plus		Participant I	D:						
FORM 1: VIEW Parti	cipant Screening	Date:	_111						
		MM	DD	YYYY					
Check here if participant c	ompleted online screening	Online S	Screening ID):					
If participant completed on	If participant completed online screening, skip to Screening Level 2 Summary Table								
	Part 1: Introduction	n							
Caller: "Hello. My name is_	I am calling fror	n		,					
May I speak with (State Resp	ondent's Name)?								
You recently expressed interest	est in a research study about w	omen's health	ո. This is a s	tudy called					
VIEW funded by the National	Institute of Health. Thank you	for taking my	call (or send	ding us your					
contact information).									
START HERE IF SCREENIN	G IN PERSON								
I would like to describe the st	udy and go over screening que	estions to see	if you are eli	gible to be a					
part of it. If you are eligible to	be in the study, I will go into m	ore detail abo	ut it." Is it o	kay to					
continue?				_					
☐ YES: "Okay, let's	get started" Continue with scr	ipt Part 2.							
NO: Ask: "Is there	a better time to call back?"								
☐ YES: Ask:	Can you tell me some better	times to call-	back?						
OPTIONS for C	ALL BACK APPOINTMENT:_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
research ma	ay I add your name and contactiling lists to receive information receive other inform	n on future opp	oortunities fo	or participating					
YES:	Go to Contact information Sec	tion							
	Respond: "Okay, please feel free studies in the future. Thank yo								
	Part 2: Study Informa	ation							
Caller: "Okay, let's begin with about our study?"	n how you heard about our stud	dy. Can you te	II me where	you learned					
Flyer	Women's group		Urology p	oractice					
Pediatric primary care Adult primary care	Day care center Health club		Church Senior C	enter					
Adolescent health	College/University annour	ncements		ord of Mouth					
service	Federally Qualified Health		Social Mo						
OB/Gyn Office	Community Recruitment		Website						
Sexual health clinic	Area Agencies on Aging								
Women's health center									

12/03/2019 Page 1 of 12 Study Personnel Initials _____ Date Data Entered _____ PLUS VIEW Form 1: Screening V2



Partici	pant II	J: _			
Date: _		_/_		_/_	
	MM		DD		YYYY

Screener: "Great, thank you. Now let me tell you a little about the study:"

The Prevention of Lower Urinary Tract Symptoms (PLUS) Research Consortium is studying bladder health in different communities across the United States. There are many parts of the body involved in urination or "peeing" and the purpose of this study is to find the connections between the body and other influences to help keep bladder problems from happening.

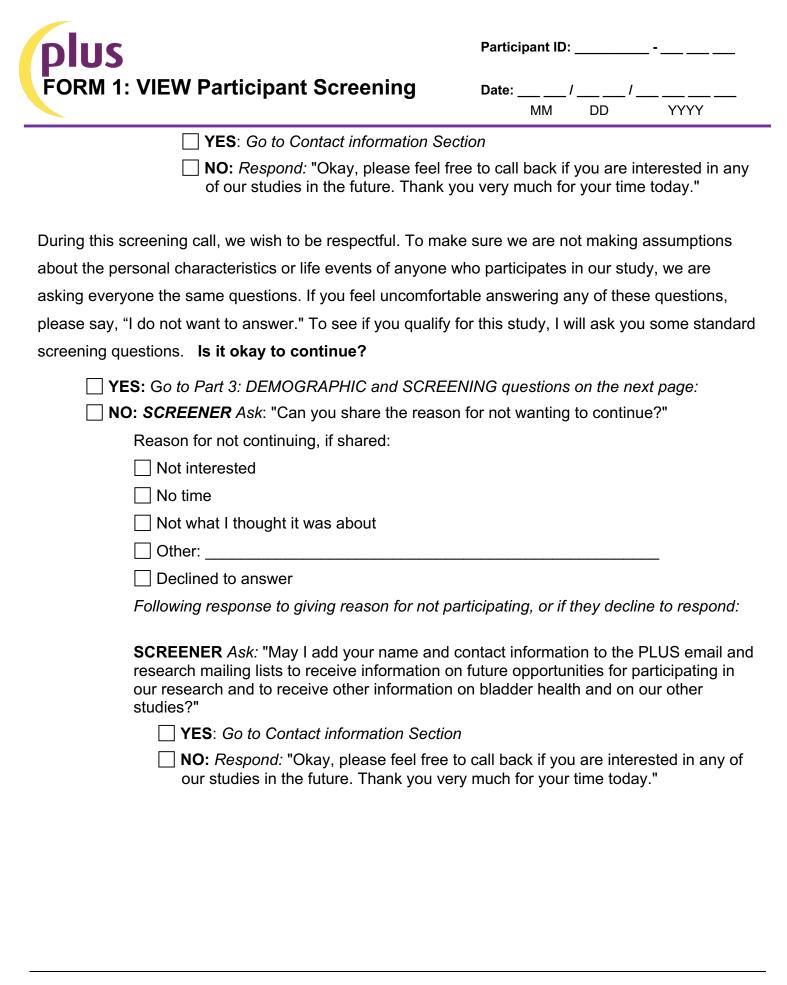
We developed a survey to measure women's bladder health. The purpose of the VIEW study is to make sure this survey works for all different women so that we can use the survey in future studies. If you are eligible to participate in the VIEW study, we will ask you to complete three different study activities. First, we will ask you to complete a 30-45 minute electronic or hardcopy survey about your bladder. Second, we will mail you records to keep at home, for example, we will ask you to record your bladder symptoms for two days and how much you pee every time you go to the bathroom for 24 hours. Lastly, we will schedule you to come to <insert practice name> for an in-person evaluation that will last up to 2 hours for some simple tests. These tests will not cost you anything, they will not hurt, and there are no shots, X-rays, or anything uncomfortable with these tests. After we go through these eligibility questions I will describe the study activities in detail and answer any questions you may have.

Time involved

SCREENER: For your participation in the different activities in this study, the survey, the home records and the office visit, you will be compensated for your time. If you are interested in learning more about this study, this phone call will last about 15 minutes.

Is it okay to con	ntinue?
☐ YES:	"Okay, let's get started" Continue with script Part 3.
□ NO: A	Ask: "Is there a better time to call back?"
	YES: Ask: Can you tell me some better times to call-back?
OF	PTIONS for CALL BACK APPOINTMENT:
	NO: Ask: "May I add your name and contact information to the PLUS email and research mailing lists to receive information on future opportunities for participating in our research and to receive other information on bladder health and our other studies?"

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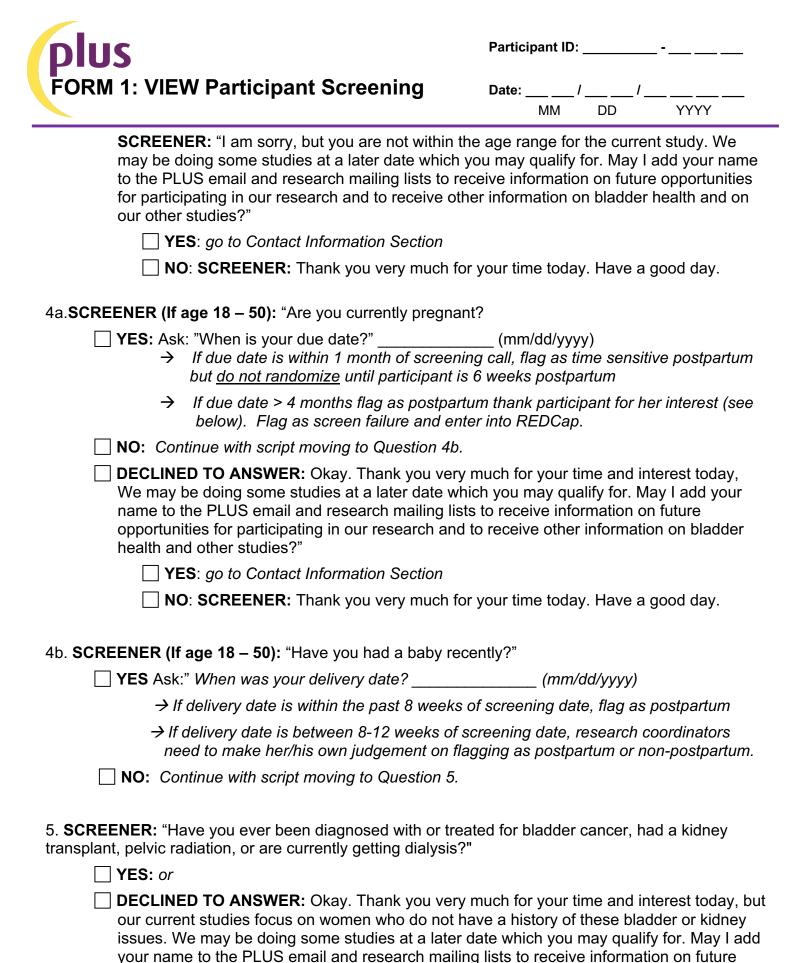
Study Personnel Initials _____ Date Data Entered _____ PLUS VIEW Form 1: Screening V2 12/03/2019 Page 3 of 12



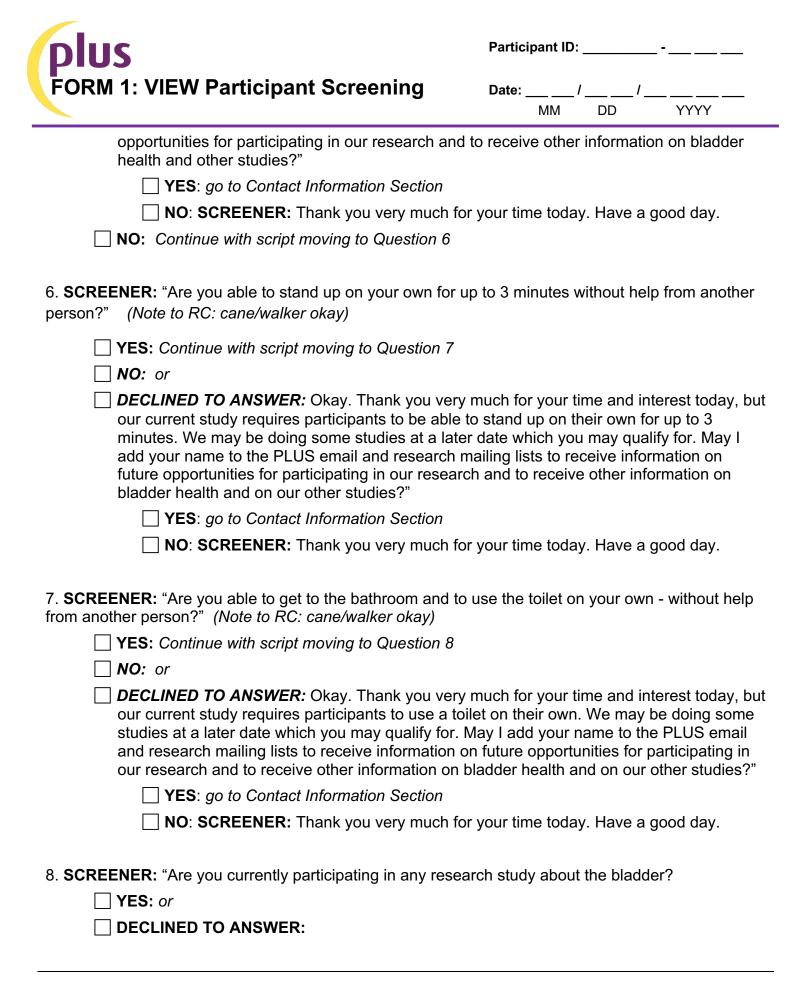
Partic	ipant ID:	·		
Date:		<i>I</i>	/	
	ММ	DD		YYYY

Part 3: Demographic and Screening Questions 1. SCREENER: "Are you able to read and follow instructions presented in English and complete surveys in English without assistance?" **YES:** Continue with script moving to Question 2 \square **NO**: or DECLINED TO ANSWER: **SCREENER:** Okay, unfortunately all our surveys are in English, so this will not be a good option for you at this time. We appreciate your interest and thank you for your time. We may be doing some studies at a later date which you may qualify for. May I add your name to the PLUS email and research mailing lists to receive information on future opportunities for participating in our research and to receive other information on bladder health and on our other studies?" YES: Go to Contact Information Section **NO**: **SCREENER:** Thank you very much for your time today. Have a good day. 2. **SCREENER:** "Can you confirm that you are female?" **YES:** Continue with script moving to Question 3 NO: or DECLINED TO ANSWER: **SCREENER:** Okay. Thank you very much for your time and interest today, but our current studies focus on individuals with female anatomy and the surveys contain questions about women's bladder health. We may be doing some studies at a later date which you may qualify for. May I add your name to the PLUS email and research mailing lists to receive information on future opportunities for participating in our research and to receive other information on bladder health and on our other studies?" YES: go to Contact Information Section **NO**: **SCREENER:** Thank you very much for your time today. Have a good day. 3. **SCREENER:** Are you 18 years old or older? YES: Ask: "How old are you?" _____ yrs \rightarrow If age 18 – 50 go to Question 4 → If 51+ skip to Question 5 **NO**: *or* **DECLINED TO ANSWER:**

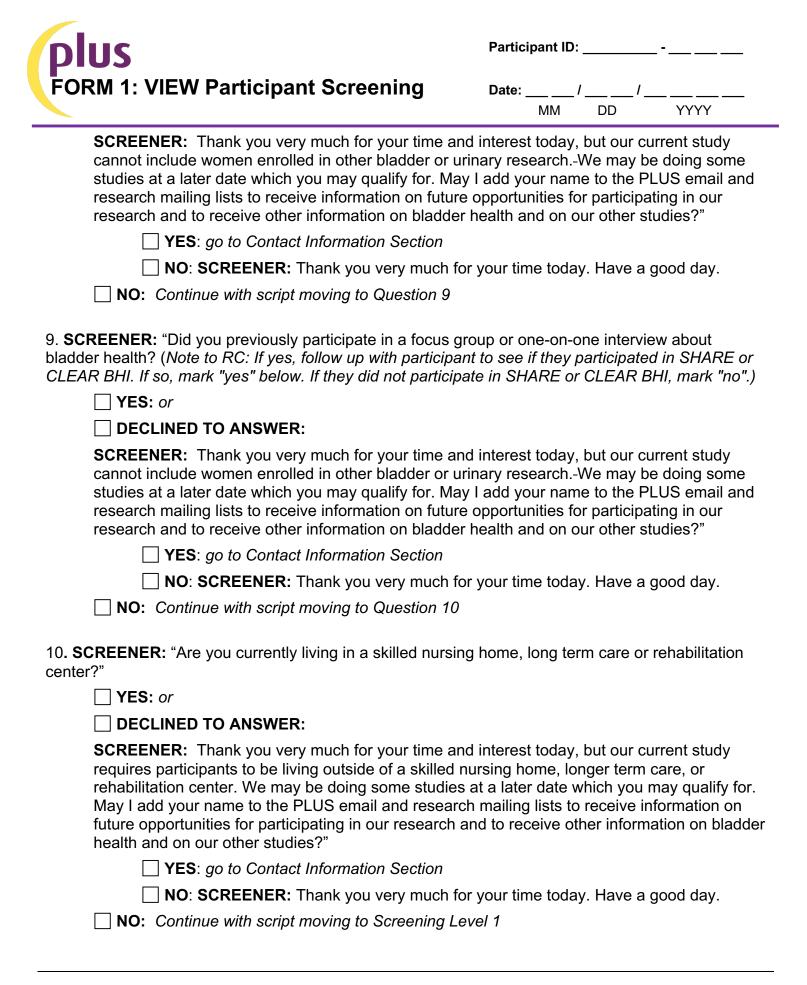
Study Personnel Initials _____ Date Data Entered _____ PLUS VIEW Form 1: Screening V2 12/03/2019 Page 4 of 12



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Partic	ipant ID	:		
Date:		1	/	
	MM	חח		YYYY

Companing Laval 4.
Screening Level 1:
Q1. Which of the following statements best describes your bladder? My bladder
1 ☐ Does not cause me any problems at all. → Qualifies for Tracking Log "Healthy" column
2 ☐ Causes me some very minor problems. → Qualifies for Tracking Log "Mild" column
3 ☐ Causes me some minor problems. → Qualifies for Tracking Log "Mild" column
4 ☐ Causes me some moderate problems. → Qualifies for Tracking Log "Moderate" column
5 ☐ Causes me severe problems. → Qualifies for Tracking Log "Severe" column
6 ☐ Causes me many severe problems. → Qualifies for Tracking Log "Severe" column
Tracking Log column Group 1: Healthy, answered above item Q1 with a 1 Tracking Log column Group 2: Mild Symptoms, answered above item Q1 with 2 or a 3 Tracking Log column Group 3: Moderate Symptoms, answered above item Q1 with a 4 Tracking Log column Group 4: Severe Symptoms, answered above item Q1 with 5 or 6
Screening Level 2: Symptoms
FREQUENCY
Ga1.In the past year, have you ever had times when you peed more often than usual?
1 ☐ Yes → Qualifies for Tracking Log row 1 (Frequency). Go to Gb1.
2 No → Go to Gb1.
INCONTINENCE
Gb1. In the <u>past year</u> , have you ever accidentally leaked urine, or lost control of pee, even just a drop or two?
1 ☐ Yes → Qualifies for Tracking Log row 2 (Incontinence). Go to Gc1.
2 ☐ No → Go to Gc1.
URGENCY
Gc1. In the <u>past year</u> , have you ever had a sudden and urgent need to pee, that "gotta go" feeling you just had to go right away?
1 ☐ Yes → Qualifies for Tracking Log row 3 (Urgency). Go to Gd1.
2 ☐ No → Go to Gd1.

Study Personnel Initials _____ Date Data Entered _____ PLUS VIEW Form 1: Screening V2



plus	Participant ID:			
FORM 1: VIEW Participant Screening	Date: / / /			
PAIN/DISCOMFORT				
Gd1. In the <u>past year</u> , have you ever felt discomfort, pres (i.e. a burning sensation when you pee)?	sure or pain in your bladder or when peeing			
1 ☐ Yes → Qualifies for Tracking Log row 4 (Pai	in/Discomfort). Go to Ge1.			
2 ☐ No → Go to Ge1.				

PEEING

Ge1. In the past year, have you had any problems such as trouble starting to pe	e, or completely
emptying your bladder, or dribbling a few drops after you finish peeing?	

1 Yes → Qualifies for Tracking Log row 5 (**Peeing**). Go to Gf1.

 $2 \square \text{No} \rightarrow \text{Go to Gf1}.$

UTI

Gf1. In the past year, have you had three or more UTIs or bladder infections, or 2 or more UTIs or bladder infections in the past 6 months?

1 ☐ Yes → Qualifies for Tracking log row 6 (UTI). Go to Screening Level 2 Summary Tables.

2 ☐ No → Go to Screening Level 2 Summary Tables.

Study Personnel Initials _____ Date Data Entered _____ PLUS VIEW Form 1: Screening V2



Participant ID:					
Date: _		_/_		_/	
	MM		DD		YYYY

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SCREENING LEVEL 2 SUMMARY TABLE

For each section the person qualifies - mark the box in the appropriate column based on Level in Screening 1

Self-Report of Bladder Problems							
Healthy					Mild	Moderate	Severe
Qx=1	Self-Rep	ort of	LUTS		Qx=2 or 3	Qx=4	Qx= 5 or 6
	Row 1 –	GA	FREQUENCY				
	Row 2 –	GB	INCONTINENCE				
	Row 3 –	GC	URGENCY				
	Row 4 –	GD	PAIN/DISCOMFO	RT			
	Row 5 –	GE	PEEING				
	Row 6 – GF UTI						
18-25 years old 26-44 years old 45-64 years old 65+ years old							

18-25 years old	26-44 years old	45-64 years old	65+ years old

Screening In/ Out

- 1) Each cell in columns Mild, Moderate or Severe in the table should have at least two qualified participants; beyond each symptom being present in a minimum of 2 participants, it does not matter how many participants have that symptom. Each woman can fulfill more than one row/ box in a given column. The column for Healthy should have a total of twelve participants; it does not matter which, if any, row they fall in. If they are in the Healthy column and do not fall into any row that is fine.
- 2) Transfer the information from this form to the Master Tracking Log to identify completion of enrollments/completes for each section.

Study Personnel Initials _____ Date Data Entered _____ PLUS VIEW Form 1: Screening V2 12/03/2019



Partici	pant II	D: _		·	·———
Date: _		_/_		_/	
	MM		DD		YYYY

Part 4: Eligibility						
If the individual <u>DOES</u> qualify for the study eligibility, does the coordinator believe that the person, due to cognitive or linguistic issues, <u>cannot</u> participate in study?						
☐ NO: Continue with Eligibility Script						
☐ YES: SCREENER: Unfortunately, you do not qualify for our study at this time. We appreciate your interest and thank you for your time. We may be doing some studies at a later date which you may qualify for. May I add your name to the PLUS email and research mailing lists to receive information on future opportunities for participating in our research and to receive other information on bladder health and on our other studies?"						
YES: Go to Contact Information SectionNO: SCREENER: Thank you very much for your time today. Have a good day.						

SCREENER: "I'm happy to say you are eligible to potentially participate in the VIEW Women's Bladder Health Study. As we briefly mentioned at the beginning of this call, there are several activities in this study. This will include a survey questionnaire, a bladder diary, and a clinic visit.

Continue with the following paragraph for non-postpartum participant:

In the first part of this study, we will be sending you a survey, by either US mail or email. If it is sent via email, the email will be from me and contain a url link for you to complete the survey. If it is sent to your email, you cannot complete the survey on your smartphone, please access it using your desktop or laptop. If the survey is sent US mail, it will come from University of Minnesota, our coordinating center and include a stamped addressed envelope for you to mail the survey back to Minnesota. The survey will take approximately 45 minutes to complete and mail back.

Or

Continue with the following paragraph for postpartum participant:

All study activities will need to be completed by 12-week after your delivery date. In the first part of this study, we will be sending you a survey, by either US mail or email. Do you have a preference? (or RC to decide, based on how far post-delivery the participant is. If participant is less than 6 weeks post-partum, let them know we need to wait until that date for them to complete the survey). If it is sent via email, the email will come from me and contain a url link for you to complete the survey. You cannot complete the survey on your smartphone, please access it using your desktop or laptop. . If the survey is sent US mail, it will come from University of Minnesota, our coordinating center and include a stamped addressed envelope for you to mail the survey back to Minnesota. The survey will take approximately 45 minutes to complete and mail back.

Study Personnel Initials _____ Date Data Entered _____ PLUS VIEW Form 1: Screening V2 12/03/2019



Participant ID:						
Date:		_/_		_/		
	MM		DD		YYYY	

Continue with the following paragraph for all participants:

Once you have returned your survey, I will contact you to set up an appointment for the clinic visit. I will also send you a purple box that contains the material and instructions for the bladder diaries. There are two different diaries. One asks you to keep track of how often you pee for 2 days, and the other asks you to keep track and measure how much you pee for one day. We will include a container in the box that you can use to measure your pee, along with instructions for both diaries.

The clinic appointment at <insert practice site> will take up to 2 hours. This involves meeting with a health care practitioner who will ask you questions about your bladder. We will also do some simple tests of your bladder such as asking you to pee in a toilet that measures urine flow, and a bladder ultrasound scanner that is placed on your abdomen to check how much urine is in your bladder. There will be no physical examination or pelvic exam.

You will be compensated for each activity. (If participant asks about total compensation: In total, you could receive up to \$100 for completing every activity in the study. (\$15 for completion of BHI, \$35 for completion of bladder diaries, \$50 for completion of in-person visit))

SCREENER: Are you still interested in participating in the study? For postpartum participant: If so, will you be able to come to a clinic visit within 12 weeks of your delivery date?

YES
NO: SCREENER: "May I know the reason why?"
☐ Not interested
☐ No time
☐ Not what I thought it was about
Other:
☐ Declined to answer
Following response to giving reason for not participating, or if they decline to respond: SCREENER: "May I add your name to the PLUS email and research mailing lists to receive information on future opportunities for participating in our research and to receive other information on bladder health and on our other studies?"
 ☐ YES - go to Contact Information Section ☐ NO - Okay, thank you again for your time today and for your responses to the questions. Have a great day.

SCREENER: "We appreciate your willingness to participate in our study. Now, we need to complete your contact information including your mailing address and email address so we can make sure you receive the study materials.

Complete the Contact information Section

Study Personnel Initials _____ Date Data Entered _____ PLUS VIEW Form 1: Screening V2 12/03/2019