

LURN Organ-based Diagnostics Pilot Study MOO
V1.0 10/10/2017

You have recently undergone a urodynamic test of your bladder. We are interested in learning more about your thoughts on the actual experience. There are no right or wrong experiences and there are no right or wrong answers to these questions. We are interested in improving the experiences of all patients having these tests in the future. Your honest responses will help us do just that.

1. Before today, have you ever had a urodynamic test of your bladder?
 - a. Never, this is my first time
 - b. 1 time
 - c. 2 times
 - d. 3 or more times

2. Have you ever had a catheter (a urine tube) in your bladder at any time in your life before today?
 - a. Yes
 - b. No
 - c. unknown

3. Did you ever had a cystoscopy in the office before (A cystoscopy is where the doctor looked inside your bladder with a scope while you were awake):
 - a. Yes
 - b. No
 - c. unknown

4. How well did the consent document inform you for what would happen during the study visit?
 - a. Not at all
 - b. A little
 - c. Somewhat
 - d. Very well

If not very well, please offer what information you would have liked to know

5. During the study visit today, how well did the staff explain what would happen next?
 - a. Not at all
 - b. A little
 - c. Somewhat
 - d. Very well

If not very well, please offer what information you would have liked to know

6. Please rate how strongly you felt each of the following during the test:

	Not at all	A little	Somewhat	A lot
a. Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worried that the test would cause a urinary tract infection (UTI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Nauseated (like you were going to throw up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Light-headed/dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Hot/sweaty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. The study was

- a. Worse than I thought it would be
- b. The same as I thought it would be
- c. Better than I thought it would be

8. Was the compensation appropriate for the study visit?

- a. Not enough
- b. Just right
- c. Too much

9. Is there anything else you would like share with us about your experience in this study? _____