



**Form 33**  
**3-MONTH PATIENT SURVEY**

Version 07/01/02 (A)

**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)**



**Introduction:** This survey contains questions about your satisfaction with your recent surgery for urinary incontinence, your current quality of life, and an assessment of your capabilities in the performance of routine physical daily living activities. We are asking you to complete this Survey at the time of your 3 month UITN 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.

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

There are three (3) parts to the 3 Month Patient Survey. Please read the instructions at the start of each section carefully before you begin each new section.

Please complete this Survey at your earliest convenience and return it to the Study Coordinator as soon as possible. A self-addressed and stamped envelope is enclosed for your convenience.

Try to answer every item, but do not dwell too long on any one question. We want your answers, so please complete the Survey 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 \_\_\_\_\_.

A8. What is the date that you are starting to fill out this Survey?

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

**Section B: Satisfaction with the Results of Surgery**

You may have decided to have surgery to reduce symptoms associated with urinary incontinence (urine leakage, urgency to urinate, etc.) and/or to lessen the impact of these symptoms on your life. These questions ask you to tell us how satisfied you are with the result(s) of your bladder surgery related to your symptoms, emotions, and participation in physical and social activities. This information will help us to understand your views of your surgical experience.

**GENERAL INSTRUCTIONS:** Please read the question and symptoms in the first column. Then, work across the page and tell us about how satisfied or dissatisfied you are with the result of your bladder surgery related to that symptom. Circle the one response that **best** describes your level of satisfaction. If you **NEVER** experienced the symptom (neither before nor after surgery), **DO NOT** rate your satisfaction. **Instead**, circle **NA** in the last column labeled “**Not Applicable (NA)**”.

This section asks about **symptoms** that you may have experienced **before** and/or **after** surgery.

**How satisfied or dissatisfied are you with the result of bladder surgery related to the following symptoms....**

	Completely dissatisfied	Mostly dissatisfied	Neutral	Mostly satisfied	Completely satisfied	Not Applicable
B1. ...Urine leakage?	1	2	3	4	5	NA
B2. ...An urgency to urinate such that you fear not making it to the bathroom in time?	1	2	3	4	5	NA
B3. ...Frequent urination?	1	2	3	4	5	NA

This next section asks about **activities** that you may have limited **before** and/or **after** surgery because of your bladder problem.

**How satisfied or dissatisfied are you with the result of bladder surgery regarding your current capability to perform the following activities...**

	Completely dissatisfied	Mostly dissatisfied	Neutral	Mostly satisfied	Completely satisfied	Not Applicable
B4. ...Physical activities (e.g. housework, yardwork, going for a walk, dancing, jogging, golfing)?	1	2	3	4	5	NA
B5. ...Social activities (e.g. visiting friends, vacationing, going to church or temple)?	1	2	3	4	5	NA
B6. ...Sexual activity?	1	2	3	4	5	NA

This next section asks about **emotions** that you may have experienced **before** and/or **after** surgery because of your bladder problem.

**How satisfied or dissatisfied are you with the result of bladder surgery regarding...**

	Completely dissatisfied	Mostly dissatisfied	Neutral	Mostly satisfied	Completely satisfied	Not Applicable
B7. ...Your emotions ( e.g., feelings of embarrassment, helplessness, frustration, and/or depression)?	1	2	3	4	5	NA

Please answer the following questions by circling either **1** (Yes) or **2** (No).

B8. If you could go back in time to when you had your bladder surgery, and knowing what you know now, would you still choose to have the surgery?	Yes 1	No 2
B9. Would you recommend this surgery to a family member or friend?	Yes 1	No 2

**Section C: Quality of Life**

These questions deal specifically with your accidental urine loss and / or prolapse. The symptoms in Section C have been described by women who experience accidental urine loss and/or prolapse. Please indicate which symptoms you are now experiencing, and how bothersome they are for you. Be sure to circle an answer for all items.

**GENERAL INSTRUCTIONS:** Please read the first column of symptoms and circle "Yes" or "No" for each symptom. Then, for each question marked by a "Yes" answer, work across the page and tell us how bothersome that symptom is for you currently.

Do you currently experience .....		
	Yes	No
C1. ...frequent urination?	Yes 1	No 2
C2. ...a strong feeling of urgency to empty your bladder?	Yes 1	No 2
C3. ...urine leakage related to the feeling of urgency?	Yes 1	No 2
C4. ...urine leakage related to physical activity, coughing or sneezing?	Yes 1	No 2
C5. ...general urine leakage <b>not</b> related to urgency or activity?	Yes 1	No 2
C6. ...small amounts of urine leakage (that is, drops)?	Yes 1	No 2
C7. ...large amounts of urine leakage?	Yes 1	No 2
C8. ...nighttime urination?	Yes 1	No 2

IF YES, Circle the one response below that best describes how bothersome that symptom is for you.			
Not at all bothersome	Slightly bothersome	Moderately bothersome	Greatly bothersome
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3

**Do you currently experience .....**

	Yes	No
C9. ...bedwetting?	Yes 1	No 2
C10. ...difficulty emptying your bladder?	Yes 1	No 2
C11. ...a feeling of incomplete bladder emptying?	Yes 1	No 2
C12. ...lower abdominal pressure?	Yes 1	No 2
C13. ...pain when urinating?	Yes 1	No 2
C14. ...pain in the lower abdominal or genital area?	Yes 1	No 2
C15. ...heaviness or dullness in the pelvic area?	Yes 1	No 2
C16. ...a feeling of bulging or protrusion in the vaginal area?	Yes 1	No 2
C17. ...bulging or protrusion you can see in the vaginal area?	Yes 1	No 2
C18. ...pelvic discomfort when standing or physically exerting yourself?	Yes 1	No 2

C19. Do you have to push on the vagina or perineum to empty your bladder?	Yes 1	No 2
C20. Do you have to push on the vagina or perineum to have a bowel movement?	Yes 1	No 2

**IF YES,**  
Circle the one response below that best describes how bothersome that symptom is for you.

Not at all bothersome	Slightly bothersome	Moderately bothersome	Greatly bothersome
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3

C21. Do you experience any **other** symptoms related to accidental urine loss or prolapse? YES..... 1  
 NO..... 2 → **SKIP TO C22**

C21a. If yes, what is it (are they)? \_\_\_\_\_

C22. Please go back and review all of the symptoms in Section C above, items C1 – 21, and write below the one symptom that bothers you the most. For this item, please list **one** symptom only.

\_\_\_\_\_

Some women find that accidental urine loss and / or prolapse affects their activities, relationships, and feelings. The questions in this section refer to areas in your life which may have been influenced or changed by your problem. For each question in this section, circle the one response that best describes how much your activities, relationships and feelings are being affected by urine leakage and / or prolapse.

**To what extent has accidental urine loss and / or prolapse affected your .....**

	Not at all	Slightly	Moderately	Greatly
C23. ...ability to do household chores (cooking, housecleaning, laundry)?	0	1	2	3
C24. ...ability to do usual maintenance or repair work done in home or yard?	0	1	2	3
C25. ...shopping activities?	0	1	2	3
C26. ...hobbies and pastime activities?	0	1	2	3
C27. ...physical recreational activities such as walking, swimming, or other exercise?	0	1	2	3
C28. ...entertainment activities such as going to a movie or concert?	0	1	2	3



**To what extent has accidental urine loss and / or prolapse affected your .....**

	<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Greatly</b>
C29. ...ability to travel by car or bus for distances less than 20 minutes away from home?	0	1	2	3
C30. ...ability to travel by car or bus for distances greater than 20 minutes away from home?	0	1	2	3
C31. ...going to places if you are not sure about available restrooms?	0	1	2	3
C32. ...going on vacation?	0	1	2	3
C33. ...church or temple attendance?	0	1	2	3
C34. ...volunteer activities?	0	1	2	3
C35. ...employment (work) outside the home?	0	1	2	3
C36. ...having friends visit you in your home?	0	1	2	3
C37. ...participation in social activities outside your home?	0	1	2	3
C38. ...relationships with friends?	0	1	2	3
C39. ...relationships with family excluding husband/companion?	0	1	2	3
C40. ...ability to have sexual relations?	0	1	2	3
C41. ...the way you dress?	0	1	2	3
C42. ...emotional health?	0	1	2	3

**To what extent has accidental urine loss and / or prolapse affected your .....**

	<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Greatly</b>
C43. ...physical health?	0	1	2	3
C44. ...sleep?	0	1	2	3

C45. How much does fear of odor restrict your activities?	0	1	2	3
C46. How much does fear of embarrassment restrict your activities?	0	1	2	3

**In addition, does your problem with accidental urine loss and / or prolapse cause you to experience ....**

	<b>Not at all</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Greatly</b>
C47. ...nervousness or anxiety?	0	1	2	3
C48. ...fear?	0	1	2	3
C49. ...frustration?	0	1	2	3
C50. ...anger?	0	1	2	3
C51. ...depression?	0	1	2	3
C52. ...embarrassment?	0	1	2	3

**Section D: Normal Activities**

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?  
(Circle one number for each activity)

	YES, I'm limited a lot	YES, I'm limited a little	NO, I'm not limited at all
D1. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
D2. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
D3. Lifting or carrying groceries	1	2	3
D4. Climbing <u>several</u> flights of stairs	1	2	3
D5. Climbing <u>one</u> flight of stairs	1	2	3
D6. Bending, kneeling, or stooping	1	2	3
D7. Walking <u>more than a mile</u>	1	2	3
D8. Walking <u>several blocks</u>	1	2	3
D9. Walking <u>one block</u>	1	2	3
D10. Bathing or dressing yourself	1	2	3

Do you currently have any of the following problems with your work or other regular daily activities as a result of your physical health?

Circle one number for each activity.

	YES	NO
D11. Cut down on the <u>amount of time</u> you spent on work or other activities	1	2
D12. <u>Accomplished less</u> than you would like	1	2
D13. Were limited in the <u>kind</u> of work or other activities	1	2
D14. Had <u>difficulty</u> performing the work or activities (for example, it took extra effort)	1	2