

Clinician study ID number: _____

**Qualitative Assessment of Lower Urinary Tract Dysfunction Study Protocol
Protocol 1A: Clinician Interview**

[Note: Italics denote comments for the interviewer.]

Reminder: All participating physicians must be Board Certified with more than 5 years of clinical experience. Additionally, eligible physicians must evaluate more than 5 patients with LUTS per week (including men and/or women). Clinicians include physicians, nurses, and physician assistants.

Interviewer name: _____

Interviewer site: _____

Date: _____

Years in practice: _____

Years treating patients with symptoms of the lower urinary tract: _____

How many LUTD patients do you treat per week? _____

Opening: Thank you for agreeing to share your perspectives on patients with lower urinary tract dysfunction. Your input today will help us to develop better ways to measure experiences of patients with LUTD. Specifically, we are interested in knowing your thoughts about the most important symptoms experienced by these patients.

1. *Open-ended input:* Please consider anything and everything that relates to patients with lower urinary tract dysfunction. What do you think are some of the most important symptoms and concerns of patients with LUTD?

[Interviewer should use the table below to document the results of questions 1, 2, and 3 in the guide.]

	Symptom	Physician Mentioned	Importance (Scale of 0-10)
Storage	Daytime frequency		
	Nocturia		
	Urgency		
	Incontinence/Leakage (various types)		
	Poor or absent sensation of bladder filling		
	Pain/Discomfort/Pressure		
Voiding	Slow/weak stream		
	Splitting or spraying		
	Intermittent stream/Double Voiding		
	Hesitancy		
	Straining		
	Dribbling at the end of flow		
	Dysuria		
Post-micturition	Feeling of incomplete emptying		
	Post-micturition dribble (delayed)		
Other	Confidence in warning signs of need to urinate soon		
	Self-rating of overall bladder control		
	Urgency with fear of leaking		
	Paruresis (i.e. shy bladder, shy bladder syndrome)		
	Abnormal bladder sensations		
	Bother of symptoms		
<i>Additional physician-supplied symptoms</i>			

Clinician study ID number: _____

2. *Elicit importance ratings for symptoms the physician has listed:* Let's talk about the symptoms you just mentioned. For each one, I would like you to rate the importance of the symptom to your typical patient with LUTD. Please use a 0 to 10 scale, where 0 is "Not at All Important" and 10 is "Extremely Important."

3. *Elicit importance ratings for the symptoms from LURN's initial list (Table 1) the physician did NOT mention.* Now I'd like to ask you to rate the importance of some other symptoms that patients with LUTD might report.

4. *Gather information about bother:* Thinking about the symptoms of lower urinary tract dysfunction, what do you think is the most bothersome part of the experience for the patient?
Probes:
 - (1) The intensity/severity symptom (how strong it is)
 - (2) The frequency (how often it happens)
 - (3) The duration (how long it lasts)
 - (4) The unpredictability (how easily one can anticipate a symptom)
 - (5) The variability (how much the symptom can fluctuate over time)
 - (6) Something else (describe)

5. *Patient-friendly language.* We would like to have patient-friendly language for these symptoms (Table 1 and any new symptoms). Can you suggest ways to describe these that are understandable to most patients?

Clinician study ID number: _____

6. *Open-ended Closing:* Are there symptoms, concerns, or comorbidities associated with lower urinary tract dysfunction that we have not covered today? *Make a numbered list of any new concerns.*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

7. *Assess measurement needs:* We are also interested in understanding your needs for questionnaires in your practice.

a. As a practicing physician, do you have any needs for a questionnaire about LUTD?

b. What questionnaires do you currently use?

i. What are their strengths?

ii. What are their weaknesses?

c. What would you like to see in a new questionnaire about LUTD?

d. What are the biggest problems with existing questionnaires?

Clinician study ID number: _____

Interviewer Comments:

When the interview is complete, turn off the recording. Thank them for participating. Verify that it is OK to contact them again with future questions.