ValUE

F508: Baseline Patient Survey

F508: Baseline Patient Survey, version 10/21/09 (B)

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY

A1. Study ID#: LABEL

A2. Visit # Baseline .... VBAS

A3. Date Form Distributed: ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

A4. Study Staff Initials: ____ ____ ____

A5. Mode:
- Self-Administered 1
- With assistance (family member/friend) 3

A6. Which version of these measures was used?
- English 1
- Spanish 2

A7. Is this a repeat measure due to expired measures?
- Yes 1
- No 2

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Introduction: Thank you for agreeing to participate in the ValUE study.

We will ask you to complete a survey like this one at a few time points in the study. This survey is called the Baseline Patient Survey and is completed at a pre-treatment study visit. The survey contains questions about your current urinary symptoms, quality of life, capabilities to perform routine daily living activities, and patient preparedness.

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 15 minutes to complete. Ideally, you will be able to complete the entire survey in one sitting.

There are three (3) parts to the Baseline 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 ________________________________.

A8. Date you are completing this survey? ____ ____ / ____ ____ / ____ ____ ____ ____
Month **Day** **Year**

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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 any of the following symptoms?			**IF YES,** Circle the one response below that best describes how bothersome that symptom is for you.			
	Yes	**No**	**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

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Do you currently experience any of the following symptoms?			IF YES, circle the one response below that best describes how bothersome that symptom is for you.			
	Yes	**No**	**Not at All Bothersome**	**Slightly Bothersome**	**Moderately Bothersome**	**Greatly Bothersome**
B9. …bedwetting?	Yes 1	No 2	0	1	2	3
B10. …difficulty emptying your bladder?	Yes 1	No 2	0	1	2	3
B11. …a feeling of incomplete bladder emptying?	Yes 1	No 2	0	1	2	3
B12. …lower abdominal pressure?	Yes 1	No 2	0	1	2	3
B13. …pain when urinating?	Yes 1	No 2	0	1	2	3
B14. …pain in the lower abdominal or genital area?	Yes 1	No 2	0	1	2	3
B15. …heaviness or dullness in the pelvic area?	Yes 1	No 2	0	1	2	3
B16. …a feeling of bulging or protrusion in the vaginal area?	Yes 1	No 2	0	1	2	3
B17. ...bulging or protrusion you can see in the vaginal area?	Yes 1	No 2	0	1	2	3
B18. ...pelvic discomfort when standing or physically exerting yourself?	Yes 1	No 2	0	1	2	3

B19. Do you have to push on the vagina or perineum to empty your bladder?	Yes 1	No 2	0	1	2	3
B20. Do you have to push on the vagina or perineum to have a bowel movement?	Yes 1	No 2	0	1	2	3

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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.

____

____

B23. How often do you experience urinary leakage?

Less than once a month................. 1

A few times a month..................... 2

A few times a week....................... 3

Every day and/or night.................. 4

B24. How much urine do you lose each time?

Drops... 1

Small splashes.............................. 2

More.. 3

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SECTION C: QUALITY OF LIFE - PART II

Some women find that accidental urine loss and/or prolapse may affect 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
C1. …ability to do household chores (cooking, housecleaning, laundry)?	0	1	2	3
C2. …physical recreational activities such as walking, swimming, or other exercise?	0	1	2	3
C3. …entertainment activities such as going to a movie or concert?	0	1	2	3
C4. …ability to travel by car or bus for distances less than 20 minutes away from home?	0	1	2	3
C5. …participation in social activities outside your home?	0	1	2	3
C6. …emotional health?	0	1	2	3
C7. In addition, does your problem with accidental urine loss and/or prolapse cause you to experience frustration?	0	1	2	3

This section asks for your views about your health. This information will help us keep track of how you feel and how well you are able to do your usual activities. These questions are about your health now and your current activities.

	Excellent	Very Good	Good	Fair	Poor
C8. In general, would you say your health is:	1	2	3	4	5

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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
C9. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
C10. Climbing **several** flights of stairs	1	2	3

During the past 4 weeks, have you had 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
C11. **Accomplished less** than you would like	1	2
C12. Were limited in the **kind** of work or other activities	1	2

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? **Circle one number for each activity.**

	YES	NO
C13. **Accomplished less** than you would like	1	2
C14. Didn't do work or other activities as **carefully** as usual	1	2

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	Not at All	Slightly	Moderately	Quite a Bit	Extremely
C15. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	1	2	3	4	5

These questions ask about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. **Circle one number for each activity.**

How much of the time during the past 4 weeks…

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
C16. …have you felt calm and peaceful?	1	2	3	4	5	6
C17. …did you have a lot of energy?	1	2	3	4	5	6
C18. …have you felt downhearted and blue?	1	2	3	4	5	6

	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
C19. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?	1	2	3	4	5

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SECTION D: PATIENT PREPAREDNESS

We are interested in learning more about how prepared women feel for incontinence surgery and how this relates to their surgical experience. Your doctors will not see the answers to these questions until after your surgery is completed, so please **ask** your doctor any questions that you still have. The results of this questionnaire will be kept confidential. For each question below, please circle the number that best describes how much you agree with each statement.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
D1. I know about the *alternatives* to the planned surgery.	1	2	3	4	5	6
D2. I understand the *purpose* of the planned surgery (what this surgery can accomplish).	1	2	3	4	5	6
D3. I understand the *benefits* of the planned surgery (how this surgery should help me).	1	2	3	4	5	6
D4. I understand the risks of the planned surgery (what are the chances of something not going the way my doctor and I want it to go).	1	2	3	4	5	6
D5. I understand the *complications* of the planned surgery (what problems can come from this surgery).	1	2	3	4	5	6
D6. I feel prepared about what to expect after surgery while I am in the hospital.	1	2	3	4	5	6
D7. I feel prepared about what to expect after surgery when I am at home.	1	2	3	4	5	6
D8. I feel prepared to cope with a catheter after the surgery while I am in the hospital.	1	2	3	4	5	6
D9. I feel prepared to cope with a catheter after the surgery when I am at home.	1	2	3	4	5	6
D10. My doctors and nurses have spent enough time preparing for my upcoming surgery	1	2	3	4	5	6
D11. Overall, I feel prepared for my upcoming surgery.	1	2	3	4	5	6

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YOU ARE DONE WITH THIS SURVEY. THANK YOU.