

TREATMENT ASSESSMENT FORM
BIOFEEDBACK

ID No.				
Form Type	T	B		

PART I: VISIT IDENTIFICATION

1. Patient's initials: _____
2. Date of visit: _____ F9B-DAYS
Month Day Year
3. Identify the visit: _____ F9B-Num

PART II: BIOFEEDBACK REPORT

4. Were the patient and the therapist in the same room? _____ (1) (2)
Yes No Same Room
5. Were there any problems in conducting this biofeedback session? _____ (1) (2)
Yes No BIOPROB

If YES, specify: BIO-RMK

6. Has the diskette of the biofeedback session been sent to the Coordinating Center? _____ Yes No
(1) (2) DISK SENT

A. Date sent: _____ DISK-DT
Month Day Year

B. Name of file: _____ FN

7. Was the biofeedback session audiotaped? _____ (1) (2)
Yes No AUDIO

A. Cassette number of audiotape filed at Clinical Unit: _____

PART III: ADMINISTRATIVE MATTERS

8. Biofeedback Therapist:
Signature: _____
RTS Staff No.: _____ NEWCORT

9. Research Coordinator:
Signature: _____
RTS Staff No.: _____

10. Date form completed: --- _____ - _____ - _____
Month Day Year

COORDINATING CENTER USE ONLY

11. Diskette received? _____ (1) (2)
Yes No

↓

A. Date received: _____
Month Day Year

TREATMENT ASSESSMENT FORM
BIOFEEDBACK

ID No.				
Form Type	T	B		

Part I: Visit Identification

- Patient's initials:
- Date of visit: F90-DAYS
Month Day Year
- Identify the visit: F90 num

Part II: Biofeedback Report

- Were the patient and the therapist in the same room? () ()
Yes No SAME ROOM
- Were there any problems in conducting this biofeedback session? () ()
Yes No BIOPROB

If YES, specify: BIO-Rmk

- Has the diskette of the biofeedback session been sent to the Coordinating Center? () ()
Yes No DISKSENT

A. Date sent:
Month Day Year

B. Name of file: -

Part III: Administrative Matters

- Biofeedback Therapist: Signature: _____ RTS Staff No.: NEWCERT
- Research Coordinator: Signature: _____ RTS Staff No.: _____
- Date form completed:
Month Day Year

COORDINATING CENTER USE ONLY

- Diskette received? () ()
Yes No

A. Date received:
Month Day Year

ID No.				
Form Type	T	B		

FORM 9B (Rev. 0, 1)
 TREATMENT ASSESSMENT FORM
 BIOFEEDBACK
 (1 Record Per Visit)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
HEADER	NEWID*	I(4)	Patient ID
2	F9B_DAYS	I(4)	Date of biofeedback session Days from Randomization
HEADER	F9B_NUM	I(1)	1 - 22 sessions
4	SAMEROOM	I(1)	1 = Yes, 2 = No
5	BIOPROB	I(1)	1 = Yes, 2 = No
5	BIO_RMK	CHAR(1)	1 = Remark written on form
6	DISKSENT	I(1)	1 = Yes, 2 = No
7	AUDIO	I(1)	1 = Yes, 2 = No
8	NEWCERT	CHAR(3)	Staff number (coded 01 – 21)
CALCULATED	F9B_TYPE	CHAR(11)	Type of session: Training Booster Vol control
CALCULATED	TYPE_NUM	I(2)	Visit Number within type

* Persons in the Normal Substudy will have ID numbers 609-654. These persons are not in the randomization file or any other RTS file.

CONTENTS PROCEDURE

Data Set Name:	RTS.FORM9B	Observations:	1655
Member Type:	DATA	Variables:	11
Engine:	V612	Indexes:	0
Created:	11:06 Thursday, April 27, 2000	Observation Length:	55
Last Modified:	11:06 Thursday, April 27, 2000	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

-----Engine/Host Dependent Information-----

Data Set Page Size:	8192
Number of Data Set Pages:	12
File Format:	607
First Data Page:	1
Max Obs per Page:	148
Obs in First Data Page:	117

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Informat	Label
5	AUDIO	Num	4	13	1.	BEST22.	f9bq7 Biofeedback session audiotaped
2	BIOPROB	Num	4	4	1.	BEST22.	f9bq5 Problems in this session
3	BIO_RMK	Char	1	8			f9bq5 Specify problem
4	DISKSENT	Num	4	9	1.	BEST22.	f9bq6 Diskette sent to CC
9	F9B_DAYS	Num	4	40	4.		f9bq2 Days from Randomization
6	F9B_NUM	Num	8	17	2.		Visit Number for Biofeedback group
8	F9B_TYPE	Char	11	29			Type of Biofeedback session
11	NEWCERT	Char	3	52	\$3.		f9bq8 RTS Staff number
10	NEWID	Num	8	44	4.		Patient ID
1	SAMEROOM	Num	4	0	1.	BEST22.	f9bq4 Patient and therapist in same room
7	TYPE_NUM	Num	4	25	2.		Visit number within form type

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
SAMEROOM	f9bq4 Patient and therapist in same room	1655	1.4	0.5	1.0	2.0
BIOPROB	f9bq5 Problems in this session	1655	1.8	0.4	1.0	2.0
DISKSENT	f9bq6 Diskette sent to CC	1655	1.0	0.1	1.0	2.0
AUDIO	f9bq7 Biofeedback session audiotaped	1243	1.1	0.2	1.0	2.0
F9B_NUM	Visit Number for Biofeedback group	1655	7.0	4.2	1.0	23.0
TYPE_NUM	Visit number within form type	1655	4.5	2.9	1.0	11.0
F9B_DAYS	f9bq2 Days from Randomization	1655	91.7	131.8	0.0	608.0
NEWID	Patient ID	1655	156.0	95.1	2.0	313.0

f9bq5 Specify problem

BI0_RMK	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	289	100.0	289	100.0

Frequency Missing = 1366

Type of Biofeedback session

F9B_TYPE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Booster	180	10.9	180	10.9
Training	1272	76.9	1452	87.7
Vol Control	203	12.3	1655	100.0

f9bq8 RTS Staff number

NEWCERT	Frequency	Percent	Cumulative Frequency	Cumulative Percent
01	77	4.7	77	4.7
02	33	2.0	110	6.6
03	2	0.1	112	6.8
04	22	1.3	134	8.1
05	105	6.3	239	14.4
06	12	0.7	251	15.2
07	104	6.3	355	21.5
08	95	5.7	450	27.2
09	45	2.7	495	29.9
10	33	2.0	528	31.9
11	56	3.4	584	35.3
12	26	1.6	610	36.9
13	372	22.5	982	59.3
14	302	18.2	1284	77.6
15	91	5.5	1375	83.1
16	69	4.2	1444	87.3
17	4	0.2	1448	87.5
18	1	0.1	1449	87.6
19	97	5.9	1546	93.4
20	1	0.1	1547	93.5
21	108	6.5	1655	100.0