t much better	financial situatio	on would be:			
	very important  If I had never had a very much better	important an aneurysm, my t much better	financial situatio	on would be:			
15 (a)	very important  If I had never had a very much better	important an aneurysm, my t much better	financial situation a little better	on would be:			
15 (a)	very important  If I had never had a very much better  My financial situation	important an aneurysm, my to much better on is:	financial situation a little better	on would be: the same	worse		
15 (a) (b)	very important  If I had never had a very much better  My financial situation very important	important an aneurysm, my f much better on is:	Financial situation a little better somewh	the same	worse  not at all important		
15 (a)	very important  If I had never had a very much better  My financial situation	important an aneurysm, my f much better on is:	Financial situation a little better somewh	the same	worse  not at all important		
15 (a) (b)	very important  If I had never had a very much better  My financial situation very important  If I had never had a	important an aneurysm, my f much better on is:	Financial situation a little better somewh	the same	worse  not at all important		
15 (a) (b)	very important  If I had never had a very much better  My financial situation very important  If I had never had a	important an aneurysm, my f much better on is:	Financial situation a little better somewh	the same	worse  not at all important		
15 (a) (b)	very important  If I had never had a very much better  My financial situation very important  If I had never had a want to):	important an aneurysm, my f much better important important an aneurysm, I wo much less	a little better  somewhat  uld have to dependent a little less	the same  at important  and on others	worse  not at all important  (when I do not		
15 (a) (b)	very important  If I had never had a very much better  My financial situation very important  If I had never had a want to):  very much less	important an aneurysm, my f much better important important an aneurysm, I wo much less	a little better  somewhat  uld have to dependent a little less	the same  at important  and on others	worse  not at all important  (when I do not		

17 (a)	If I had never had an aneurysm, my health would be:						
	very much better	much better	a little better	the same	worse		
(b)	For me, my health	is: 					
	very important	important	somewh	at important	not at all important		
					1		
18 (a)	If I had never had a want them to):	n aneurysm, peop	le would fuss o	r worry about	me (when I do not		
	П	П		П			
	very much less	much less	a little less	the same	more		
(b)	For me, not having	others fussing or	worrying about	me is:			
	very important	important	somewh	at important	not at all important		
			. (				
19 (a)	If I had never had a	n aneurysm, the a	mount of energ	y I have woul	d be:		
	very much more	much more	a little more	the same	less		
(b)	How much energy	I have is:					
	very important	important	somewh	at important	not at all important		
		COY					
20 (a)	If I had never had a	n aneurysm, the a	mount of physic	cal discomfor	t I have would be:		
	very much less	much less	a little less	the same	more		
(b)	For me, not having	physical discomfo	ort is:				
	Van Van autant	important	طريده مصمده	<b>∐</b> at important	not at all important		
	very important	important	Somewn	at important	not at all important		
21 (a)	If I had never had a	n aneurysm, the a	mount of anxiet	y I have woul	d be:		
	<b>/</b>	Ц		$\square$	Ш		
	very much less	much less	a little less	the same	more		
(b)	For me, not being a	anxious is:					
	<b>L</b> very important	important	comowh	LI at important	not at all important		
	vervillioniari	เกษบเสกเ	somewn	at important	not at all important		

22 (a)	If I had never had a remember things w		oility to think cl	early, concen	trate and/or
	very much better	much better	a little better	the same	worse
(b)	For me, my ability t	o think/concentrat	e/remember is	:	
	very important	important	somewh	at important	not at all important
	If there are any of having had an ao	<del>-</del>			
				5	

## **AneurysmSRQ**

## (Aneurysm Symptom Rating Questionnaire)

This questionnaire asks you about symptoms that can be associated with aortic aneurysm and its treatment (including monitoring and any operation/medication). You might have experienced some of these symptoms in recent weeks (i.e. about 4 weeks).

fo	in recent or part <b>(b)</b> put an " <b>X</b>	" in the box □ to in weeks, <u>regardless</u> " in the box □ to in	dicate if you have has of the cause; dicate how much the er part (b) if you answ	e symptom has
1 (a)	Have you felt unusua	Illy tired or lethargic	in recent weeks?	
	No $\square$ If $no$ , go to r	next symptom	. ()	
	Yes If yes, comp	olete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
2 (a)	Have you had <b>heada</b>	ches in recent weeks?		
	No $\square$ If $no$ , go to r	next symptom		
	Yes If yes, comp	olete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
	·			
3 (a)	Have you felt <b>feveris</b> l			
	No L If <i>no</i> , go to r	next symptom		
	Yes If yes, comp	olete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot

4 (a)	Have you had pain/dis	comfort in your <b>cal</b>	ves in recent weeks?	
	No If <i>no</i> , go to n	ext symptom		
	Yes If yes, comp	lete (b)		
(b)	If <b>yes</b> , how much has			
	not at all	a little	moderately	a lot
	,			
5 (a)	Have you had pain/dis	comfort in your <b>thi</b> ç	ghs in recent weeks?	1
	No If no, go to n	ext symptom		
	Yes If yes, comp	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
6 (a)	Have you had pain/dis	scomfort in your gro	in in recent weeks?	
	No ☐ If <i>no</i> , go to n	ext symptom		
	Yes If yes, comp	lete (b)	<u> </u>	
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
7()		$\mathbf{O}^{\cdot}$		
7 (a)			tocks in recent weeks?	
		ext symptom		
41.	Yes L If yes, comp			
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	∐ a little	moderately	∐ a lot
	not at an	a nitite	moderately	a iot
8 (a)	Have you had pain/dis	scomfort in your <b>bac</b>	<b>ck</b> in recent weeks?	
		ext symptom		
(b)	Yes L If yes, comp If <b>yes</b> , how much has			
	n yes, now much has		П	
	not at all	كا a little	لـــا moderately	ப a lot
			<u> </u>	

0 (-)			- wt in was a subtract of	
9 (a)	Have you had <b>abdom</b>	-	ort in recent weeks?	
	No L If <i>no</i> , go to n	ext symptom		
	Yes If yes, compl	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
10 (a)	Have you had any wo	und problem (e.g.	infection or bleeding) in re	acent weeks?
10 (a)			infection or bleeding) in re	ecent weeks:
	No  If <i>no</i> , go to n	ext symptom		
	Yes L If yes, compl	lete (b)		
	N/A If not applica	ble (N/A), go to ne	xt symptom	
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
11 (a)	Have you had excess	ive bruisina in rec	ent weeks?	
	No If <i>no</i> , go to n		X	
(b)	Yes Lifyes, compl			
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	<b>∐</b> a lot
	not at all	a nue	moderatery	a 10t
12 (a)			ses (e.g. a cold, sore throa	at, urinary tract
	infection) in recent we	eks?		
	No L If no, go to n	ext symptom		
	Yes If yes, compl	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
13 (a)	Have you felt <b>depress</b>	ed or low in recen	t weeks?	
10 (a)			t wooks.	
	No L If <i>no</i> , go to n	• •		
41.5	Yes L If yes, compl	` <i>`</i>		
(b)	If <b>yes</b> , how much has	this bothered you?	_	_
	not at all	a little	moderately	a lot

14 (a)	Have you had feelings	s of panic in recent	weeks?	
	No If no, go to n	ext symptom		
	Yes If yes, comp	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
	T			
15 (a)	Have you felt worried	or nervous in recer	nt weeks?	13
	No ☐ If <i>no</i> , go to n	ext symptom		
	Yes If yes, comp	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		)
	not at all	a little	moderately	a lot
	T			
16 (a)	Have you felt <b>unusua</b>		in recent weeks?	
	No $\coprod$ If $no$ , go to n	ext symptom		
	Yes If yes, comp	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?	_	
		150		
	not at all	a little	moderately	a lot
17 (a)	Have you felt unusual	lly emotional or eas	sily upset in recent week	rs?
Ι (α)			sny upact in recent week	
	No L If no, go to n			
(b)	Yes Lifyes, comp	` '		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	<b>∟</b> a little	moderately	<b>∐</b> a lot
		5C		<u> </u>
18 (a)	Have you had difficul	ty concentrating in	recent weeks?	
	No If no, go to n	ext symptom		
	Yes If yes, comp	•		
1	, ,	. ,		
(b)	If <b>yes</b> , how much has	this bothered you?		
(b)	If <b>yes</b> , how much has	this bothered you?		

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44444445555555555	901234567890123456789

19 (a)	Have you had memory	<b>, problems</b> in recer	nt weeks?	
	No  If <i>no</i> , go to no	ext symptom		
	Yes If yes, comple	ete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
20 (a)	Have you had difficult	y thinking quickly	and clearly in recent we	eks?
	No $\coprod$ If $no$ , go to no	ext symptom		
	Yes If yes, comple	ete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
21 (a)	Have you felt <b>unstead</b>	y or uncoordinated	d in recent weeks?	
	No $\coprod$ If $no$ , go to no	ext symptom		
	Yes LI If yes, comple	ete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
( )				
22 (a)	Have you felt dizzy, lic		in recent weeks?	
	No L If no, go to no	ext symptom		
	Yes Lifyes, comple			
(b)	If <b>yes</b> , how much has	this bothered you?		_
	not at all	a little	moderately	a lot
23 (a)	Have you had tingling	or numbness in y	our legs or feet in recen	t weeks?
	No  If <i>no</i> , go to ne	ext symptom		
	Yes If yes, comple	ete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot

24 (a)	Have you had heavine	ss in your leg(s) in re	ecent weeks?	
	No If <i>no</i> , go to ne	xt symptom		
	Yes If yes, comple	ete (b)		
(b)	If <b>yes</b> , how much has t	his bothered you?		
	not at all	a little	moderately	a lot
25 (a)	Have you had <b>trembli</b> r	a (e.a. of limbs) in re	cent weeks?	
_ ( (., )	No $\square$ If $no$ , go to ne	,		
(b)	Yes If yes, completely If yes, how much has t	. ,		
(2)	The state of the s			<b>)</b>
	not at all	a little	moderately	а lot
26 (a)	Have you had weakne	ss in your leg(s) in re	ecent weeks?	
	No $\square$ If $no$ , go to ne	xt symptom		
	Yes If yes, comple	ete (b)		
(b)	If <b>yes</b> , how much has t	his bothered you?		
	not at all	a little	moderately	a lot
27 (a)	Have you had swollen	legs in recent weeks	?	
, ,	No If no, go to ne			
	Yes If yes, comple			
(b)	If <b>yes</b> , how much has t			
		П		П
	not at all	a little	moderately	a lot
28 (a)	Have you <b>lost interest</b>	in sex in recent weel	KS?	
	No L If <i>no</i> , go to n	ext symptom		
	Yes If yes, compl	ete (b)		
	N/A If not applica	able (N/A), go to next	symptom	
(b)	If <b>yes</b> , how much has t	his bothered you?	_	
	not at all	a little	moderately	a lot

29 (a)	Have you avoided sex repair?	ual activity due	to worry about your aneury	/sm / aneurysm
	No If <i>no</i> , go to n	ext symptom		
	Yes If yes, comple	ete (b)		
	N/A If not applica	able (N/A), go to	next symptom	
(b)	If <b>yes</b> , how much has t	his bothered you	ı?	
	not at all	a little	moderately	a lot
30 (a)	Have you had any prol	olem with sexua	al function in recent weeks	s?
	No If no, go to n	ext symptom		
	Yes If yes, comple	ete (b)		
	N/A If not applica	able (N/A), go to	next symptom	
(b)	If <b>yes</b> , how much has t	his bothered you	ı?	
	not at all	a little	moderately	a lot
31 (a)	Have you had excessive	ve sweating in r	ecent weeks?	
	No  If no, go to ne	xt symptom		
	Yes If yes, comple	ete (b)		
(b)	If <b>yes</b> , how much has t	his bothered you	1?	
	not at all	a little	moderately	a lot
32 (a)	Have you had episode	s of feeling too	cold or feeling too hot in	recent weeks?
	No If no, go to ne	xt symptom		
	Yes If yes, comple	ete (b)		
(b)	If <b>yes</b> , how much has t	his bothered you	ı?	
	not at all	a little	moderately	a lot

33 (a)	Have you had <b>sleep</b> p	oroblems (e.g. insom	nia) in recent weeks?	
	No If <i>no</i> , go to r	ext symptom		
	Yes If yes, comp	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
34 (a)	Have you felt <b>general</b>	ly weak in recent we	eks?	
	No $\coprod$ If $no$ , go to r	ext symptom		
	Yes If yes, comp	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
0= ( )			***	
35 (a)	Have you had a <b>poor</b>		eeks?	
	No $\coprod$ If $no$ , go to r	ext symptom		
	Yes If yes, comp			
(b)	If <b>yes</b> , how much has	this bothered you?	_	
	not at all	a little	moderately	a lot
36 (a)	Have you lost weight	in recent weeks?		
30 (a)		•		
		ext symptom		
(6)	Yes L If yes, comp			
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	<b>∐</b> a little	L_I moderately	<b>∐</b> a lot
V	- Trot at an	<u> </u>	ouclasely	u 101
37 (a)	Have you gained wei	ght in recent weeks?	•	
		ext symptom		
	Yes If yes, comp			
(b)	If <b>yes</b> , how much has			
			П	
	not at all	a little	moderately	a lot

38 (a)	Have you had indiges	tion or heartburn in	recent weeks?	
	No If <i>no</i> , go to n	ext symptom		
	Yes If yes, comp	ete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
ı				
39 (a)	Have you felt nauseou	us or vomited in rece	ent weeks?	
	No  If <i>no</i> , go to n	ext symptom		
	Yes If yes, comp	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
	·			
40 (a)	Have you had excess	ive flatulence or belo	ching (wind) in recent v	weeks?
	No  If <i>no</i> , go to n	ext symptom		
	Yes If yes, comp	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
		$\circ$		
41 (a)	Have you felt <b>bloated</b>	in recent weeks?		
	No If no, go to n	ext symptom		
	Yes If yes, comp	lete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
42 (a)	Have you had <b>diarrho</b>	ea in recent weeks?		
	No $\square$ If $no$ , go to n	ext symptom		
	Yes If yes, comp	ete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot

43 (a)	Have you had constip	pation in recent wee	eks?	
	No If no, go to no	ext symptom		
	Yes If yes, compl	ete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
	I			
44 (a)	Have you had <b>difficul</b> t	ty urinating in rece	nt weeks?	13
	No L If no, go to no	ext symptom		
	Yes If yes, compl	ete (b)		
(b)	If <b>yes</b> , how much has	this bothered you?		
	not at all	a little	moderately	a lot
			. 0	
Have we				20102
паче ус	ou nad any symptoms	in recent weeks n	ot already mentioned al	oove ?
Yes			ot already mentioned at lete one or more of the	
_			X	
_			X	
Yes	No If	'yes', please comp	lete one or more of the	
Yes	No If	'yes', please comp	lete one or more of the	
Yes	Have youNo	ete (b)	lete one or more of the	
Yes	Have you No	ete (b)	lete one or more of the	
Yes	Have you No	ete (b)	lete one or more of the	
(a)	Have youNo	ext symptom ete (b) this / have these bo	lete one or more of the in recent weeks? othered you? moderately	boxes below
Yes	Have you  No	ext symptom ete (b) this / have these bo	lete one or more of the in recent weeks? othered you?	boxes below
(a)	Have youNo	ext symptom ete (b) this / have these bo	lete one or more of the in recent weeks? othered you? moderately	boxes below
(a)	Have you	ext symptom ete (b) this / have these bo a little  ext symptom lete (b)	in recent weeks?  othered you?  moderately  in recent weeks?	boxes below
(a)	Have you	ext symptom ete (b) this / have these bo a little  ext symptom lete (b)	in recent weeks?  othered you?  moderately  in recent weeks?	boxes below
Yes (a) (b)	Have you	ext symptom ete (b) this / have these bo a little  ext symptom lete (b)	in recent weeks?  othered you?  moderately  in recent weeks?	boxes below

Thank you for completing this questionnaire

## **AneurysmTSQ**

(Aneurysm Treatment Satisfaction Questionnaire)

The following questions are concerned with your experience of aortic aneurysm treatment, including any:
• monitoring
• medication
• operation
Please answer each question by circling a number on each of the scales.
1. How satisfied are you with your aneurysm treatment (including monitoring)?
very satisfied 6 5 4 3 2 1 0 very dissatisfied
2. How convenient have you found your treatment (including monitoring)?
very convenient 6 5 4 3 2 1 0 very inconvenient
How bothered are you by any discomfort or pain related to your aneurysm and/or its treatment recently?
not at all bothered 6 5 4 3 2 1 0 very bothered
4. Were you given any information about the following aspects of treatment for your aneurysm? Please tick one box for each aspect of treatment below.  yes no don't recall  Monitoring Operation (stent or open-repair) Side effects Follow up Recommended or restricted activities/movements  4a. Were you given any of the above information in written form for you to take home?
yes no don't recall  Ab How satisfied are you with information provided about your anouncem and its
4b. How satisfied are you with information provided about your aneurysm and its treatment?
very satisfied 6 5 4 3 2 1 0 very dissatisfied

continued on the next page ...

neu	ırysmTSQ continued								
5.	How satisfied are you with feedback about scan results?								
	very satisfied	6 5	4	3	2	1	0	very dissatisfied	
6.	How satisfied are you w doctors and other clinic							getting from nurses,	
	very satisfied	6 5	4	3	2	1	0	very dissatisfied	
7.	How satisfied are you w aneurysm (including an						treati	ment for your aortic	
	very satisfied	6 5	5 4	3	2	1	0	very dissatisfied	
8.	Have you had an operat	ion for	your	aneury	/sm (i	.e. st	ent or	open repair)?	
	yes 🗌 no 🗌							,	
	If 'yes', please answe	r all the	remai	ning q	uestio	ns.			
	If 'no', please go to Qu	uestion	12.		•		) _		
8a.	How satisfied were you	with th	ie leng	th of	our s	tay i	n hosp	oital?	
	very satisfied	6 5	5 4	3	2	1	0	very dissatisfied	
8b.	Please consider the length that this was: (please tides too short   • just right   • too long	gth of y	your s box)	tay in	hospi	tal fo	r the o	pperation. Did <u>you</u> feel	
9.	How bothered are you be aneurysm? [If none expe	y any s erience	<b>side e</b> t d rece	f <b>fects</b> ntly, pl	or afte	er eff	ects o	f the treatment for you and go straight to Q.10	
	not at all bothered	6 5	5 4	3	2	1	0	very bothered	
0a.	How satisfied are you w (including any scans / c		•	operat	ive fo	llow-	up of	your condition	
	very satisfied	6 5	5 4	3	2	1	0	very dissatisfied	
0b.	Please consider the number Do you feel that this was not enough					ans /	clinic	visits you have had.	

continued on the next page ...

AneurysmTSQ continued ...

ÇO'L M

11. How likely would you be to encourage someone else with an aneurysm like yours to have your kind of treatment?								
very likely	6	5	4	3	2	1	0	very unlikely
Please make sure that you have <u>circled one number</u> on each of the scales above that are applicable to you.								

12. Are there any other aspects of your a monitoring), causing either satisfaction covered by the questionnaire?	ortic aneurysm treatment (including any on or dissatisfaction, that have <u>not</u> been
yes	
If <b>yes</b> , please describe below.	

Thank you for completing this questionnaire.