

Patient survey

Patient data:.....
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A. Answer the questions below using the pain scale.

0	1	2	3	4	5	6	7	8	9	10
No pain		Mild		Moderate		Strong		Unbearable pain		

1. How would you rate the pain throughout the procedure?.....0 1 2 3 4 5 6 7 8 9 10
2. How would you rate the pain during digital rectal examination?.....0 1 2 3 4 5 6 7 8 9 10
3. How will you rate the pain while inserting the ultrasound probe into the rectum?.....0 1 2 3 4 5 6 7 8 9 10
4. How would you rate the pain during the administration of anesthesia?0 1 2 3 4 5 6 7 8 9 10
5. How would you rate the pain during maneuvering?.....0 1 2 3 4 5 6 7 8 9 10
6. How would you rate the pain while taking the samples?0 1 2 3 4 5 6 7 8 9 10

B. How anxious or tense were you at the time of the biopsy? (scale of anxiety)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
No anxiety Unbearable anxiety

C. What discomfort did you feel during the biopsy? (scale of discomfort)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
No discomfort Severe discomfort

D. If there was a medical need for a repeat biopsy, how much would you be inclined to undergo a repeat biopsy? (tolerance scale)

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Very willingly Never