



TOMUS

TOMUS

F327

2 AND 6 WEEK PATIENT SURVEY

**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)**

TOMMUS

F327: 2 AND 6 WEEK PATIENT SURVEY 04/21/06 (A)

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

A1. STUDY ID#:

LABEL

A2. VISIT # F/U 2 Weeks..... TF2W
F/U 6 Weeks..... TF6W

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: Thank you for agreeing to participate in the TOMUS study.

We will ask you to complete a survey like this one at several time points in the study. This survey is called the 2 and 6 Week Patient Survey and is completed at these two study visits. The survey contains questions about your quality of life and your capabilities to perform routine daily living activities.

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.

This survey should take about 10 minutes to complete. Ideally, you will be able to complete the entire survey in one sitting.

There are two (2) parts to the 2 and 6 Week Patient Survey. Please read the instructions at the start of each section carefully before you begin each new section.

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

A7. What is the date that you are starting to fill out this Survey?

____ / ____ / ____
Month Day Year

Section B: Quality of Life, Part I

These questions deal specifically with your accidental urine loss and / or prolapse. The symptoms in this section 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	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
B1. ...frequent urination?	Yes 1	No 2	0	1	2	3
B2. ...a strong feeling of urgency to empty your bladder?	Yes 1	No 2	0	1	2	3
B3. ...urine leakage related to the feeling of urgency?	Yes 1	No 2	0	1	2	3
B4. ...urine leakage related to physical activity, coughing or sneezing?	Yes 1	No 2	0	1	2	3
B5. ...general urine leakage not related to urgency or activity?	Yes 1	No 2	0	1	2	3
B6. ...small amounts of urine leakage (that is, drops)?	Yes 1	No 2	0	1	2	3
B7. ...large amounts of urine leakage?	Yes 1	No 2	0	1	2	3
B8. ...nighttime urination?	Yes 1	No 2	0	1	2	3

Do you currently experience		
	Yes	No
B9. ...bedwetting?	Yes 1	No 2
B10. ...difficulty emptying your bladder?	Yes 1	No 2
B11. ...a feeling of incomplete bladder emptying?	Yes 1	No 2
B12. ...lower abdominal pressure?	Yes 1	No 2
B13. ...pain when urinating?	Yes 1	No 2
B14. ...pain in the lower abdominal or genital area?	Yes 1	No 2
B15. ...heaviness or dullness in the pelvic area?	Yes 1	No 2
B16. ...a feeling of bulging or protrusion in the vaginal area?	Yes 1	No 2
B17. ...bulging or protrusion you can see in the vaginal area?	Yes 1	No 2
B18. ...pelvic discomfort when standing or physically exerting yourself?	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

B19. Do you have to push on the vagina or perineum to empty your bladder?	Yes 1	No 2
B20. Do you have to push on the vagina or perineum to have a bowel movement?	Yes 1	No 2

0	1	2	3
0	1	2	3

B21. Do you experience any **other** symptoms related to accidental urine loss or prolapse? YES..... 1
NO..... 2 → **SKIP TO B22**

B21a. If yes, what is it (are they)? _____

B22. Please go back and review all of the symptoms in Section B above, items B1 – 21, and write below the one symptom that bothers you the most. For this item, please list **one** symptom only.

TOMMUS