

Appendix B: Qualitative Interview Guide

Verifying and Augmenting the Proposed Symptom Structure

Participant ID Number:

Date of Interview: ___/___/_____
 mm / dd / yyyy

1. **Open-ended opening:**

We are interested in your experience with urinary symptoms. There are no right or wrong answers to these questions. We just want to hear about your thoughts, opinions, and experiences.

Can you please describe the urinary symptoms that you experience? Also tell me about any concerns you have that are associated with these symptoms. This can include other symptoms that you have, concerns you have about the symptoms, or any other things that may impact your daily activities or quality of life.

Interviewer lists all symptoms and concerns provided by the patient:

The interviewer makes a list here (to keep track of them, number them 1., 2., 3., etc.).

Ask about onset of symptoms

How did your symptoms begin?

What did you first notice?

Duration

For each symptom, ask “How long have you had this symptom”; document the response.

Bother

I'm going to ask you to rate how much each symptom bother you on a 0-10 scale with 0 being no bother and 10 being the highest possible bother.

After all symptoms are listed, collect a 0-10 bother rating; ask "On a scale of 0-10, how much does [symptom] bother you?"

2. Non-urologic Factors

How do your symptoms change over time?

What things make your symptoms worse?

What things make your symptoms better?

3. Adaptive behaviors

What things do you do or have you done in the past to improve/reduce your symptoms?

Are there other ways in which you cope with your symptoms? *If yes, tell me more about them.*

Do you ever delay going to the bathroom to urinate? *If yes, tell me more about this.*

Do you ever go to the bathroom to urinate more often than usual? *If yes, tell me more about this.*

Do you ever go to the bathroom to urinate even when you do not feel the need to go?
If yes, tell me more about this

Since you began experiencing symptoms, have you made any changes to your life to help you cope with these symptoms? If so, what changes have you made?

4. Querying about care seeking

Have you sought care or treatment for any of the symptoms that we have discussed today (*give examples if needed*)?

Depending on response, query about why or why not. Document all of the reasons.

5. Normal functioning

In your own words, how would you describe normal bladder functioning?

What do you think is important for normal bladder function?

6. Open-ended closing

Are there any other concerns that we have not covered today? *Make a numbered list and collect a 0-10 importance rating.*

7. Feedback (after completion of LUTS Tool)

Please think about the questionnaire that you just completed. Is there anything that this questionnaire is missing? Are there any other questions that you think are important to ask?

(After presenting symptom list)

Please look at this list of symptoms. Can you think of any other symptoms of bladder or urinary function that we should add to this list?

Thanks for participating in this study!