



**BE-DRI**

**F218**

## **BASELINE EXPECTATION SURVEY**

The UITN is supported by cooperative agreements from  
the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)  
in collaboration with  
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REF-DRI

F218: BASELINE EXPECTATION SURVEY 03/15/05 (A)

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

<b>A1.</b> STUDY ID#: <div>LABEL</div>	<b>A2.</b> VISIT # BASELINE SCREENING .....SCRN
<b>A3.</b> DATE FORM DISTRIBUTED: <div>____/____/____</div> <div>MONTH DAY YEAR</div>	<b>A4.</b> STUDY STAFF INITIALS: _____
<b>A5.</b> MODE: SELF-ADMINISTERED..... 1 INTERVIEWER-ADMINISTERED..... 2	

**Introduction:** Thank you for agreeing to participate in the BE-DRI study.

This survey is called the Baseline Expectation Survey and is completed at a pre-intervention study visit.

As with all of the information we collect for this research study, all of your responses are completely confidential. Your responses are never linked with your name and your name never appears on any of the research documents. Providing this information will not affect any of your services, benefits, or eligibility for coverage.

**This survey should take about 15 minutes to complete. Ideally, you will be able to complete the entire survey in one sitting.**

Please complete this questionnaire at your earliest convenience and return it to the Study Nurse as soon as possible.

Try to answer every item, but do not dwell too long on any one question. We want your answers, so please complete the questionnaire on your own. After you have completed the Survey, please check to make sure you have not missed any items. If you have any questions about any of these items, please call me:

\_\_\_\_\_ at \_\_\_\_\_.

A6. What is the date that you are starting to fill out this Survey?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**Section B**

We are very interested in what you expect from treatment of your bladder condition.

- B1. Based on what you have heard about the study, after completing the study treatments do you expect your bladder condition will...

- Get very much better ..... 1
- Get a little better ..... 2
- Stay about the same as now ..... 3 ➔ SKIP TO B2
- Get a little worse ..... 4 ➔ SKIP TO B2
- Get a lot worse ..... 5 ➔ SKIP TO B2

- B1a. If you expect to get better, do you expect that the improvement in your bladder condition will be:

- Due mostly to the effect of the drug ..... 1
- Due mostly to the effect of the behavioral therapy ..... 2
- Due to equal effects of drug and behavioral therapy ..... 3
- No opinion about whether due to drug or behavioral therapy ..... 4

- B2. How long do you think it will take the treatment you receive to begin to improve your bladder condition?

- About a week ..... 1
- About 4 weeks ..... 2
- About 8 weeks ..... 3
- About 10 weeks ..... 4
- No opinion ..... 5

B3. How long do you believe that the improvement in your bladder condition will last after you finish this study?

- One month. .... 1
- Six months ..... 2
- One year..... 3
- For the rest of my life ..... 4

B4. From what you have heard about this study, how much will your participation be a burden for you?

- Not at all a burden ..... 1
- A little burden ..... 2
- Very much a burden ..... 3

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**B5. We are very interested in what you expect from treatment of your bladder control problem.**

With treatment for your bladder control problem, what sort of things do you expect to improve? Please list the aspects of your bladder control problem that you expect to improve during study treatments. Once you have listed those aspects, please rate their importance to you by circling one of the numbers in the next column. If you listed more than 5 problems, please rank the five most important to you. If you listed fewer than five problems, please rank all of them. When you have listed the items you expect to improve, please rank them from 1 (most important to me), 2 (2<sup>nd</sup> most important to me) through 5 (5<sup>th</sup> most important to me).

Aspect of my bladder control problem that I expect to change with treatment	Importance to Me (circle one answer)			Rank of Importance to me (circle one answer)				
	Not at all important	Somewhat Important	Very important	Most important to me	2 <sup>nd</sup> most important	3 <sup>rd</sup> most important	4 <sup>th</sup> most important to me	5 <sup>th</sup> most important to me
	1	2	3	1	2	3	4	5
	1	2	3	1	2	3	4	5
	1	2	3	1	2	3	4	5
	1	2	3	1	2	3	4	5
	1	2	3	1	2	3	4	5
	1	2	3	1	2	3	4	5
	1	2	3	1	2	3	4	5
	1	2	3	1	2	3	4	5
	1	2	3	1	2	3	4	5

**Section C**

Please read the following list of possible effects of treatment on your bladder control problem. Please indicate next to any of them that you expect to change with treatment. For any item you check, please rate its importance to you by circling one of the numbers in the next column.

	Aspect of bladder control problem	Expect to change with treatment (circle one answer)			Importance to me (circle one answer)		
		Does Not Apply	Yes	No	Not at all important	Somewhat Important	Very important
C1.	The number of times each week that I leak urine with a feeling of urgency	-1	1	2	1	2	3
C2.	The number of times each week that I leak urine with coughing and other activities	-1	1	2	1	2	3
C3.	The feeling that I don't have control over my bladder	-1	1	2	1	2	3
C4.	The number of times that I go to the bathroom to empty my bladder each day	-1	1	2	1	2	3
C5.	The ability to go out of my house without worrying about my bladder control problem	-1	1	2	1	2	3
C6.	The intensity of the urgency I feel when I need to empty my bladder	-1	1	2	1	2	3
C7.	My sexual relationship with my spouse/partner	-1	1	2	1	2	3
C8.	How I feel about myself as a person	-1	1	2	1	2	3
C9.	The number of pads (or other products) that I use each day because I leak urine	-1	1	2	1	2	3
C10.	The number of times that I wake up each night to empty my bladder	-1	1	2	1	2	3

## Section D

		Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
D1.	If my urine leakage worsens, it is my own behavior that determines how soon I will feel better again.	1	2	3	4	5	6
D2.	As to my urine leakage, what will be will be.	1	2	3	4	5	6
D3.	If I see my doctor regularly, I am less likely to have problems with my urine leakage.	1	2	3	4	5	6
D4.	Most things that affect my urine leakage happen to me by chance.	1	2	3	4	5	6
D5.	Whenever my urine leakage worsens, I should consult a medically trained professional.	1	2	3	4	5	6
D6.	I am directly responsible for my urine leakage getting better or worse.	1	2	3	4	5	6
D7.	Other people play a big role in whether my urine leakage improves, stays the same, or gets worse.	1	2	3	4	5	6
D8.	Whatever goes wrong with my urine leakage is my own fault.	1	2	3	4	5	6
D9.	Luck plays a big part in determining how my urine leakage improves.	1	2	3	4	5	6
D10.	In order for my urine leakage to improve, it is up to other people to see that the right things happen.	1	2	3	4	5	6



	(Section D continued)	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
D11.	Whatever improvement occurs with my urine leakage is largely a matter of good fortune.	1	2	3	4	5	6
D12.	The main thing which affects my urine leakage is what I myself do.	1	2	3	4	5	6
D13.	I deserve the credit when my urine leakage improves and the blame when it gets worse.	1	2	3	4	5	6
D14.	Following doctor's orders to the letter is the best way to keep my urine leakage from getting any worse.	1	2	3	4	5	6
D15.	If my urine leakage worsens, it's a matter of fate.	1	2	3	4	5	6
D16.	If I am lucky, my urine leakage will get better.	1	2	3	4	5	6
D17.	If my urine leakage takes a turn for the worse, it is because I have not been taking proper care of myself.	1	2	3	4	5	6
D18.	The type of help I receive from other people determines how soon my urine leakage improves.	1	2	3	4	5	6