RAYNAUD'S TREATMENT STUDY

BIOFEEDBACK AUDIOTAPE REVIEW FORM

ID No.			-			
Form Type	A	R				

PART I: IDENTIFICATION

1. Patient's initials: . . . .

2. Date of biofeedback session . . . .
   _____ _____ _____
   Month   Day   Year

3. Biofeedback session number: . . . .

PART II: REVIEW OF AUDIOTAPE

4. Type of biofeedback: . . . .
   (₁) Temperature   (₂) EMG

5. Was there discussion/mention of the number of Raynaud's attacks? . . . . .
   (₁) Yes   (₂) No
   ↓

   > A. Initiated by: . . . .
   > (₁) Patient   (₂) Therapist

6. Was there discussion of previous homework? . . . .
   (₁) Yes   (₂) No
   ↓

   > *Check all that apply.*
   > A. During adaptation period . . . . (₁)
   > B. During baseline period . . . . (₁)
   > C. During biofeedback period . . . . (₁)

7. Was there discussion of applied practice? . . . .
   (₁) Yes   (₂) No
   ↓
   Skip to Item 9.

8. The applied practice was directed toward (check all that apply):

   A. Places where Raynaud's attacks could occur because of cold . . . . (₁)

   B. Places where there are stresses other than cold stress . . . . (₁)

   C. Other circumstances which elicit Raynaud's . . . . (₁)

9. Reviewer's best estimate of number of therapist's comments:

		0-2	3-5	5-10	10-20	≥ 20
A.	Adaptation period	($_1$)	($_2$)	($_3$)	($_4$)	($_5$)
B.	Baseline period	($_1$)	($_2$)	($_3$)	($_4$)	($_5$)
C.	Feedback period	($_1$)	($_2$)	($_3$)	($_4$)	($_5$)

10. The therapist's demeanor was: (*Check all that apply.*)

     A. Professional . . . . ($_1$)
     B. Warm . . . . ($_1$)
     C. Cold . . . . ($_1$)
     D. Not enough conversation to assess demeanor . . . . ($_1$)

11. What scheduled practice was assigned:

     Daily . . . . ($_1$)
     2-3 days/week . . . . ($_2$)
     1 day/week . . . . ($_3$)
     No practice assigned . . . . ($_4$)

12. Did therapist provide additional imagery examples? . . . . ($_1$)   ($_2$)
                                                                                        Yes   No

13. Were any personal issues of this patient addressed by therapist? . . . . ($_1$)   ($_2$)
                                                                                           Yes   No
                                                                                        ↓

A. If **YES**, was discussion appropriate and limited? . . . . ($_1$)   ($_2$)

                                                                     Yes   No

14. Was any confusion noted about the biofeedback display? . . . . ($_1$)   ($_2$)
                                                                                           Yes   No

PART III: ADMINISTRATIVE MATTERS

15. Reviewer:

     Signature: _____   RTS staff No.: _____

16. Date form completed: . . . . ___ ___ ___
                                                                     Month   Day   Year

ID No.			-			
Form Type	A	R				

FORM 40 (Rev. 0)

BIOFEEDBACK AUDIOTAPE REVIEW FORM

ITEM	NAME	TYPE AND LENGTH	CODES OR UNITS
HEADER	NEWID	I(4)	Patient ID
2	F40_DAYS	I(4)	Date of biofeedback session Days from randomization
3	SESSNBR	I(2)	1 - 11
4	TYPEBIO	I(1)	1 = Temperature, 2 = EMG
5	NBRMENT	I(1)	1 = Yes, 2 = No
5A	INIT	I(1)	1 = Patient, 2 = Therapist
6	HOMEWORK	I(1)	1 = Yes, 2 = No
6A	PREADAPT		
6B	ADAPT		
6C	BL	I(1)	1 = Yes, 2 = No
6D	BIO		
7	APPLIED	I(1)	1 = Yes, 2 = No
8A	APPA		
8B	APPB	I(1)	1 = Yes, 2 = No
8C	APPC		
9A	COMMA		1 = 0 - 2 2 = 3 - 5
9B	COMMB	I(1)	3 = 5 - 10
9C	COMMC		4 = 10 - 20 5 = > 20
10A	DEMEANA		
10B	DEMEANB		
10C	DEMEANC	I(1)	1 = Yes, 2 = No
10D	DEMEAND		
11	PRACTICE	I(1)	1 = Daily 2 = 2 - 3 days/week 3 = 1 day/week 4 = No practice assigned
12	EXAMPLE	I(1)	1 = Yes, 2 = No
13	PERISS	I(1)	1 = Yes, 2 = No
13A	PERISSY	I(1)	1 = Yes, 2 = No
14	DISPLAY	I(1)	1 = Yes, 2 = No
15	NEWCERT	I(3)	RTS staff number Coded 01-22

                              CONTENTS PROCEDURE

Data Set Name: RTS.FORM40   Observations: 37
Member Type: DATA   Variables: 29
Engine: V612   Indexes: 0
Created: 11:06 Thursday, April 27, 2000   Observation Length: 128
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: 2
                    File Format: 607
                    First Data Page: 1
                    Max Obs per Page: 63
                    Obs in First Data Page: 33

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

  # Variable Type Len Pos Format Informat Label
ƒƒ
  8 ADAPT   Num   4 28 1.   BEST22. f40q6b During adaptation period
 12 APPA   Num   4 44 1.   BEST22. f40q8a Places where attacks could occur
 13 APPB   Num   4 48 1.   BEST22. f40q8b Stresses other than cold stress
 14 APPC   Num   4 52 1.   BEST22. f40q8c Other circumstances
 11 APPLIED Num   4 40 1.   BEST22. f40q7 Discussion of applied practice
 10 BIO   Num   4 36 1.   BEST22. f40q6d During biofeedback period
  9 BL   Num   4 32 1.   BEST22. f40q6c During baseline period
 15 COMMA   Num   4 56 1.   BEST22. f40q9a Comments during adaptation
 16 COMMB   Num   4 60 1.   BEST22. f40q9b Comments during baseline
 17 COMMC   Num   4 64 1.   BEST22. f40q9c Comments during feedback
 18 DEMEANA Num   4 68 1.   BEST22. f40q10a Therapist was professional
 19 DEMEANB Num   4 72 1.   BEST22. f40q10b Therapist was warm
 20 DEMEANC Num   4 76 1.   BEST22. f40q10c Therapist was cold
 21 DEMEAND Num   4 80 1.   BEST22. f40q10d Not able to assess
 26 DISPLAY Num   4 100 1.   BEST22. f40q14 Confusion about biofdbk display
 23 EXAMPLE Num   4 88 1.   BEST22. f40q12 Therapist provided examples
 29 F40_DAYS Num   8 120 4.   f40q2 Days rand. to biofeedback session
  1 FMTYP   Char   4   0   FMTYP
  6 HOMEWORK Num   4 20 1.   BEST22. f40q6 Discussion of previous homework
  5 INIT   Num   4 16 1.   BEST22. f40q5a Initiated by (1=patient 2=ther.)
  4 NBRMENT Num   4 12 1.   BEST22. f40q5 Discussion of Raynauds attacks
 28 NEWCERT Num   8 112 3.   Reviewer RTS staff number
 27 NEWID   Num   8 104 4.   Patient ID
 24 PERISS   Num   4 92 1.   BEST22. f40q13 Personal issues addressed
 25 PERISSY Num   4 96 1.   BEST22. f40q13a Appropriate & limited
                                                 discussion
 22 PRACTICE Num   4 84 1.   BEST22. f40q11 Practice assigned
  7 PREADAPT Num   4 24 1.   BEST22. f40q6a During pre-adaptation period
  2 SESSNBR Num   4   4 2.   BEST22. f40q3 Biofeedback session number
  3 TYPEBIO Num   4   8 1.   BEST22. f40q4 Type of biofeedback (1=temp
                                                 2=emg)

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
SESSNBR	f40q3 Biofeedback session number	37	6.5	3.1	1.0	11.0
TYPEBIO	f40q4 Type of biofeedback (1=temp 2=emg)	36	1.6	0.5	1.0	2.0
NBRMENT	f40q5 Discussion of Raynauds attacks	36	1.9	0.4	1.0	2.0
INIT	f40q5a Initiated by (1=patient 2=ther.)	5	1.2	0.4	1.0	2.0
HOMEWORK	f40q6 Discussion of previous homework	36	1.1	0.2	1.0	2.0
PREADAPT	f40q6a During pre-adaptation period	34	1.4	0.5	1.0	2.0
ADAPT	f40q6b During adaptation period	34	1.7	0.4	1.0	2.0
BL	f40q6c During baseline period	34	2.0	0.0	2.0	2.0
BIO	f40q6d During biofeedback period	34	2.0	0.0	2.0	2.0
APPLIED	f40q7 Discussion of applied practice	36	1.3	0.5	1.0	2.0
APPA	f40q8a Places where attacks could occur	25	1.2	0.4	1.0	2.0
APPB	f40q8b Stresses other than cold stress	25	1.7	0.5	1.0	2.0
APPC	f40q8c Other circumstances	24	1.7	0.5	1.0	2.0
COMMA	f40q9a Comments during adaptation	33	1.3	0.9	1.0	5.0
COMMB	f40q9b Comments during baseline	33	1.0	0.0	1.0	1.0
COMMC	f40q9c Comments during feedback	33	1.1	0.3	1.0	3.0
DEMEANA	f40q10a Therapist was professional	37	1.4	0.5	1.0	2.0
DEMEANB	f40q10b Therapist was warm	37	1.2	0.4	1.0	2.0
DEMEANC	f40q10c Therapist was cold	37	2.0	0.0	2.0	2.0
DEMEAND	f40q10d Not able to assess	37	2.0	0.0	2.0	2.0
PRACTICE	f40q11 Practice assigned	32	1.4	1.0	1.0	4.0
EXAMPLE	f40q12 Therapist provided examples	35	1.9	0.2	1.0	2.0
PERISS	f40q13 Personal issues addressed	35	1.8	0.4	1.0	2.0
PERISSY	f40q13a Appropriate & limited discussion	10	1.1	0.3	1.0	2.0
DISPLAY	f40q14 Confusion about biofdbk display	35	2.0	0.0	2.0	2.0
NEWID	Patient ID	37	158.3	90.8	10.0	296.0
NEWCERT	Reviewer RTS staff number	37	11.2	5.0	1.0	22.0
F40_DAYS	f40q2 Days rand. to biofeedback session	37	34.2	22.6	1.0	108.0

FMTYP

FMTYP	Frequency	Percent	Cumulative Frequency	Cumulative Percent
AR01	26	70.3	26	70.3
AR02	10	27.0	36	97.3
AR03	1	2.7	37	100.0