



Form 81
PATIENT SURVEY
Version 08/30/04 (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)

FORM 81: PATIENT SURVEY, VERSION 08/30/04 (A)

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

A1. STUDY ID#: <input type="text" value="LABEL"/>	A2. VISIT # F/U 24 MONTHSFU24
A3. DATE FORM DISTRIBUTED: ____ / ____ / ____ MONTH DAY YEAR	A4. STUDY STAFF INITIALS: _____
A5. MODE: SELF-ADMINISTERED 1 INTERVIEWER-ADMINISTERED 2	A6. WHICH VERSION OF THIS FORM WAS USED? ENGLISH 1 SPANISH 2

Introduction: The health researchers of the Urinary Incontinence Treatment Network thank you for your participation in this important study of women’s urinary incontinence. We are constantly trying to improve women’s health care, and to improve how we do our clinical research.

We value your opinion about this study, and ask you to help us by completing this questionnaire. The entire questionnaire should take about 10 minutes to complete. Try to answer every item, but do not spend too much time on any one question. Of course, there is no right or wrong answer. Simply choose the most appropriate response that comes closest to how you feel. Your honest responses are very important to us, so please complete the questionnaire on your own.

All of your responses are completely confidential. They will only be seen by research professionals from the New England Research Institutes (NERI) in Watertown, MA. These professionals represent the National Institutes of Health (NIH) who are the sponsors of this clinical study in which you are participating. The information you provide will be grouped together with others in the study and your name will never appear in any report. No information about any specific individual will ever be reported.

Please complete and return this questionnaire to NERI. We have provided a self-addressed and stamped envelope for your convenience. If you lose the envelope, please send the questionnaire to:

UITN
New England Research Institutes
9 Galen Street
Watertown, MA 02742

A7. What is the date that you are completing this Survey?

____ / ____ / ____
Month Day Year

Section B:

Affix ID Label Here

For each of the study procedures listed below, please circle the number that best represents how much of a bother you found the procedure to be.

B1.		No Bother	Minimal Bother	Moderate Bother	Major Bother
a.	Pelvic Examination (You were asked to bear down and a nurse or doctor took measurements of the vagina.)	1	2	3	4
b.	Stress Test (Your bladder was filled through a catheter and you were asked to bear down to see if you leaked any urine.)	1	2	3	4
c.	Q-Tip Test (A Q-tip was placed in the urethra and you were asked to bear down.)	1	2	3	4
d.	Voiding Diary	1	2	3	4
e.	Pad Test	1	2	3	4
f.	Patient Self-Questionnaires	1	2	3	4
g.	Urodynamics Testing (Measurements were taken through catheters in your bladder and rectum. Your bladder was filled and you were asked to bear down to see if you leaked any urine.)	1	2	3	4

B2. Which of the above study measures did you feel to be the most bothersome? Please choose only one.

- Pelvic Examination 1
- Stress Test..... 2
- Q-Tip Test..... 3
- Voiding Diary 4
- Pad Test 5
- Patient Self-Questionnaires 6
- Urodynamics Testing..... 7

B2a. Why? _____

B3. Which of the above study measures did you feel to be the least bothersome? Please choose only one.

- Pelvic Examination 1
- Stress Test..... 2
- Q-Tip Test..... 3
- Voiding Diary 4
- Pad Test 5
- Patient Self-Questionnaires 6
- Urodynamics Testing..... 7

B3a. Why? _____

In addition to study procedures, we would like to gather information as to how other study-related matters affect your participation. Please help us by indicating how much of a bother you thought each of the following were for you by circling the number that best represents your response.

C1.		No Bother	Minimal Bother	Moderate Bother	Major Bother	Not Applicable
a.	Wait time to see study physician	1	2	3	4	-1
b.	Travel costs	1	2	3	4	-1
c.	Travel time	1	2	3	4	-1
d.	Parking availability	1	2	3	4	-1
e.	Parking costs	1	2	3	4	-1
f.	Length of each visit	1	2	3	4	-1
g.	Insurance Co-Pay	1	2	3	4	-1
h.	Number of forms to fill out	1	2	3	4	-1

C2. Which of the above study measures did you feel to be the most bothersome? Please choose only one.

- Wait time to see study physician 1
- Travel costs..... 2
- Travel time..... 3
- Parking availability..... 4
- Parking costs..... 5
- Length of each visit 6
- Insurance Co-Pay..... 7
- Number of forms to fill out..... 8

C2a. Why? _____

C3. Which of the above study measures did you feel to be the least bothersome? Please choose only one.

- Wait time to see study physician 1
- Travel costs 2
- Travel time 3
- Parking availability 4
- Parking costs 5
- Length of each visit..... 6
- Insurance Co-Pay 7
- Number of forms to fill out..... 8

C3a. Why? _____

Section D:

Affix ID Label Here

We are aware that you may also have other reasons that you joined or have continued in the study. For each statement below, please circle the number that best describes how you feel.

D1.	I am participating in this study because...	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a.	I can get general medical care I couldn't get otherwise.	1	2	3	4	5
b.	I get money or gift certificates for my time during study visits.	1	2	3	4	5
c.	I get personal attention from the study doctors and nurses and the time they spend with me.	1	2	3	4	5
d.	I learn more about how to take care of my health.	1	2	3	4	5
e.	I feel like I am helping others	1	2	3	4	5
f.	I know that study personnel will keep information about me private.	1	2	3	4	5
g.	I feel that the study doctors and nurses really care about me as a person.	1	2	3	4	5
h.	I trust that the study doctors and nurses are giving me the best care.	1	2	3	4	5

D2. What was the best part of participating in the study over the last 2 years?

D3. If you had known what you know now about the study, would you do it again?

- YES..... 1 → (END)
- NO..... 2 → (GO TO QUESTION D3a)

D3a. IF NO, please give us a brief explanation.

Thank you for taking the time to complete this questionnaire. Your help with this project is much appreciated. Please return the questionnaire to NERI in the provided self-addressed envelope.