

Project Bridge Quantitative Study

Version control

Version	Date	Author	Rationale
0.1	17.01.20	Insight Dojo	First draft
0.3	28.01.20	Insight Dojo	Third draft

Section A: Introduction and screening

Show all

Info text 1:

Many thanks for taking part in this questionnaire. In the first section we would like to ask a few basic questions about your health and medication. This section will take approximately 5 minutes to complete, but all questions must be filled in in order to progress.

Ask all

Single code

A1. What is your gender?

1	Male	
2	Female	
3	Prefer not to say	

Ask all

Single code

A2. How old are you?

1	<18	Screen out
2	18-29	
3	30-39	
4	40-49	
5	50-59	
6	60-69	
7	70-79	
8	80+	

Ask all
Multi-code
Rotate order

A3. Are you currently receiving opioid substitution therapy (opioid substitution therapy) to control your opioid dependence?

1	Yes	Must code to continue
2	No	

Ask all
Single code

A5a. Roughly, how long ago did you start to take substitution therapy for your opioid addiction?

1	Less than 1 month ago	Screen out
2	Between 1 and 3 months ago	
3	More than 3 months ago, but less than one year ago	
4	Between 1 and 3 years ago	
5	Between 3 and 5 years ago	
6	Between 5 and 10 years ago	
7	More than 10 years ago	

Ask all
Single code

A5b. And roughly for how many years prior to this had you been using heroine (or other street opioids)?

1	Less than 1 year	
2	Between 1 and 3 years	
3	Between 4 and 6 years	
4	Between 7 and 10 years	
5	Between 11 and 15 years	
6	Between 16 and 20 years	
7	More than 20 years	

Info text 3:

Now we would like to ask you a few questions about your digestive health e.g., pain or discomfort related to your stomach or bowels. Let us start with your bowel movements.

Ask all
Single code

A6a. Over the past ONE week, on how many days did you have bowel movements?

NOTE: NEEDED FOR ROME 4

1	Every day	
2	Almost every day (5-6 days)	
3	Every other day (3-4 days)	
4	2 days over the past 7 days	
5	1 day over the past 7 days	
6	I did not move my bowels at all over the past 7 days	

Ask all
Single code

A6b. To what extent is moving your bowels bothersome for you (e.g. because you cannot use the toilet as often as you would like, or because you experience pain, discomfort, or difficulties with daily activities)?

1	Not at all	
2	A little	
3	A moderate amount	
4	Quite a lot	
5	A great deal	

Ask all
Single code
Keep order

A7. Thinking back to the time before you started taking opioid substitution therapy medications.








How was your experience of constipation then?

NOTE: NEEDED FOR ROME 4

1	It was much better	
2	It was slightly better	
3	It was the same	
4	It was slightly worse	
5	It was much worse	

Info text:

Below is a chart that represents different types of stools.

Bristol stool chart	
	Type 1 Separate hard lumps, like nuts (hard to pass)
	Type 2 Sausage-shaped, but lumpy
	Type 3 Sausage-shaped, but with cracks on surface
	Type 4 Sausage or snake like, smooth and soft
	Type 5 Soft blobs with clear-cut edges (easy to pass)
	Type 6 Fluffy pieces with ragged edges, mushy
	Type 7 Watery, no solid pieces (entirely liquid)

Multi-code
Keep order

A8. Which of the stool types shown on the chart have you experienced in the past week? Select all that apply.

NOTE: NEEDED FOR BRISTOL STOOL SCALE

1	Type 1	
2	Type 2	
3	Type 3	
4	Type 4	
5	Type 5	
6	Type 6	
7	Type 7	

Punch for all
Single code

Dummy_1. Patient has opioid induced constipation

1	Yes	<p>New or worsening symptoms of constipation when initiating, changing or increasing opioid therapy (A7 = 1 or 2)</p> <p>AND</p> <p>(Fewer than two bowel movements a week (A6a = 4,5 or 6)</p> <p>OR</p> <p>BSS = type1 or 2 (A8 = 1 or 2))</p>
2	No	Does not satisfy criteria

Section B: General QoL

Ask all

Info text 5:

In this section, we would like you to ask a few questions about your life and health in recent times.

Please answer the questions below as honestly as you can. This section will take approximately 3 minutes to complete.

NOTE: B1a – B1d ARE FROM “PROMIS GLOBAL HEALTH SCALE”

Ask all

Keep order

Single code per row

B1a. Please respond to each question or statement by marking one option per row.

		Poor	Fair	Good	Very good	Excellent
1	In general, would you say your health is:					
2	In general, would you say your quality of life is:					
3	In general, how would you rate your physical health?					
4	In general, how would you rate your mental health, including your mood and your ability to think?					
5	In general, how would you rate your satisfaction with your social activities and relationships?					
6	In general, please rate how well you carry out your usual social activities and roles?					

Ask all
Keep order
Single code

B1b. Thinking still about recent times, to what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

1	Not at all	
2	A little	
3	Moderately	
4	Mostly	
5	Completely	

Ask all
Single code

B1c. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

1	Never	
2	Rarely	
3	Sometimes	
4	Often	
5	Always	

Ask all
Single code

B1d. How would you rate your fatigue on average?

1	None	
2	Mild	
3	Moderate	
4	Severe	
5	Very severe	

Ask all
Keep order
Single code

B2a. Since beginning your opioid substitution therapy, to what extent do you feel that you have regained a normal life?

1	0 – Not at all	
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2		
3		
4		
5		
6		
7		
8		
9		
10		
11	10 – Completely	

Ask all
 Keep order
 Single code

B2b. Since beginning your opioid substitution therapy, to what extent do you feel that you have reintegrated into society?

1	0 – Not at all	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11	10 – Completely	

Ask all
 Single code by row

B2c. Since beginning your opioid substitution therapy, to what extent have you seen a change in the following

	Become significantly worse	Become a little worse	No change	Improved a little	Improved significantly
Your enjoyment of life in general					
Your relationships with other people (including family, partner, friends)					
Your ability to work (including work at home, such as household chores)					

Your enjoyment of social or leisure activities					
Physical activity or movement (e.g. getting out of bed, walking to the shops)					
The extent to which you feel anxious, depressed or irritable					
Your ability to relax					
Your ability to sleep					
Your ability to enjoy sexual/intimate relationships					

Ask all
Single code

B3. Overall, how satisfied are you that opioid substitution therapy has helped you manage your opioid dependence?

1	Completely dissatisfied	
2	Mostly dissatisfied	
3	Somewhat dissatisfied	
4	Neither satisfied nor dissatisfied	
5	Somewhat satisfied	
6	Mostly satisfied	
7	Completely satisfied	

Ask all
Keep order
Single code

B4. Since beginning your opioid substitution therapy, how satisfied are you that your cravings are managed?

1	Completely dissatisfied	
2	Mostly dissatisfied	
3	Somewhat dissatisfied	
4	Neither satisfied nor dissatisfied	
5	Somewhat satisfied	
6	Mostly satisfied	

7	Completely satisfied	
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Section C1: Opioid substitution therapy management

Ask all

Info text 6:

Thank you for your time so far. In the next section we would like to ask a few questions about your experience of receiving opioid substitution therapy.

Ask all

Single code

C1. Which type of medical professional first prescribed you opioid substitution therapy?

1	Addiction specialist	
2	Psychiatrist	
99	Other (please state)	

Ask all

Multi-code

C2a. Which of the following side effects, if any, have you experienced since you began your opioid substitution therapy?

1	Nausea	
2	Dizziness	
3	Constipation	
4	Cognitive impairment	
5	Vomiting	
6	Severe itching of the skin	
7	Dry mouth	
8	Drowsiness or fatigue	
9	Trouble urinating	
10	Difficulties in sex life	
11	Menstrual issues	Ask only if A1 = 2
12	Increased heart rate	
13	Decreased appetite	
14	Sweating	
99	None of the above	Exclusive

Ask all

Multi-code

C2b. Which of the following side effects, if any, did your medical professional warn you about when they first prescribed you opioid substitution therapy?

1	Nausea	
2	Dizziness	
3	Constipation	
4	Cognitive impairment	
5	Vomiting	
6	Severe itching of the skin	
7	Dry mouth	
8	Drowsiness or fatigue	
9	Trouble urinating	
10	Difficulties in sex life	
11	Menstrual issues	Ask only if A1 = 2
12	Increased heart rate	
13	Decreased appetite	
14	Sweating	
99	None of the above	Exclusive

Ask if C2b = 3
Single code

C2c. You mentioned that your medical professional warned you about constipation when they first prescribed your opioid substitution therapy. How clear did you feel their explanation about constipation was?

1	It was unclear and I felt confused	
2	I felt that I fully understood the cause of constipation, but was not clear how I should deal with it	
3	I felt that I fully understood the cause of constipation and how to deal with it	
4	I felt that I understood to some degree, but not fully	

Ask if C2b = 3
Multi-code

C2d. You mentioned that your medical professional warned you about constipation when they first prescribed you opioid substitution therapy. At this point, what did the medical professional do? Please select everything that the doctor did at this point.

1	They prescribed me something to take for my constipation	
2	They told me to change my diet/lifestyle to help my constipation	

3	They recommended that I buy a product myself from a pharmacy for my constipation	
4	They suggested I may need to make changes to my opioid substitution therapy regime if I began to experience constipation	
98	Other (please state)	
99	They did nothing – just warned me	Exclusive

Ask all
Multi-code

C4b. Which of the following side effects, if any, did this medical professional warn you about when giving you your repeat prescription?

1	Nausea	
2	Dizziness	
3	Constipation	
4	Cognitive impairment	
5	Vomiting	
6	Severe itching of the skin	
7	Dry mouth	
8	Drowsiness or fatigue	
9	Trouble urinating	
10	Difficulties in sex life	
11	Menstrual issues	Ask only if A1 = 2
12	Increased heart rate	
13	Decreased appetite	
14	Sweating	
99	None of the above	Exclusive

Ask if C3 does not = 1
Multi-code

C4c. You mentioned that your medical professional warned you about constipation when giving you your repeat prescriptions. At this point, what did the medical professional do? Please select everything that the doctor did at this point

1	They gave me something to take	
2	They told me to change my diet/lifestyle	
3	They recommended that I buy a product myself from a pharmacy/shop	
4	They suggested I may need to make changes to my opioid substitution therapy regime if I began to experience constipation	
98	Other (please state)	
99	They did nothing – just warned me	Exclusive

Ask all

Single code
Keep order

C7. Generally speaking, how easy or difficult do you find it to stick to the opioid substitution therapy regime that your doctor has prescribed?

1	Very difficult	
2	Difficult	
3	Neutral	
4	Easy	
5	Very easy	

Ask all
Single code by row

C8. Below are some statements about opioid substitution therapy. To what extent do you disagree or agree with each of the following?

Columns

1	I feel that opioid substitution therapy is vital for reintegration into society	
2	The side effects I get from opioid substitution therapy have a significant impact on my quality of life	
3	Opioid substitution therapy has made my life better	
4	Without opioid substitution therapy, my quality of life would be significantly worse	

Rows

1	Disagree strongly	
2	Disagree quite a lot	
3	Disagree a little	
4	Neither disagree nor agree	
5	Agree a little	
6	Agree quite a lot	
7	Agree strongly	

Section C2: Interference with opioid management

Ask all
Single code by row
Rotate order

C9. Please think about the period in which you have been receiving opioid substitution therapy for your opioid dependence.

Which of the following, if any, have you done during this period?

Please note, this could be something that a medical professional advised you to do, or something that you did yourself.

		A	B
		Yes	No
1	Stopped using one opioid substitution therapy and changed to a different opioid substitution therapy		
2	Took less than the prescribed dose or frequency of your opioid substitution therapy		
3	Took more than the prescribed dose or frequency of your opioid substitution therapy		
4	Skipped a dose of your opioid substitution therapy		
5	Skipped several doses of your opioid substitution therapy		
6	Taken a short break from your opioid substitution therapy (one or two days)		
7	Taken an extended break from your opioid substitution therapy (more than two days)		
8	Alternated between two or more opioid substitution therapies at the same time		
9	Forgot to take an opioid substitution therapy dose		
10	Used heroin or other street opioids		

Ask if C9_A = 11
Single code

C10. You mentioned that in this period you have used heroin or other street opioids. Approximately how many times have you done this **since starting opioid substitution therapy**?

1	Once	
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2	Twice	
3	Three times	
4	Four times	
5	Five times	
6	More than five times	
7	Not sure/can't remember	

Only show rows selected in C9. Do not show 10 or 11
Single code

C11. You said you have made the following changes to your opioid substitution therapy regime. Were these changes:

		A	B
		The result of direct advice from a medical professional (e.g. my doctor told me to change my opioid regime)	A decision I made myself without the advice of a medical professional
1	Stopped using one opioid substitution therapy and changed to a different opioid substitution therapy		
2	Took less than the prescribed dose or frequency of your opioid substitution therapy		
3	Took more than the prescribed dose or frequency of your opioid substitution therapy		
4	Skipped a dose of your opioid substitution therapy		
5	Skipped several doses of your opioid substitution therapy		
6	Taken a short break from your opioid substitution therapy (one or two days)		
7	Taken an extended break from your opioid substitution therapy (more than two days)		
8	Alternated between two or more opioid substitution therapies at the same time		

Ask if anything coded for C11_A i.e. The result of direct advice from a medical professional (e.g. my doctor told me to change my opioid regime)
Multi-code

C12. Which type of medical professional(s) advised you to make changes to your opioid substitution therapy regime? Select all that apply.

1	Addiction specialist	
2	Psychiatrist	
3	Gastroenterologist	

98	Other (please state)	
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Ask if anything coded for C11_A i.e. The result of direct advice from a medical professional (e.g. my doctor told me to change my opioid substitution therapy regime)

Multi-code

Rotate order

C13. You mentioned that you made changes to your opioid substitution therapy regime as the result of direct advice from a medical professional. For what reasons did the doctor suggest these changes to your opioid substitution therapy regime? Select all that apply.

1	Due to the side effects I was experiencing from the opioid substitution therapy	
2	Because the opioid substitution therapy was not working effectively	
3	Due to my difficulty taking the opioid substitution therapy	
98	Other (please state)	

Ask if any options in C11_B = A decision I made myself without the advice of a medical professional

C14. You mentioned that you made changes to your opioid substitution therapy regime as the result of a decision you made yourself without the advice of a medical professional. For what reasons did you make these changes to your opioid substitution therapy regime? Select all that apply.

1	Due to the side effects I was experiencing from the opioid substitution therapy	
2	Because the opioid substitution therapy was not working effectively	
3	Because I/they did not think I needed to take the opioid substitution therapy	
4	Due to my difficulty taking the opioid substitution therapy	
5	Because I found it difficult to remember to take my opioid substitution therapy	
98	Other (please state)	

Ask if C14 = 1 or C13 = 1

Multi-code

C15. You mentioned you made changes to your opioid substitution therapy regime due to side effects. Which side effects were these specifically? Please select all that apply.

1	Nausea	
---	--------	--

2	Dizziness	
3	Constipation	
4	Cognitive impairment	
5	Vomiting	
6	Severe itching of the skin	
7	Dry mouth	
8	Drowsiness or fatigue	
9	Trouble urinating	
10	Difficulties in sex life	
11	Menstrual issues	Ask only if A1 = 2
12	Increased heart rate	
13	Decreased appetite	
14	Sweating	
99	None of the above	Exclusive

Ask all
Multi-code

C16. We would like to understand your general health before you started receiving opioid substitution therapy. To your memory, which of the following, if any, did you experience **at least twice a week** when you were taking heroin (or other street opioids), but before you started receiving opioid substitution therapy to control your opioid dependence?

1	Nausea	
2	Dizziness	
3	Constipation	
4	Cognitive impairment	
5	Vomiting	
6	Severe itching of the skin	
7	Dry mouth	
8	Drowsiness or fatigue	
9	Trouble urinating	
10	Difficulties in sex life	
11	Menstrual issues	Ask only if A1 = 2
12	Increased heart rate	
13	Decreased appetite	
14	Sweating	
99	None of the above	Exclusive

Ask all
Single code

C17. Could you roughly tell us how many days a week you had bowel movements when you were taking heroin (or other street opioids), but before you started receiving opioid substitution therapy?

1	Every day	
2	Almost every day (5-6 days)	
3	Every other day (3-4 days)	
4	2 days a week	
5	1 day in a week	
6	Less often than once a week	

Ask all
Multi code

C18. We would like to understand your general bowel health before you started taking **ANY** opioids (i.e. before you started using heroin/street drugs). To your memory, which of the following, if any, did you experience **at least twice a week** before you started taking **ANY** opioids (i.e. before you started using heroin/street drugs)?

1	Nausea	
2	Dizziness	
3	Constipation	
4	Cognitive impairment	
5	Vomiting	
6	Severe itching of the skin	
7	Dry mouth	
8	Drowsiness or fatigue	
9	Trouble urinating	
10	Difficulties in sex life	
11	Menstrual issues	Ask only if A1 = 2
12	Increased heart rate	
13	Decreased appetite	
14	Sweating	
99	None of the above	Exclusive

Ask all
Single code

C19. Could you roughly tell us how many days a week you had bowel movements before you started taking **ANY** opioids (i.e. before you started using heroin/street drugs)?

1	Every day	
2	Almost every day (5-6 days)	
3	Every other day (3-4 days)	
4	2 days a week	
5	1 day in a week	
6	Less often than once a week	

Section D: Experience of OIC

Ask all

Info text 8:

Earlier in the survey you indicated that you are currently suffering from constipation. In the next section we would like to ask you some specific questions about this.

NOTE: D1 = PAC_SYM

Ask all

Single code per row

Keep order

D1. This section asks you about your constipation in the past 2 weeks. Answer each question according to your symptoms, as accurately as possible. There are no right or wrong answers.

Rows

1	Discomfort in your abdomen	
2	Pain in your abdomen	
3	Bloating in your abdomen	
4	Stomach cramps	
5	Painful bowel movements	
6	Rectal burning during or after a bowel movement	
7	Incomplete bowel movement, like you didn't "finish"	
8	Bowel movements that were too hard	
9	Bowel movements that were too small	
10	Straining or squeezing to try to pass bowel movements	
11	Feeling like you have to pass a bowel movement but you couldn't (false alarm)	

Columns

1	Absent (0)	
2	Mild (1)	
3	Moderate (2)	
4	Severe (3)	
5	Very severe (4)	

NOTE: D2 = PAC_QOL

Info text 9:

This section is designed to measure the impact constipation has had on your daily life over the past 2 weeks.

- Answer each question according to your experience as accurately as possible. There are no right or wrong answers.
- Please tick the box that best represents how you feel.

Ask all

Single code per row

Keep order

D2a. The following questions ask about your symptoms related to constipation. During the past 2 weeks, to what extent or intensity have you

Rows

1	Felt bloated to the point of bursting?	
2	Felt heavy because of your constipation?	

Columns

1	Not at all (0)	
2	A little bit (1)	
3	Moderately (2)	
4	Quite a bit (3)	
5	Extremely (4)	

Ask all

Single code per row

Keep order

D2b. The next few questions ask about how constipation affects your daily life. During the past 2 weeks, how much of the time have you...

Rows

1	Felt any physical discomfort?	
2	Felt the need to have a bowel movement but not been able to?	
3	Been embarrassed to be with other people?	
4	Been eating less and less because of not being able to have bowel movements?	

Columns

1	None of the time (0)	
2	A little of the time (1)	
3	Some of the time (2)	
4	Most of the time (3)	
5	All of the time (4)	

Ask all

Single code per row

Keep order

D2c. The next few questions ask about how constipation affects your daily life. During the past 2 weeks, to what extent or intensity have you...

Rows

1	Had to be careful about what you eat?	
2	Had a decreased appetite?	
3	Been worried about not being able to choose what you eat (for example, at a friend's house)?	
4	Been embarrassed about staying in the bathroom for so long when you were away from home?	
5	Been embarrassed about having to go to the bathroom so often when you were away from home?	
6	Been worried about having to change your daily routine (for example, travelling, being away from home)?	

Columns

1	Not at all (0)	
2	A little bit (1)	
3	Moderately (2)	
4	Quite a bit (3)	
5	Extremely (4)	

Ask all

Single code per row

Keep order

D2d. The next few questions ask about your feelings related to constipation. During the past 2 weeks, how much of the time have you...

1	Felt irritable because of your condition?	
2	Been upset by your condition?	
3	Felt obsessed by your condition?	
4	Felt stressed by your condition?	
5	Felt less self-confident because of your condition?	
6	Felt in control of your situation?	

Columns

1	None of the time (0)	
2	A little of the time (1)	
3	Some of the time (2)	
4	Most of the time (3)	
5	All of the time (4)	

Ask all
Single code per row
Keep order

D2e. The next questions ask about your feelings related to constipation. During the past 2 weeks, to what extent or intensity have you...

Rows

1	Been worried about not knowing when you are going to be able to have a bowel movement?	
2	Been worried about not being able to have a bowel movement?	
3	Been more and more bothered by not being able to have a bowel movement?	

Columns

1	Not at all (0)	
2	A little bit (1)	
3	Moderately (2)	
4	Quite a bit (3)	
5	Extremely (4)	

Ask all
Single code per row
Keep order

D2f. The next questions ask about your life with constipation. During the past 2 weeks, how much of the time have you...

Rows

1	Been worried that your condition will get worse?	
2	Felt that your body was not working properly?	
3	Had fewer bowel movements than you would like?	

Columns

1	None of the time (0)	
2	A little of the time (1)	
3	Some of the time (2)	
4	Mostly of the time (3)	
5	All of the time (4)	

Ask all
Single code per row

Keep order

D2g. The next questions ask about your degree of satisfaction related to constipation. During the past 2 weeks, to what extent or intensity have you been...

Rows

1	Satisfied with how often you have a bowel movement?	
2	Satisfied with the regularity of your bowel movements?	
3	Satisfied with the time it takes for food to pass through the intestines?	
4	Satisfied with your treatment?	

Columns

1	Not at all (0)	
2	A little bit (1)	
3	Moderately (2)	
4	Quite a bit (3)	
5	Extremely (4)	

Ask all

Single code per row

Keep order

D3. Over the past TWO weeks, to what extent did your constipation symptoms cause you to do each of the following:

Rows

1	Spend excessive time in the bathroom	
2	Have difficulty socialising	
3	Have difficulty working (including both paid work, and household chores)	
4	Have difficulty pursuing hobbies	
5	Have difficulty being intimate with others	
6	Have difficulty following your normal routine	
7	Have difficulty taking your opioid drugs as normal	

Columns

1	Not at all (1)	
2	(2)	
3	(3)	
4	A moderate amount (4)	
5	(5)	

6	(6)	
7	A great deal (7)	

Ask all
 Keep order
 Single code per row

D4. To what extent, if at all, has constipation affected your overall quality of life?

1	My quality of life has become significantly worse	
2	My quality of life has become a little worse	
3	No change	
4	My quality of life has become a little better	
5	My quality of life has become significantly better	

Ask all
 Keep order
 Single code per row

D5. To what extent has constipation affected your ability to stick to your opioid substitution therapy regime?

1	It has become much more difficult to stick to my opioid substitution therapy regime	
2	It has become a little more difficult to stick to my opioid substitution therapy regime	
3	No change	
4	It has become a little easier to stick to my opioid substitution therapy regime	
5	It has become much easier to stick to my opioid substitution therapy regime	

Ask all
 Single code

D6. What changes, if any, have you noticed in your ability to control cravings since you began experiencing constipation?

1	It has become significantly more difficult	
2	It has become a little more difficult	
3	No change	
4	It has become a little easier	
5	It has become significantly easier	

Ask all
 Prog: Insert a slider from 0 – 100%

D7. Roughly how often have you experienced the following, as a percentage of your total bowel movements in the past week?

NOTE: NEEDED FOR ROME 4

Please use the sliding scale to indicate how often you have experienced each, where the far right indicates 100% (all of the times) and the far left indicate 0% (none of the times).

Rows

1	Straining
2	Lumpy or hard stools
3	Sensation of incomplete evacuation – i.e. feeling like you didn't 'empty' yourself
4	Sensation of a blockage or obstruction in your bowel movements
5	The need to use manual manipulation to facilitate defecation

Ask all
Single code

D8. Has a doctor ever specifically diagnosed you with opioid induced constipation (OIC)?

1	Yes
2	No
3	Not sure

Section E: Patient OIC journey and treatments

Ask all
Single code

E1. How long after you first started receiving opioid substitution therapy did you notice your constipation?

1	Within the first week of opioid substitution therapy	
2	Within the first month of opioid substitution therapy	
3	Within the first three months of opioid substitution therapy	
4	Within the first six months of opioid substitution therapy	
5	Within the first year of opioid substitution therapy	
6	After the first year of opioid substitution therapy	

Ask all
Single code by row
Rotate order

E2. Given below are a number of approaches that people use to relieve constipation. Which of these, if any, have you ever done to manage your constipation? This includes things you are doing now.

Please note that these may be measures you have decided to take yourself or measures advised by a medical professional.

		A	B
		Yes	No
1	Used laxatives		
2	Used over-the-counter remedies bought from a pharmacy or another supplier (e.g. herbal tea)		
3	Made changes to your diet or been careful about what you ate		
4	Taken a fibre supplement product (e.g. Fybogel, or a psyllium or methylcellulose product)		
5	Made change to exercise regime		
6	Drank more water/fluids		
7	Had colonic irrigation		
8	Used relaxation techniques (e.g. deep breathing, meditation)		

9	Used manual methods (e.g. using your fingers to support evacuation)		
10	Used a suppository or enema (a solid or liquid preparation inserted into the rectum)		
11	Used Moventig (Naloxegol)		
12	Used Targin (Oxycodone/Naloxone)		
13	Used an approach you devised yourself to deal with constipation		
14	Made changes to your opioid regime		

Ask if any codes E2_A (i.e. answer 'Yes' to any)

Single code

Only show options selected in E2_A

E3. Which of these did you **do first** to manage your constipation?

1	Used laxatives	
2	Used over-the-counter remedies bought from a pharmacy or another supplier (e.g. herbal tea)	
3	Made changes to your diet or been careful about what you ate	
4	Taken a fibre supplement product (e.g. Fybogel, or a psyllium or methylcellulose product)	
5	Made change to exercise regime	
6	Drank more water/fluids	
7	Had colonic irrigation	
8	Used relaxation techniques (e.g. deep breathing, meditation)	
9	Used manual methods (e.g. using your fingers to support evacuation)	
10	Used a suppository or enema (a solid or liquid preparation inserted into the rectum)	
11	Used Moventig (Naloxegol)	
12	Used an approach you devised yourself to deal with constipation	
13	Made changes to your opioid regime	
98	Something else (please specify)	

Ask if any codes E2_A (i.e. answer 'Yes' to any)

Single code

E4. You mentioned that you <insert option selected in E3>.

How long after you first started experiencing constipation did you do this?

1	Within a few days	
2	Within a week	
3	Within two weeks	
4	Within a month	

5	Within six months	
6	Within a year	
7	After a year	

Ask if any codes E2_A (i.e. answer 'Yes' to any)

Multi-code

Only show options selected in E2_A

E5a. Which of the following are you **currently** doing to manage your constipation?

Please note that these may be measures you have decided to take yourself or measures advised by a medical professional.

1	Using laxatives	
2	Using over-the-counter remedies bought from a pharmacy or another supplier (e.g. herbal tea)	
3	Making changes to your diet or been careful about what you ate	
4	Taking a fibre supplement product (e.g. Fybogel, or a psyllium or methylcellulose product)	
5	Making change to exercise regime	
6	Drinking more water/fluids	
7	Having colonic irrigation	
8	Using relaxation techniques (e.g. deep breathing, meditation)	
9	Using manual methods (e.g. using your fingers to support evacuation)	
10	Using a suppository or enema (a solid or liquid preparation inserted into the rectum)	
11	Using Moventig (Naloxegol)	
12	Using an approach you devised yourself to deal with constipation	
13	Making changes to your opioid regime	
14	Something else (please specify)	
99	I am not currently doing anything	

Ask if E5a = 1

Single code

E5b. How many different laxatives are you currently taking?

1	One	
2	Two	
3	More than two	

Ask if E5a = 1

Single code

E5c. How often do you take a laxative?

1	Less than once per week	
2	Once per week	
3	Twice per week	
4	Three or four times per week	
5	Five or six times per week	
6	Once per day	
7	More than once per day	

Ask if E5a = 1

Multi-code

E5d. Which of the following laxatives are you **currently taking** to manage your constipation?

1	Glicerolo ceo	
2	Movicol	
3	Verolax	
4	Pursennid	
5	Glicerolo mvi	
6	Laevolac eps	
7	Dulcolax	
8	Laevolac	
9	Glicerolo c/m zet	
10	Magnesia s pellegr	
11	Clisma fleet	
12	Sorbiclis	
13	Lattulosio san	
14	Zetalax	
15	Clisma lax	
16	Verecolene cm	
17	Other (please specify)	

Ask if E5a does not = 99

Single code

E6. How dissatisfied or satisfied are you with your current means of constipation management in terms of how much it helps you to improve your bowel movements (e.g., increasing regularity, relieving pain or discomfort)?

1	Very dissatisfied	
2	Somewhat dissatisfied	
3	Neither dissatisfied or satisfied	
4	Somewhat satisfied	
5	Very satisfied	

Ask if E2_A = 1

Single code by row

E7. We would like to understand your personal experience whilst taking laxatives. Please indicate the extent to which you disagree or agree with the following statements.

Rows

1	Laxatives make my bowel movements normal again	
2	Laxatives make me bloated	
3	Laxatives are convenient to take	
4	After taking a laxative, I feel full of water	
5	Laxatives restore my bowel movements to how they were before I started taking opioids	
6	I feel that my quality of life is fully restored by taking laxatives	
7	I can feel physically uncomfortable after taking laxatives	

Columns

1	Disagree strongly	
2	Disagree quite a lot	
3	Disagree a little	
4	Neither disagree nor agree	
5	Agree a little	
6	Agree quite a lot	
7	Agree strongly	

Ask if C2b = 3

Single code

E8a. Apart from the time when you were first prescribed opioid substitution therapy, have you spoken to a medical professional about your constipation?

1	Yes	
2	No	
99	Can't remember	

Ask if C2b does not = 3

Single code

E8b. Have you ever spoken to a medical professional about your constipation?

1	Yes	
2	No	
99	Can't remember	

Ask if E8a = 1 or E8b = 1

Single

Rotate order

E8c. Which type of medical professional have you spoken to about your constipation?

1	Addiction specialist	
2	GP	
3	Psychiatrist	
4	Pharmacist	
5	Gastroenterologist	
99	Other (please state)	

Ask if E8c = 1, 2 or 3
Single code

E8d. Was the doctor you talked to about your constipation:

1	The doctor who is responsible for your opioid substitution therapy prescription	
2	A doctor you have seen before, but who is not responsible for your opioid substitution therapy prescription	
3	A new doctor you had never seen before	
4	Not sure/can't remember	

Ask if E8a = 1 or E8b = 1
Single code

E8e. Thinking about the first conversation with this medical professional, who initiated the discussion about constipation?

1	Me	
2	The medical professional	
3	My caregiver	
4	Not sure/can't remember	

Ask if E8a = 1 or E8b = 1
Single code

E8f. Thinking about this conversation, how easy was it to discuss your constipation with this medical professional?

1	Very difficult	
2	Quite difficult	
3	Neither easy nor difficult	
4	Quite easy	
5	Very easy	

Ask if E8a = 1 or E8b = 1
Multi code

E8g. Thinking about this conversation about your constipation, what did your doctor do?

1	They prescribed me something to take for my constipation	
2	They told me to change my diet/lifestyle to help my constipation	
3	They recommended that I buy a product myself from a pharmacy for my constipation	
4	They suggested I may need to make changes to my opioid substitution therapy regime if I began to experience constipation	
98	Other (please state)	
99	They did nothing – just warned me	Exclusive

Ask all
Single code
Rotate order

E9. Which of the following, if any, have you done **specifically to try and address your constipation symptoms?**

Please note, this could be something that a medical professional advised you to do, or something that you did yourself.

		A	B
		Yes	No
1	Stopped using one opioid substitution therapy and changed to a different opioid substitution therapy		
2	Took less than the prescribed dose or frequency of your opioid substitution therapy		
3	Skipped a dose of your opioid substitution therapy		
4	Skipped several doses of your opioid substitution therapy		
5	Taken a short break from your opioid substitution therapy (one or two days)		
6	Taken an extended break from your opioid substitution therapy (more than two days)		
7	Alternated between two or more opioid substitution therapies at the same time		
8	Used heroin or other street opioids		

Ask if E9_A = 10

Single code

E10. You mentioned that in this period you have used heroin or other street opioids. Approximately many times have you done this **since starting opioid substitution therapy**?

1	Once	
2	Twice	
3	Three times	
4	Four times	
5	Five times	
6	More than five times	
7	Not sure/can't remember	

Only show rows selected in E9_A
Single code

E11a. You said you have made the following changes to your opioid substitution therapy regime specifically to try and address your constipation symptoms. Were these changes:

		A	B
		The result of direct advice from a medical professional (e.g. my doctor told me to change my opioid regime)	A decision I made myself without the advice of a medical professional
1	Stopped using one opioid substitution therapy and changed to a different opioid substitution therapy		
2	Took less than the prescribed dose or frequency of your opioid substitution therapy		
3	Skipped a dose of your opioid substitution therapy		
4	Skipped several doses of your opioid substitution therapy		
5	Taken a short break from your opioid substitution therapy (one or two days)		
6	Taken an extended break from your opioid substitution therapy (more than two days)		
7	Alternated between two or more opioid substitution therapys at the same time		

Ask if any code in E9_A
Single code

E12a. After making changes to your opioid substitution therapy regime, how was your experience of constipation?

1	It was much better	
2	It was slightly better	
3	It was the same	
4	It was slightly worse	
5	It was much worse	

Ask if any code in E9_A
Single code

E12b. When you made these changes to your opioid substitution therapy regime what change, if any, did you notice to your cravings?

1	They became significantly worse	
2	They became a little worse	
3	No change	
4	They became a little better	
5	They became significantly better	

Ask all
Single code

E13. We would like to understand your general views towards constipation treatments available. Please indicate, as honestly as possible, the extent to which you disagree or agree with the following statements.

Rows

1	I would much prefer to take natural (non-pharmaceutical) treatments for my constipation	
2	I would much prefer to change my diet, or some other aspect of my lifestyle, rather than taking pharmaceutical treatments for constipation	
3	For me, it is very important that I can take my constipation treatment with or without food	
4	If I were to try a new treatment for constipation, I would rather not have to immediately give up using laxative drugs	
5	I would much prefer to take an oral pill rather than a liquid treatment to help manage my constipation	
6	I would be happy to take a pharmaceutical product/drug to help manage my constipation	

Columns

1	Disagree strongly	
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2	Disagree quite a lot	
3	Disagree a little	
4	Neither disagree nor agree	
5	Agree a little	
6	Agree quite a lot	
7	Agree strongly	

Ask all
Single code

E14. Overall, how satisfied are you with the way healthcare professionals and the healthcare system have managed your constipation?

1	Completely dissatisfied	
2	Mostly dissatisfied	
3	Somewhat dissatisfied	
4	Neither satisfied nor dissatisfied	
5	Somewhat satisfied	
6	Mostly satisfied	
7	Completely satisfied	

Ask all
Single code

E15. Since you started your opioid substitution therapy, have you ever been hospitalized due to your constipation?

1	Yes	
2	No	

Section F: Profiling and risk factors

Info text 10:

Finally, we would like to ask a few questions about your personal characteristics.

Ask all

Single code

F1. Please indicate your employment status:

1	Working full-time	
2	Working part-time	
3	Self-employed	
4	On long term sick leave	
5	Unemployed	
6	Student or in full-time training	
7	Retired	
8	Semi-retired	

Ask all

Single code

F2. Which of the following best represents your relationship status?

1	Single (i.e. not currently in a relationship rather than legal status)	
2	In a relationship	
3	Civil Partnership	
4	Married	
5	Separated	
6	Divorced	
7	Widowed	

Ask all

Single code

F3a. Do you have any children?

1	Yes	
2	No	

Ask if F3a = 1
Single code

F3b. Are your children still at home or independent?

1	Under 18 and still at home	
2	Adult children still at home	
3	Mix of independent and still at home	
4	Independent	

Ask all
Single code

F4a. Do you have a full-time carer?

1	Yes	
2	No	

Ask if F4a = 1
Single code

F4b. To what extent does your carer help you to manage your constipation?

1	Not at all	
2		
3		
4	A moderate amount	
5		
6		
7	A great deal	

Ask all
Multi-code

F5. Please indicate which, if any, of the following conditions you have/have had:

Select as many as apply

1	Diabetes	
2	Thyroid disturbance	
3	Stroke	
4	Multiple Sclerosis	
5	Spinal injury	
6	Anxiety	
7	Depression	

8	Heart Disease	
9	Osteoporosis	
10	Arthritis/ Rheumatism	
11	Respiratory diseases (e.g. asthma, COPD, emphysema, chronic bronchitis)	
12	Lack of mobility/Bed-bound	
99	None of the above	

Ask all
Multi-code

F6a. Please indicate which, if any, of the following **digestive** conditions you have.

1	Celiac disease	
2	Crohn's disease	
3	Diverticulosis/Diverticulitis	
4	Gastroesophageal reflux disease (GERD)	
5	Hemorrhoids	
6	Irritable bowel syndrome (IBS)	
7	Lactose intolerance	
8	Ulcerative Colitis	
98	I have been diagnosed with another digestive condition not stated (please state)	
99	I have not been diagnosed with any digestive conditions	

Ask if F6a does not = 99, ask for each individual option selected at F6a.
Single code

F6b. Were you diagnosed with this condition:

1	Before you started taking opioid substitution therapy	
2	After you started taking opioid substitution therapy	
3	I don't remember	

Ask all
Multi-code

F6c. Do you have a family history or any of the following digestive disorders? I.e. are you aware of any members of your close family having had any of the following conditions?

1	Celiac disease	
2	Crohn's disease	
3	Diverticulosis/Diverticulitis	

4	Gastroesophageal reflux disease (GERD)	
5	Hemorrhoids	
6	Irritable bowel syndrome (IBS)	
7	Lactose intolerance	
8	Ulcerative Colitis	
98	None of the above	

Ask all
Multi-code

F7. In the past 6 months, approximately how many times have you visited the doctor (for any reason)?

1	I have not seen a doctor in the last 6 months	
2	Once	
3	Two to three times	
4	Four to six times	
5	Seven to ten times	
6	More than ten times	