

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Overactive Bladder Short Form Questionnaire (OAB-q SF)

Part A. Symptom Bother

This questionnaire asks about how much you have been bothered by selected bladder symptoms during the past 4 weeks. Please place a check or x in the box that best describes the extent to which you were bothered by each symptom during the past four weeks. There are no right or wrong answers. Please be sure to answer every question.

During the past 4 weeks, how bothered were you by . . .	Not at all	A little bit	Some-what	Quite a bit	A great deal	A very great deal
1. An uncomfortable urge to urinate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. A sudden urge to urinate with little or no warning?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. Accidental loss of small amounts of urine?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. Nighttime urination?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. Waking up at night because you had to urinate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. Urine loss associated with a strong desire to urinate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Part B. Health Related Quality of Life

The previous questions asked about your feelings about individual bladder symptoms. For the following questions, please think about your overall bladder symptoms in the past four weeks and how these symptoms have affected your life. Please answer each question about how often you have felt this way to the best of your ability. Please place a check or x in the box that best answers each question.

During the past week, how often have your bladder symptoms . . .	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1. Caused you to plan “escape routes” to restrooms in public places?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
2. Made you feel like there is something wrong with you?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
3. Interfered with your ability to get a good night’s rest?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
4. Made you frustrated or annoyed about the amount of time you spend in the restroom?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
5. Made you avoid activities away from restrooms (i.e., walks, running, hiking)?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
6. Awakened you during sleep?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
7. Caused you to decrease your physical activities (exercising, sports, etc.)?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
8. Caused you to have problems with your partner or spouse?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
9. Made you uncomfortable while traveling with others because of needing to stop for a restroom?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
10. Affected your relationships with family and friends?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
11. Interfered with getting the amount of sleep you needed?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
12. Caused you embarrassment?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6
13. Caused you to locate the closest restroom as soon as you arrive at a place you have never been?	[] 1	[] 2	[] 3	[] 4	[] 5	[] 6

Scoring

Symptom Bother Scale:

To score the Symptom Bother scale, sum items 1-6 from part A.

Lowest possible raw score: 6

Highest possible raw score: 36

Possible raw score range: 30

A transformed symptom severity score can be obtained according to the following formula:

Transformed Symptom Severity Score: $\frac{\text{Actual raw score} - \text{lowest possible raw score}}{\text{Possible raw score range}}$

X 100

Health Related Quality of Life (HRQL) Scale:

To score the HRQL scale, sum items 1-13 from part B.

Lowest possible raw score: 13

Highest possible raw score: 78

Possible raw score range: 65

A transformed HRQL score can be obtained according to the following formula:

Transformed HRQL Score: $\frac{\text{Highest possible score} - \text{Actual raw score}}{\text{Possible raw score range}}$

X 100

Missing Items. For the subscale analyses, if <50% of the scale items are missing, the scale should be retained with the mean scale score of the items present used to impute a score for the missing items. If ≥50% of the items are missing, no scale score should be calculated, the subscale score should be considered missing.

Protocol source: <https://www.phenxtoolkit.org/protocols/view/880101>