

JUDGE INSTRUCTIONS

Thank you for agreeing to participate in this NIH study as a “Judge” (aka evaluator) of bladder health. We are asking health care providers across a range of professions and levels of practice (general to specialty) to contribute to this study. As a Judge in the VIEW protocol, you will be asked to complete an evaluation of at least 8 women ≥ 18 years of age who have been recruited to participate in this study. These participants will be enrolled from the community or from medical practices.

We are asking that you do the following as part of the study.

- First Assessment
 - You will interview the study participant in a private room **prior to** accessing any health information about the participant or their bladder. There is no script - we want you to ‘be yourself’! You should approach the participant as you would any other woman you might see in your clinical practice, with the caveat that the interaction is directed towards you as a provider **rating the health** of the person’s bladder.
 - At the conclusion of this interview you will provide two bladder health ratings. Please record the time you spent in the interview with the participant (start time/end time, not estimated time) and fill out the ratings below as close the interview as possible. You may take your own notes for reference if you desire (do anything you would normally do in assessing patients), but these will not be collected for research purposes and should not contain any identifiers.
 - The first rating will be an absolute rating of the **overall/absolute** health of the person’s bladder from your interview. You will write down on the form provided by the research coordinator your rating on a 0 (worst) to 10 (best) scale and provide up to three reasons why you gave that rating.
 - The second rating will be based on your assessment of the woman’s bladder health (based on your own experience) to similarly situated women (i.e. age, history, general health status, etc). You will be asked to provide a **comparative** bladder health rating. If your rating of bladder health changes, please identify up to three primary reasons for the shift in the bladder health rating. If you have no shift in your rating, you do not need to provide any reasons.
- Second Assessment:
 - Following the first assessment, the research coordinator will provide you with additional information about the participant and you may access records or other tests as desired. The two rating scales will be the same as you did in the first assessment; however, for this rating you can draw on any and all information you have about the individual. You are free to use or NOT use this information, as you want. The research information available to you will include the following:
 - i. A copy of a 1-day Bladder Health Frequency-Volume diary completed by the participant
 - ii. paper towel test (cough test to assess for urine leakage with a hard cough)

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- iii. uroflow test (measures urine volume, voiding rate, and pattern)
 - iv. urine dipstick result from a voided urine specimen (not clean catch)
 - v. post void residual by bladder scan.
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- b. In addition, ***if you are able AND wish*** to access health information available to you (e.g. looking in the participant's electronic medical record if available). This is an optional thing you can do but not a requirement of your assessment.
 - c. After the assessment, instruments like the PFDI or AUA Symptom Score can be used only if they are part of general practice. If these assessments are used, be sure to write down which elements you used to make your judgement under the "What are the three primary reasons for this rating?" on the Judge Initial Rating Form (Form 5).
 - d. If you feel that additional clinical testing is required for you to make your second assessment please indicate so on the form. If the results from the testing will be available within a month of the initial assessment you may complete the second rating after that information is available to you. If the test results will not be reasonably available to you in that time frame, then please indicate this as the reason for not being able to provide the second assessment.
 - e. Please provide this second rating as soon as possible after the first rating (ideally within 7 days, unless waiting on testing)

Evaluation/Treatment Referral:

If you have clinical questions or concerns about any participant based on your evaluation please contact [Plus Clinical Person Name, Phone, email] for support in referring the participant for clinical care:

Thank you for your support and effort in this important work.