



BE-DRI

F208

OAB-q Patient Survey

**The UITN is supported by cooperative agreements from
the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
in collaboration with
the National Institute of Child Health and Human Development (NICHD)**

F208: OAB-q PATIENT SURVEY 06/01/04 (A)

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

A1. STUDY ID#:

LABEL

A2. VISIT # BASELINE SCREENING SCRN

10 WEEKS..... VS05

4 MONTHS VS06

6 MONTHS VS07

8 MONTHS..... VS08

14 MONTHS..... VS09

20 MONTHS..... VS10

26 MONTHS..... VS11

A3. DATE FORM DISTRIBUTED: ___/___/___
MONTH DAY YEAR

A4. STUDY STAFF INITIALS: _____

A5. MODE: SELF-ADMINISTERED..... 1

INTERVIEWER-ADMINISTERED..... 2

A6. What is the date that you are starting to fill out this Survey? _____ / _____ / _____
 Month Day Year

Section B: OAB-q

This questionnaire asks about how much you have been bothered by selected bladder symptoms during the past 4 weeks. Please circle the number that best describes the extent to which you were bothered by each symptom during the past 4 weeks. There are no right or wrong answers. Please be sure to answer every question.

During the past 4 weeks, how bothered were you by...

(Circle one number for each activity)

	Not at all	A little bit	Somewhat	Quite a bit	A great deal	A very great deal
B1. frequent urination during the daytime hours?	1	2	3	4	5	6
B2. an uncomfortable urge to urinate?	1	2	3	4	5	6
B3. ... a sudden urge to urinate with little or no warning?	1	2	3	4	5	6
B4. ... accidental loss of small amounts of urine?	1	2	3	4	5	6
B5. ... nighttime urination?	1	2	3	4	5	6
B6. ... waking up at night because you had to urinate?	1	2	3	4	5	6
B7. ... an uncontrollable urge to urinate?	1	2	3	4	5	6
B8. ... urine loss associated with a strong desire to urinate?	1	2	3	4	5	6

The above questions asked about your feelings about individual bladder symptoms. For the following questions, please think about your overall bladder symptoms in the past 4 weeks and how these symptoms have affected your life. Please answer each question about how often you have felt this way to the best of your ability. Please circle the number that best answers each question.

During the past 4 weeks, how often have your bladder symptoms...

(Circle one number for each activity)

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
B9. ... made you carefully plan your commute?	1	2	3	4	5	6
B10. ... caused you to feel drowsy or sleepy during the day?	1	2	3	4	5	6
B11. ... caused you to plan "escape routes" to restrooms in public places?	1	2	3	4	5	6
B12. ... caused you distress?	1	2	3	4	5	6
B13. ... frustrated you?	1	2	3	4	5	6
B14. ... made you feel like there is something wrong with you?	1	2	3	4	5	6
B15. ... interfered with your ability to get a good night's rest?	1	2	3	4	5	6
B16. ... caused you to decrease your physical activities (exercising, sports, etc.)?	1	2	3	4	5	6
B17. ... prevented you from feeling rested upon waking in the morning?	1	2	3	4	5	6

During the past 4 weeks, how often have your bladder symptoms...

(Circle one number for each activity)

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
B18. ... frustrated your family and friends?	1	2	3	4	5	6
B19. ... caused you anxiety or worry?	1	2	3	4	5	6
B20. ... caused you to stay home more often than you would prefer?	1	2	3	4	5	6
B21. ... caused you to adjust your travel plans so that you are always near a restroom?	1	2	3	4	5	6
B22. ... made you avoid activities away from restrooms (i.e., walks, running, hiking)?	1	2	3	4	5	6
B23. ... made you frustrated or annoyed about the amount of time you spend in the restroom?	1	2	3	4	5	6
B24. ... awakened you during sleep?	1	2	3	4	5	6
B25. ... made you worry about odor or hygiene?	1	2	3	4	5	6
B26. ... made you uncomfortable while traveling with others because of needing to stop for a restroom?	1	2	3	4	5	6
B27. ... affected your relationships with family and friends?	1	2	3	4	5	6

During the past 4 weeks, how often have your bladder symptoms...

(Circle one number for each activity)

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
B28. ... caused you to decrease participating in social gatherings, such as parties or visits with family or friends?	1	2	3	4	5	6
B29. ... caused you embarrassment?	1	2	3	4	5	6
B30. ... interfered with getting the amount of sleep you needed?	1	2	3	4	5	6
B31. ... caused you to have problems with your partner or spouse?	1	2	3	4	5	6
B32. ... caused you to plan activities more carefully?	1	2	3	4	5	6
B33. ... caused you to locate the closest restroom as soon as you arrive at a place you have never been?	1	2	3	4	5	6