

# The measurement of urinary incontinence via survey questionnaires

<b>Submission date</b> 10/10/2005	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 13/10/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
<b>Last Edited</b> 19/10/2009	<b>Condition category</b> Urological and Genital Diseases	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Peter Elton

**Contact details**  
Public Health Department  
Bury Primary Care Trust  
Bury  
United Kingdom  
BL9 0EN  
+44 (0)161 762 3138  
peter.elton@burypct.nhs.uk

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
N/A

# Study information

## Scientific Title

## Study objectives

The trial aims to see if lead-in questions will affect the reported rate of urinary incontinence

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Randomised controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

GP practice

## Study type(s)

Other

## Participant information sheet

## Health condition(s) or problem(s) studied

Urinary incontinence

## Interventions

The control group will be asked:

Do you ever leak any water (urine) when you don't mean to? Yes/No

The intervention group will be asked some related questions preceding the urinary incontinence question i.e.

1. Do you have to pass water (urine) at least once during the night? Yes/No

2. Do you have to pass water at least five times per day? Yes/No

3. Do you need to pass water when you hear running water? Yes/No

4. Do you sometimes have the sensation of not emptying your bladder after you have finished passing water? Yes/No

5. Do you get a sudden strong urge to pass water? Yes/No

6. Do you have difficulty in controlling your water? Yes/No

7. Do you ever leak any water when you don't mean to? Yes/No

Differences in the response rate between the two groups will be analysed for statistical significance.

**Intervention Type**

Other

**Phase**

Not Specified

**Primary outcome measure**

Information on the effect of leading questions on urinary incontinence.

**Secondary outcome measures**

The survey also contains questions relating to a range of health and lifestyle issues e.g smoking, alcohol use and diet.

**Overall study start date**

17/10/2005

**Completion date**

25/11/2005

**Eligibility****Key inclusion criteria**

1. Patients registered with Bury General Practitioners.
2. People over the age of 18.

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

1430

**Key exclusion criteria**

People under the age of 18.

**Date of first enrolment**

17/10/2005

**Date of final enrolment**

25/11/2005

## **Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

Public Health Department

Bury

United Kingdom

BL9 0EN

## **Sponsor information**

**Organisation**

Bury Primary Care Trust (UK)

**Sponsor details**

21 Silver Street

Bury

England

United Kingdom

BL9 0EN

+44 (0)161 762 3136

paul.campbell@burypct.nhs.uk

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.burypct.nhs.uk>

## **Funder(s)**

**Funder type**

Government

**Funder Name**

Funding provided by the public health department at Bury Primary Care Trust (UK)

## **Results and Publications**

### **Publication and dissemination plan**

Not provided at time of registration

### **Intention to publish date**

### **Individual participant data (IPD) sharing plan**

### **IPD sharing plan summary**

Not provided at time of registration