

SECTION A: INTERVIEW SUMMARY

id	A1.	RESPONDENT ID:						
event	A2a.	BACH SURVEY EVENT	B	A	S	E		
visit	A2b.	BACH SURVEY VISIT #:	0	0				
gender	A5.	SEX OF RESPONDENT:	MALE.....1					
lang_ensp	A6.	LANGUAGE:	ENGLISH.....1					
location	A7.	LOCATION:	IN-HOME.....1					
sf01	B1.	In general, would you say your health is:						
sf02	a.	Moderate activities, such as moving a table, pushing a vacuum cleaner, softball, or playing golf	1	2	3			
sf03	b.	Climbing several flights of stairs	1	2	3			
sf04	a.	Accomplished less than you would like		1	2			
sf05	b.	Were limited in the kind of work or other activities		1	2			
sf06	a.	Accomplished less than you would like		1	2			
sf07	b.	Didn't do work or other activities as carefully as usual		1	2			
sf08	B5.	During the <u>past four weeks</u> , how much did pain interfere with your normal work (including both work outside the home and housework)? Would you say:						
sf09	*a.	Have you felt calm and peaceful?	1	2	3	4	5	6
sf10	*b.	Did you have a lot of energy?	1	2	3	4	5	6
sf11	*c.	Have you felt downhearted and blue?	1	2	3	4	5	6
sf12	B7.	During the <u>past four weeks</u> , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? Would you say:						
		Most of the time	4					
		All of the time	5					

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FORM FOIN – BASELINE INTERVIEW

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a.	condevr	Condoms, including female condoms	1	2	condnow	1	2
b.	diaphevr	Diaphragm	1	2	diaphnow	1	2
c.	barrevr	Some other barrier method, such as cervical cap	1	2	barrnow	1	2
d.	foamevr	Foams	1	2	foamnow	1	2

*a.	bcpnow	Birth control pills	1	2	3	bcpage	bcpdur	bepunt
						<input type="text"/>	<input type="text"/>	MONTHS..... 1 YEARS..... 2
*b.	bcinow	Injections for birth control (Depo Provera, Lunelle)	1	2	3	bciage	bcidur	bciunt
						<input type="text"/>	<input type="text"/>	MONTHS..... 1 YEARS..... 2
*c.	norpnw	Norplant (Implanted under skin)	1	2	3	norpage	norpdur	norpunt
						<input type="text"/>	<input type="text"/>	MONTHS..... 1 YEARS..... 2
d.	iudnow	Intrauterine device (IUD, Mirena)	1	2	3	iudage	iuddur	iudunt
						<input type="text"/>	<input type="text"/>	MONTHS..... 1 YEARS..... 2
e.	ringnow	Vaginal ring (Estring)	1	2	3	ringage	ringdur	ringunt
						<input type="text"/>	<input type="text"/>	MONTHS..... 1 YEARS..... 2
f.	tugnow	Tubal ligation	1	2	3	tugage	tugdur	tugunt
						<input type="text"/>	<input type="text"/>	MONTHS..... 1 YEARS..... 2

E1.	wt25	How much did you weigh at 25 years of age?	<input type="text"/>	<input type="text"/>	<input type="text"/>	b.	wt25unit
							LBS..... 1 KGS..... 2
E2.	mxwt	Up to the present time, what is the most you have ever weighed, IF FEMALE: except during pregnancy?	<input type="text"/>	<input type="text"/>	<input type="text"/>	b.	mxwtunit
							LBS..... 1 KGS..... 2

*a.	diab1	Insulin-dependent or juvenile-onset diabetes (Type I)	1	2	-8	diab1tx	diab1age
						<input type="text"/>	<input type="text"/>
*b.	diab2	Non-insulin-dependent or adult-onset diabetes (Type II)	1	2	-8	diab2tx	diab2age
						<input type="text"/>	<input type="text"/>

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sugar				sugartx				sugarage		
*c. Elevated blood sugar, IF FEMALE: excluding when you were pregnant (hyperglycemia)	1	2	-8	1	2	3				
asthma				asthmatx				asthmage		
d. Asthma	1	2	-8	1	2	3				
clung				clungtx				clungage		
e. Chronic lung disease such as chronic bronchitis, COPD or emphysema, not including asthma	1	2	-8	1	2	3				
allergy				allertx				alleraage		
*f. Allergies or eczema (inflamed skin, rashes, sneezing, itchy eyes)	1	2	-8	1	2	3				
cabg				cabgtx				cabgage		
g. Coronary artery bypass or angioplasty (Stent)	1	2	-8	1	2	3				
mi				mitx				miage		
h. Heart attack (myocardial infarction or MI)	1	2	-8	1	2	3				
angina				angnatx				angnaage		
*i. Angina pectoris (chest pain)	1	2	-8	1	2	3				
E3 (continued).							i. Have you <u>ever or are you currently</u> receiving treatment for this condition? (PROBE IF YES: Is this current?)		ii. How old were you when you were first told?	
	* Have you <u>ever</u> been told by a health care provider that you have or had:						YES, PAST		YES, CURRENT	
	YES	NO	DK				NO		AGE	
arrhyth				arrtx				arrage		
*j. An irregular heartbeat or arrhythmia requiring insertion of a pacemaker	1	2	-8	1	2	3				
chf				chftx				chfage		
*k. Congestive heart failure (CHF)	1	2	-8	1	2	3				
tia				tia tx				tiaage		
*l. TIA or mild stroke (Transient Ischemic Attack, mini stroke)	1	2	-8	1	2	3				
stroke				stroktx				strokage		
m. Stroke (CVA)	1	2	-8	1	2	3				
cas				castx				casage		
n. Carotid artery surgery (on artery in neck)	1	2	-8	1	2	3				
claud				claudtx				claudage		
*o. Intermittent claudication (leg cramps, usually in the calves, when walking)	1	2	-8	1	2	3				
spvd				spvdtx				spvdage		
p. Surgery or angioplasty for arterial disease of the leg	1	2	-8	1	2	3				
pulmemb				pulmtx				pulmage		
q. Pulmonary embolus (blood clots in the lungs)	1	2	-8	1	2	3				
aneur				aneurtx				aneuraage		

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*r. Aortic aneurysm (weakening of the aorta)	1	2	-8	1	2	3		
hrd				hrdtx			hrdage	
s. Heart-rhythm disturbance	1	2	-8	1	2	3		
dvt				dvttx			dvtage	
t. Deep vein thrombosis (blood clot, usually in the leg)	1	2	-8	1	2	3		
raynauds				rayntx			raynage	
*u. Raynauds disease (poor circulation in toes & fingers)	1	2	-8	1	2	3		
pvd				pvdtx			pvdage	
v. Peripheral vascular disease	1	2	-8	1	2	3		
cholest				choltx			cholage	
w. High cholesterol	1	2	-8	1	2	3		
hbp				hbptx			hbpage	
*x. High blood pressure (hypertension)	1	2	-8	1	2	3		
kidney				kidntx			kidnage	
y. Kidney disease	1	2	-8	1	2	3		
arthr				arthrtx			arthrage	
z. Arthritis or rheumatism	1	2	-8	1	2	3		

E3 (continued).

* Have you ever been told by a health care provider that you have or had:

i. Have you ever or are you currently receiving treatment for that condition? (PROBE IF YES: Is this current?)

ii. How old were you when you were first told?

	YES	NO	DK	YES, PAST	YES, CURRENT	NO	AGE
osteop				osteotx			osteage
*aa. Osteoporosis (thin or brittle bones)	1	2	-8	1	2	3	

cancer1				canc1tx			canc1age
*dd. Cancer	1	2	-8	1	2	3	
canc1spc							
dd1. SPECIFY							
cancer2				canc2tx			canc2age
ee. Cancer	1	2	-8	1	2	3	
canc2spc							
ee1. SPECIFY							
cancer3				canc3tx			canc3age
ff. Cancer	1	2	-8	1	2	3	
canc3spc							
ff1. SPECIFY							

FEMALE RESPONDENTS ONLY. IF MALE, PROCEED TO E4

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E3 (continued). * Have you <u>ever</u> been told by a health care provider that you have or had:	YES	NO	DK	i. Have you <u>ever</u> or <u>are you currently</u> receiving treatment for that condition? (PROBE IF YES: Is this current?)			ii. How old were you when you were first told?		
				YES,PAST	YES,CURRENT	NO	AGE		
gdiab *gg. Gestational diabetes	1	2	-8	1	2	3	[]	[]	[]
endomet *hh. Endometriosis	1	2	-8	1	2	3	[]	[]	[]
pid ii. Pelvic inflammatory disease or PID	1	2	-8	1	2	3	[]	[]	[]
cyst jj. Ovarian cyst(s)	1	2	-8	1	2	3	[]	[]	[]
pcos *kk. Polycystic ovarian syndrome (PCOS)	1	2	-8	1	2	3	[]	[]	[]
fibroid ll. Uterine fibroids (fibroids)	1	2	-8	1	2	3	[]	[]	[]
puterus mm. Prolapsed uterus	1	2	-8	1	2	3	[]	[]	[]
pbladder *nn. Prolapsed bladder (cystocele) or rectum (rectocele)	1	2	-8	1	2	3	[]	[]	[]

nbladder

E4. a. Have you ever been told by your health care provider that you had a problem with your bladder emptying as a result of nerves or muscles that supply the bladder not working well?

YES 1
 NO..... 1

catheter

b. Has your health care provider ever instructed you to use a catheter for a bladder condition?

YES..... 1
 NO..... 2 (E4c)

permcath

b1. Was it an in-dwelling or permanent catheter?

YES 1
 NO.....

uti_ki

c. Have you ever been told by your health care provider that you had a bladder infection (urinary tract infection or cystitis) or kidney infection (pyelonephritis)?

YES 1
 NO..... 2 (E5)

uti12mo

c1. How many times were you diagnosed with a bladder infection (urinary tract infection or cystitis) in the last 12 months?

[]	[]
-----	-----

TIMES

utiev

c2. How many times were you diagnosed with a bladder infection
(urinary tract infection or cystitis) in your lifetime?

--	--

TIMES

ki12mo

c3. How many times were you diagnosed with a kidney infection
(pyelonephritis) in the last 12 months?

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TIMES

kievr

c4. How many times were you diagnosed with a kidney infection
(pyelonephritis) in your lifetime?

--	--

TIMES

MALE RESPONDENTS ONLY. IF FEMALE, PROCEED TO E6

Now I have a few questions about your bones.

	E5. *Has a health care provider <u>ever</u> told you that you had broken or fractured your:		i. IF YES: How many times have you broken or fractured your:	ii. IF YES: How old were you when you (first) broke or fractured your:	iii. IF YES: Did that (first) break or fracture occur:				
	YES	NO	TIMES	AGE	As a result of a fall from a standing height or less	Because of a harder fall,	Or from a car accident or other severe trauma	OTHER	
hip									
*a. Hip	1	2	(E5b)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	3	99
wrist									
*b. Wrist (Not forearm or hand)	1	2	(E5c)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	3	99
spine									
*c. Spine	1	2		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	1	2	3	99

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FORM F0IN – BASELINE INTERVIEW

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Next, I am going to ask you a few questions about the health of your primary blood or full relatives, including your parents, siblings and any children you might have. When you answer these questions, please **do not include** adopted relatives, step relatives, or siblings with which you share only 1 parent (i.e., “half siblings”).

E6. Please tell me which of your primary blood or full relatives has or has had ... PROBE: Is there anyone else who has or has had?

	NONE	i. MOTHER	ii. FATHER	iii. SISTER	iv. BROTHER	v. CHILD
cancfhx						
a. Cancer	NONE 1 (E6b)	canema YES..... 1 NO..... 2 DK.....-8	cancpa YES..... 1 NO..... 2 DK.....-8	cancsis YES..... 1 NO..... 2 DK.....-8	cancbro YES..... 1 NO..... 2 DK.....-8	canckid YES..... 1 NO..... 2 DK.....-8
a1. At about what age was your ___ first diagnosed with any kind of cancer?		cancmage	cancfage	cancsage	cancbage	cancckage
		cncm1typ	cncf1typ	cncs1typ	cncb1typ	cncck1typ
		1.	1.	1.	1.	1.
a2. What kind(s) of cancer?		cncm2typ	cncf2typ	cncs2typ	cncb2typ	cncck2typ
		2.	2.	2.	2.	2.
		cncm3typ	cncf3typ	cncs3typ	cncb3typ	cncck3typ
		3.	3.	3.	3.	3.
diabfhx						
b. Diabetes	NONE 1 (E6c)	diabma YES..... 1 NO..... 2 DK.....-8	diabpa YES..... 1 NO..... 2 DK.....-8	diabsis YES..... 1 NO..... 2 DK.....-8	diabbro YES..... 1 NO..... 2 DK.....-8	diabkid YES..... 1 NO..... 2 DK.....-8
b1. At about what age was your ___ diagnosed with diabetes?		diamage	diafage	diasage	diabage	diakage
mifhx						
c. Heart attack	NONE 1 (E6d)	mima YES..... 1 NO..... 2 DK.....-8	mipa YES..... 1 NO..... 2 DK.....-8	misis YES..... 1 NO..... 2 DK.....-8	mibro YES..... 1 NO..... 2 DK.....-8	mikid YES..... 1 NO..... 2 DK.....-8
c1. At about what age did your ___ have a heart attack?		mimage	mifage	misage	mibage	mikage
strokhx						
d. Stroke	NONE 1 (E7)	strma YES..... 1 NO..... 2 DK.....-8	strpa YES..... 1 NO..... 2 DK.....-8	strsis YES..... 1 NO..... 2 DK.....-8	strbro YES..... 1 NO..... 2 DK.....-8	strkid YES..... 1 NO..... 2 DK.....-8
d1. At about what age did your ___ have a stroke?		strmage	strfage	strsage	strbage	strkage

Now I want to ask you about your health care use, which includes regular exams, physicals, or check ups. Remember, a health care provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

timehcp

E7. How many times in the last year did you go to see a health care provider for any reason? (This would include visits for routine care, emergency, dental, physical therapy, etc).

--	--	--

VISITS
IF ZERO, GO TO E9

E8. What was (were) the major reason(s) for your visit(s)? Was it (Were they) for:

		YES	NO
hcpurg	a. An urgent (acute) problem	1	2
hcprout	b. A routine visit for an ongoing problem	1	2
hcpflare	c. A flare-up of an ongoing problem	1	2
hcpsurg	d. Pre- or post-surgery/injury care	1	2
hcpoth	e. Non-illness care (e.g., routine prenatal, general exam)	1	2

lasthcp

E9. When did you last see a health care provider for your own health?

- 6 months or less 1
- More than 6 months, less than a year 2
- More than 1 year, less than 2 years 3
- More than 2 years, less than 5 years 4
- 5 years or more 5

regcare

E10a. Do you go for regular care? YES NO

IF YES: Do you go to:

outpat	a1. An outpatient clinic or doctor's office	1	2	
hmo	a2. An HMO	1	2	(E11)
hosper	a3. A hospital emergency room	1	2	
houtpat	a4. A hospital outpatient clinic	1	2	

E11. What is your current primary health insurance? Do you have: **YES** **NO**

privins

a. Private insurance from your or your partner’s employer 1 2

medicaid

b. Medicaid or Mass Health 1 2

medicare

c. Medicare 1 2

workcomp

d. Worker’s compensation (a current injury is covered by worker’s comp.) 1 2

selfpay

e. Insurance you purchased entirely by yourself (you pay the entire premium) 1 2

milhealt

f. TriCare Military Health (Champus or ChampVA) 1 2

preecare

g. Free care at a particular clinic or hospital 1 2

othins

h. Some other type of insurance 1 2

hmons

i. Health Maintenance Organization (HMO) 1 2

hmopay

i2. Is your HMO primarily paid for by:

Your employer..... 1

Medicaid..... 2

Medicare..... 3

Yourself..... 4

anyins

j. Any health insurance 1 2

+
 People go to a doctor for many different reasons. An important reason for one person may be not at all important for another. We are interested in what would cause you to seek medical care. For these questions we are interested in chronic experiences, that is, experiences that continue to occur over a period of 3 months or more.

E12. [SHOW RESPONSE CARD 'B']
 *How important to you would ____ be for you to seek medical care? Would you say...

		EXTREMELY UNIMPORTANT	UNINMORTANT	NEITHER UN-IMPORTANT NOR IMPORTANT	IMPORTANT	EXTREMELY IMPORTANT
skcare1	*a. Pain or burning in your bladder	1	2	3	4	5
skcare2	*b. Needing to wear a pad or dealing with wetness from leaking urine	1	2	3	4	5
skcare3	*c. Chronic pain in your pelvic area	1	2	3	4	5
skcare4	d. Noticing a decline in your interest in sex or a reduced sex drive (libido)	1	2	3	4	5
skcare5	*e. Being told that a sibling (brother or sister) had been diagnosed with diabetes	1	2	3	4	5
skcare6	f. Finding you have to urinate again less than 2 hours after you finished urinating	1	2	3	4	5
MALE RESPONDENTS ONLY. IF FEMALE, PROCEED TO E13						
skcare7	*g. Difficulty obtaining or maintaining an erection	1	2	3	4	5
skcare8	*h. Pain or discomfort in the area between your rectum and testicles (perineum)	1	2	3	4	5

[TAKE BACK RESPONSE CARD 'B']

Now I have some questions specifically about your heart.

E13.

rose1 a. Have you ever had pain or discomfort in your chest?

- YES..... 1
 NO (SECTION F)

rose2 b. Do you get this pain or discomfort when you walk uphill or are in a hurry?

- YES..... 1
 NO 2 (SECTION F)

rose3 c. Do you get it when you walk at an ordinary pace on a level surface?

- YES..... 1
 NO 2

rose4 d. When you get any pain or discomfort in your chest what do you do? Do you:

- Stop..... 1
 Slow down 2
 Or continue at the same pace 3

rose5 e. Does it go away if you stand still?

- YES..... 1
 NO 2 (E13f)

rose6 e1. How quickly does it go away? Would you say...

- 10 minutes or less.....1
 More than 10 minutes.....2

E13f. [SHOW RESPONSE CARD 'C']

Will you show me where the pain or discomfort was?

		YES	NO	REFUSED	DON'T KNOW
rose7	f1. STERNUM (UPPER OR MIDDLE)	1	2	-7	-8
rose8	f2. STERNUM (LOWER)	1	2	-7	-8
rose9	f3. LEFT ANTERIOR CHEST	1	2	-7	-8
rose10	f4. LEFT ARM	1	2	-7	-8
rose11	f5. OTHER	1	2	-7	-8

[TAKE BACK RESPONSE CARD 'C']

SECTION F: PHYSICAL ACTIVITY (PASE)

E14. rose12 Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- YES 1
- NO 2

E15. rose13 a. Do you get pain in either leg when walking?

- YES 1
- NO 2 (SECTION F)

rose14 b. Does this pain ever begin when you are standing still or sitting?

- YES 1
- NO 2

rose15 c. Do you get this pain in your calf (or calves)?

- YES 1
- NO 2

rose16 d. Do you get it when you walk uphill or are in a hurry?

- YES 1
- NO 2

rose17 e. Do you get it when you walk at an ordinary pace on a level surface?

- YES 1
- NO 2

rose18 f. Does the pain ever disappear while you are still walking?

- YES 1
- NO 2

rose19 g. What do you do if you get it when you are walking? Do you:

- Stop 1
- Slow down 2
- Continue at same pace 3

rose20 h. What usually happens if you stand still? Does it:

- Continue more than 10 minutes 1
- Disappear in 10 minutes 2

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The next set of questions is about your activity patterns. I am going to ask you about your activities in the last seven days not including today; that is, the past five weekdays and the last weekend, Saturday and Sunday. Your answers should reflect how you actually behave. There are no right or wrong responses.

F1. [SHOW RESPONSE CARD 'D1']

*In the last 7 days, how often did you:

[SHOW RESPONSE CARD 'D2']

i. IF EVER: On average, how many hours per day did you engage in these activities?

<p align="center">sitting</p> <p>*a. Participate in sitting activities such as reading, watching TV or doing handicrafts. Would you say:</p>	<p>Never 0 Seldom (1-2 days) 1 Sometimes (3-4 days) 2 Often (5-7 days) 3</p>	<p align="center">sitdur</p> <p>Less than 1 hour..... 1 1 but less than 2 hours 2 2-4 hours..... 3 More than 4 hours..... 4</p>
<p align="center">walk</p> <p>*b. Take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc. Would you say:</p>	<p>Never 0 Seldom (1-2 days) 1 Sometimes (3-4 days) 2 Often (5-7 days) 3</p>	<p align="center">walkdur</p> <p>Less than 1 hour..... 1 1 but less than 2 hours 2 2-4 hours..... 3 More than 4 hours..... 4</p>
<p align="center">ltsport</p> <p>*c. Engage in light sport or recreational activities such as catch, darts, bocci, golf with a cart, fishing from a boat or pier or other similar activities. Would you say:</p>	<p>Never 0 Seldom (1-2 days) 1 Sometimes (3-4 days) 2 Often (5-7 days) 3</p>	<p align="center">ltspdur</p> <p>Less than 1 hour..... 1 1 but less than 2 hours 2 2-4 hours..... 3 More than 4 hours..... 4</p>
<p align="center">mdsport</p> <p>*d. Engage in moderate sport and recreational activities such as doubles tennis, dancing, hunting, ice skating, golf w/o a cart, softball, skating or other similar activities. Would you say:</p>	<p>Never 0 Seldom (1-2 days) 1 Sometimes (3-4 days) 2 Often (5-7 days) 3</p>	<p align="center">mdspdur</p> <p>Less than 1 hour..... 1 1 but less than 2 hours 2 2-4 hours..... 3 More than 4 hours..... 4</p>
<p align="center">stsport</p> <p>*e. Engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, basketball, skiing or other activities. Would you say:</p>	<p>Never 0 Seldom (1-2 days) 1 Sometimes (3-4 days) 2 Often (5-7 days) 3</p>	<p align="center">stspdur</p> <p>Less than 1 hour..... 1 1 but less than 2 hours 2 2-4 hours..... 3 More than 4 hours..... 4</p>
<p align="center">strength</p> <p>*f. Do any exercises specifically to increase muscle strength and endurance, such as lifting weights or push-ups, etc. Would you say:</p>	<p>Never 0 Seldom (1-2 days) 1 Sometimes (3-4 days) 2 Often (5-7 days) 3</p>	<p align="center">strendur</p> <p>Less than 1 hour..... 1 1 but less than 2 hours 2 2-4 hours..... 3 More than 4 hours..... 4</p>

[TAKE BACK RESPONSE CARD FOR 'D1' AND 'D2']

lthswork

F2. In the last 7 days, have you done any light housework, such as dusting or washing dishes?

YES.....1
 NO2

hvhswork

F3. In the last 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows, or carrying wood?

YES.....1
 NO2

F4. *In the last 7 days, did you engage in any: **YES NO**

homerep *a. Home repairs like painting, wallpapering, electrical work, etc. 1 2

lawnwork *b. Lawn work or yard care, including snow or leaf removal, wood chopping, etc. 1 2

garden c. Outdoor gardening 1 2

caretak *d. Caretaking of another person, such as children, dependent spouse, or an other adult 1 2

work7dy

F5. In the last 7 days, did you work for pay or as a volunteer?

YES.....1
 NO2

(SECTION G)

hrs7dy

a. How many hours per week did you work for pay or as a volunteer (in the last 7 days)?

--	--

HOURS

physwork

b. Which of the following categories best describes the amount of physical activity required on your job or in your volunteer work?

- Mainly sitting with slight arm movements..... 1
- Sitting or standing with some walking..... 2
- Walking, with some handling of materials weighing less than 50 pounds..... 3
- Walking and heavy manual work often requiring handling of materials weighing over 50 pounds..... 4

SECTION G: REPRODUCTIVE HISTORY

MALE RESPONDENTS ONLY. IF FEMALE, PROCEED TO G

Now I have a few questions about surgeries you may have had.

G1. *Have you ever seen a health care provider for:

i. **IF YES:** How old were you when you first saw someone for this?

	YES	NO	DK	AGE
hernrep *a. Hernia repair	1	2	-8	<input type="text"/>
vasect *b. Vasectomy	1	2 (G1c)	-8	<input type="text"/>
rvasect b1. Reversal of a vasectomy	1	2	-8	<input type="text"/>
prossurg *c. Bladder or prostate surgery	1	2	-8	<input type="text"/>
spenis d. Surgery on the penis	1	2	-8	<input type="text"/>

Now I have some questions about different types of infections.

G2. *Have you ever been told by a health care provider that you had:

	YES	NO	REFUSED	DK
cyeast *a. IF FEMALE: Chronic yeast infections	1	2	-7	-8
chlamyd *b. Chlamydia	1	2	-7	-8
genherp *c. Genital herpes	1	2	-7	-8
syphilis d. Syphilis	1	2	-7	-8
gonorrh e. Gonorrhea	1	2	-7	-8
hpv *f. HPV or genital warts	1	2	-7	-8

F MALE GO TO SECTION H

FOR FEMALES ONLY

The next series of questions are about bladder health and reproductive experiences.

G3. *Have you ever had:

		YES	NO	
<u>hyster</u>	*a. A hysterectomy, an operation to remove your uterus or womb?	1	2	(G3b)
	<u>howhyst</u> a1. Was this surgery done	ABDOMINALLY 1		
	through the abdomen or vagina	VAGINALLY 2		
	(birth canal)?	DON'T KNOW -8		
<u>ovary</u>	*b An ovary removed?	1	2	(G3c)
	<u>biovary</u> b1. Were one or two ovaries removed?	ONE 1		
		TWO..... 2		
		DON'T KNOW -8		
<u>surgui</u>	*c. Surgery for incontinence (urine leakage)	1	2	
<u>bladsurg</u>	d. Bladder surgery	1	2	
<u>pfdsurg</u>	e. Surgery for repair of a pelvic prolapse (pelvic floor disorder)	1	2	

menarche G4. How old were you when your periods or menstrual cycles started?

--	--

YEARS

REFUSED.....-7
 DON'T KNOW -8

mp12mo G5. Have you had a menstrual period in the last 12 months?

YES.....1 **(G6)** REFUSED -7 **(G6)**
 NO.....2 DON'T KNOW -8 **(G6)**

a. Did they stop because of:

		YES	NO	REF	DK
<u>stoptx</u>	1. Medication, chemotherapy or radiation treatment	1	2	-7	-8
<u>stoppreg</u>	2. Pregnancy or breastfeeding	1	2	-7	-8
<u>stopmeno</u>	3. Menopause	1	2	-7	-8
<u>stopwtot</u>	4. Severe weight loss or another reason	1	2	-7	-8

b. Can you tell me approximately what year your periods stopped?

--	--	--	--

REFUSED-7
 DON'T KNOW-8

Y Y Y Y **PROCEED TO G9**

mplpred

G6. Compared to a year ago, has the number of days between the start of one menstrual period and the start of your next menstrual period become less predictable?

YES.....1
 NO.....2

mp3mo

G7. Have you had a menstrual period in the past 3 months?

YES.....1
 NO.....2

mppp12mo

G8. In the last 12 months, have you had pelvic pain related in any way with your monthly cycle?

a.
 YES1*** REFUSED-7 (G9)
 NO 2 (G9) DON'T KNOW-8 (G9)

ppcycle

b. In the last 12 months, have you had this pain always at about the same time in your cycle? Would you say...

Yes, shortly before a period.....1
 Yes, shortly after a period.....2
 Yes, at mid-cycle3
 Yes, during a period.....4
 Or no, not at the same time in your cycle5

ppblad

c. Is this pain in the area of your bladder?

YES.....1
 NO2

G9. *In the last 12 months, have you had:

		YES	NO	REF	DK
ppint	*a. Pelvic pain during or in the 24 hours after sexual intercourse?	1***	2	-7	-8
ppoth	*b. Pelvic pain NOT with periods or intercourse?	1***	2	-7	-8

*** IF "YES" TO G8a **OR** G9a **OR** G9b, CONTINUE TO G10,
 OTHERWISE PROCEED TO G13***

ppdays

G10. On average, how many days of pelvic pain do you have a month? Would you say:

NOT CURRENTLY EXPERIENCING PELVIC PAIN <-1>

PROCEED TO G13

- 1 - 2 1
- 3 - 5 2
- 6 - 10 3
- More than 10 4

ppdur

G11. For how long have you been experiencing your pelvic pain? Would you say:

- Less than 3 months..... 1
- More than 3, but less than 6 months..... 2
- More than 6 months, but less than a year 3
- A year or longer 4

ppinterf

G12. To what extent does this pain prevent you from doing the things you want to do? Would you say:

- Not at all..... 1
- Some 2
- A lot 3

infert

G13. Have you ever tried to conceive or have a baby for 12 months or more without success?

- YES 1
- NO..... 2

numpregcat

G14. How many times have you been pregnant? Please include a current pregnancy, miscarriages, stillbirths, tubal or ectopic pregnancies, abortions and live births.

--	--

 # PREGNANCIES

SECTION H: PSYCHOSOCIAL FACTORS

Next, I'm going to read you several statements describing how people sometimes feel. Think about the last week and the feelings you may have experienced. Please answer Yes or No to each statement that I read, keeping in mind that the "I" in each statement refers to you. Please tell me whether or not these statements apply to you and how you have been feeling over the last week.

*Much of the time during the last week... **YES** **NO**

		YES	NO
cesd1	*H1. I felt depressed.	1	2
cesd2	*H2. I felt that everything I did was an effort.	1	2
cesd3	*H3. My sleep was restless.	1	2
cesd4	H4. I was happy.	1	2
cesd5	H5. I felt lonely.	1	2
cesd6	*H6. I enjoyed life.	1	2
cesd7	H7. I felt sad.	1	2
cesd8	*H8. I could not "get going".	1	2

Now I have a few questions about people who may be close to you.

worry

H9. a. In the last six months, has anyone close to you caused you special worry or been especially demanding?

YES.....

NO (SECTION J)

b. Has [ITEM] caused you special worry or been especially demanding (in the last 6 months)?

		YES	NO
worspse	b1. A spouse or partner?	1	2
worparnt	b2. A parent?	1	2
worchild	b3. A child?	1	2
worsib	b4. A sibling?	1	2
woroth	b5. Another relative or friend?	1	2
worwork	b6. Someone at work?	1	2

SECTION J: TOBACCO, ALCOHOL AND FLUID INTAKE

Now I'd like to ask you about your tobacco use and exposure.

cigs100

J1. Have you smoked at least 100 cigarettes (about 5 packs) during your entire life?

YES 1
NO 2 (J5)

cigsnow

J2. Do you smoke cigarettes now?

YES 1
NO 2

J3. On average, about how many cigarettes do (did) you smoke? IF R ANSWERS IN PACKS, PROBE FOR NUMBER OF CIGARETTES

a1.

avgcigs

--	--	--

CIGARETTES

a2.

cigsfreq

DAY 1
WEEK 2
MONTH 3
YEAR 4

cigsdur

J4. For approximately how many years have you smoked (did you smoke) this amount?

--	--

YEARS

cigar20

J5. Have you ever smoked at least 20 cigars in your entire life?

YES 1
NO 2 (J6)

cigarnew

a. Do you smoke cigars now?

YES 1
NO 2 (J6)

b1. How many cigars do you smoke?

avgcigar

--	--	--

CIGARS

b2. **cigrfreq**

DAY 1
WEEK 2
MONTH 3
YEAR 4

smokhome

J6. Do you live with someone who smokes tobacco at home regularly?

YES 1
NO 2

smokwork

J7. Currently do you spend time on a daily basis, at work or in other activities outside your home, with people who are smoking?

YES 1
NO 2

Now I would like to ask you a few questions about drinking alcoholic beverages.

evretoh J8. Have you ever had an alcoholic drink?
 YES.....1
 NO2 (J12)

J9. *In the <u>last 30 days</u> , did you drink any:	i. IF YES: About <u>how often</u> do you drink ___? Would you say:	ii. IF YES: About <u>how much</u> do you drink on a typical day when you drink ____? Would you say:
beer30dy	beerfreq	beervol
*a. Beer or lite beer? YES..... 1 NO 2 (J9b)	Every day 1 5-6 days a week..... 2 3-4 days a week..... 3 1-2 days a week..... 4 Or, less often than weekly..... 5	1-2 12oz serving(s) 1 3-5 12oz servings..... 2 1-2 six packs (12oz bottles/cans)..... 3 2-3 six packs (12oz bottles/cans)..... 4 3+ six packs (12oz bottles/cans) 5
wine30dy	winefreq	winevol
*b. Wine, wine coolers, sangria or YES..... 1 NO 2 (J9c)	Every day 1 5-6 days a week..... 2 3-4 days a week..... 3 1-2 days a week..... 4 Or, less often than weekly..... 5	1-2 glasses (5oz) 1 1/2 carafe (12.5oz)..... 2 1 bottle 3 2-4 bottles 4 5 or more bottles of wine or champagne (125oz each) 5
liqu30dy	liqufreq	liquvol
*c. Hard liquor such as tequila, gin, vodka, scotch, rum, whiskey, or liqueurs, either alone or mixed? YES..... 1 NO 2	Every day 1 5-6 days a week..... 2 3-4 days a week..... 3 1-2 days a week..... 4 Or, less often than weekly..... 5	1 shot (1.5oz) 1 2-3 shots..... 2 4-6 shots or a 1/2pint 3 7-11 shots or a pint 4 2 pints (32 oz) or more 5

bnge30dy J10. Considering all the types of alcoholic beverages, how many times during the last 30 days did you have 5 or more drinks within a 24-hour period?
 # TIMES

avgndrnk J11. Now, thinking about the occasions or days that you drink, how many drinks on average do you have during those occasions (at one sitting or session)?
 # DRINKS

Now I would like to ask you a few questions about other beverages.

J12. *On average in the last 7 days, about how many glasses or 8 ounce servings of [ITEM] did you drink per day?

*a. h20
 Water # SERVINGS

*b. juice
 Juice # SERVINGS

*c. soda
 Soda # SERVINGS

d. dcoffee
 Decaffeinated coffee # SERVINGS

e. coffee
 Coffee # SERVINGS

*f. tea
 Tea # SERVINGS

g. herbtea
 Herbal tea # SERVINGS

*h. milk
 Milk # SERVINGS

SECTION K: BLADDER HEALTH

I am going to ask you a series of questions about specific types of experiences that you may or may not have had, related to your bladder health
IF RESPONDENT DOES NOT HAVE SYMPTOM, PROCEED TO NEXT ITEM

[SHOW RESPONSE CARD 'E1'].

[SHOW RESPONSE CARD 'E2'].

K1. *During the last month, i. Would you say...
how often have you
had:

ii. About how long have you had this experience? Would
you say...

	I do not have the symptom	Rarely	A few times	Fairly often	Usually	Almost always	< 3 months	3 - 6 months	7 - 12 months	1 - 5 years	6+ years
*a. <u>emptyfrq</u> A sensation of not emptying your bladder completely after you have finished urinating?	1	2	3	4	5	6	1	2	3	4	5
*b. <u>frqufrq</u> To urinate again less than 2 hours after you finished urinating?	1	2	3	4	5	6	1	2	3	4	5
*c. <u>spstfrq</u> To stop and start again several times while you urinate?	1	2	3	4	5	6	1	2	3	4	5
d. <u>postpfrq</u> Difficulty postponing urination?	1	2	3	4	5	6	1	2	3	4	5
e. <u>weakufrq</u> A weak urinary stream?	1	2	3	4	5	6	1	2	3	4	5

emptydur

frqudur

spstdur

postpdur

weakudur

IF RESPONDENT DOES NOT HAVE SYMPTOM, PROCEED TO NEXT ITEM

[SHOW RESPONSE CARD 'E1'].

K1. *During the last month, i. Would you say...
 how often have you
 had:

[SHOW RESPONSE CARD 'E2'].

ii. About how long have you had this experience? Would
 you say...

	I do not have the symptom	Rarely	A few times	Fairly often	Usually	Almost always	< 3 months	3 - 6 months	7 - 12 months	1 - 5 years	6+ years
*f. <u>pushfrq</u> To push or strain to begin urination?	1	2	3	4	5	6	1	2	3	4	5
g. <u>nghufrq</u> To get up to urinate more than once during the night?	1	2	3	4	5	6	1	2	3	4	5
h. <u>dribfrq</u> Dribbling after urination?	1	2	3	4	5	6	1	2	3	4	5
*i. <u>wetfrq</u> Wet clothes because of dribbling after urination?	1	2	3	4	5	6	1	2	3	4	5
j. <u>dstrfrq</u> Difficulty starting to urinate?	1	2	3	4	5	6	1	2	3	4	5
*k. <u>painfrq</u> Pain or burning during urination?	1	2	3	4	5	6	1	2	3	4	5

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IF RESPONDENT DOES NOT HAVE SYMPTOM, PROCEED TO NEXT ITEM

[SHOW RESPONSE CARD 'E1'].

K1. *During the last month, i. Would you say...
 how often have you had:

[SHOW RESPONSE CARD 'E2'].

ii. About how long have you had this experience? Would you say...

	I do not have the symptom	Rarely	A few times	Fairly often	Usually	Almost always	< 3 months	3 - 6 months	7 - 12 months	1 - 5 years	6+ years
*l. <u>peripfrq</u> IF MALE: Pain or discomfort in the area between the rectum and testicles?	1	2	3	4	5	6	1	2	3	4	5
m. <u>testfrq</u> IF MALE: Pain or discomfort in your testicles?	1	2	3	4	5	6	1	2	3	4	5
n. <u>tpenfrq</u> IF MALE: Pain or discomfort at the tip of the penis, not related to urination?	1	2	3	4	5	6	1	2	3	4	5
*o. <u>surgefrq</u> A strong urge or pressure to urinate immediately, with no, or little warning?	1	2	3	4	5	6	1	2	3	4	5
p. <u>frquzfrq</u> Frequent urination during the day?	1	2	3	4	5	6	1	2	3	4	5

BOSTON AREA COMMUNITY HEALTH SURVEY
FORM F0IN – BASELINE INTERVIEW

#248

IF RESPONDENT DOES NOT HAVE SYMPTOM, PROCEED TO NEXT ITEM

[SHOW RESPONSE CARD 'E1'].

K1. *During the last month, how often have you had: i. Would you say...

[SHOW RESPONSE CARD 'E2'].

ii. About how long have you had this experience? Would you say...

	I do not have the symptom	Rarely	A few times	Fairly often	Usually	Almost always	< 3 months	3 - 6 months	7 - 12 months	1 - 5 years	6+ years
*q. <u>pbladfrq</u> Burning, pain, discomfort, or pressure in your pubic or bladder area?	1	2	3	4	5	6	1	2	3	4	5
r. <u>puretrfrq</u> Pain or discomfort in your urethra?	1	2	3	4	5	6	1	2	3	4	5
s. <u>bldufrq</u> Visible blood in your urine?	1	2	3	4	5	6	1	2	3	4	5
*t. <u>pfillfrq</u> Pain increasing when your bladder fills?	1	2	3	4	5	6	1	2	3	4	5
u. <u>purinfrq</u> Pain relieved by urination?	1	2	3	4	5	6	1	2	3	4	5
v. <u>pbackfrq</u> Pain or discomfort in your lower back?	1	2	3	4	5	6	1	2	3	4	5
*w. <u>prectfrq</u> Pain or discomfort in your rectum?	1	2	3	4	5	6	1	2	3	4	5
*x. <u>pvagfrq</u> IF FEMALE: Pain or discomfort at the entrance to the vagina?	1	2	3	4	5	6	1	2	3	4	5

[TAKE BACK RESPONSE CARD FOR 'E1' AND 'E2']*

[SHOW RESPONSE CARD 'F'].

K5. *During the last month, how often have urinary experiences, pain, or discomfort in your pubic area interfered with [ITEM] :

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
<u>resfluid</u>	*a. Drinking fluids before you travel? Would you say...	1	2	3	4	5
<u>ntfluid</u>	*b. Drinking fluids before you go to bed?	1	2	3	4	5
<u>driv2hr</u>	*c. Driving for 2 hours without stopping?	1	2	3	4	5
<u>enufslp</u>	d. Getting enough sleep at night?	1	2	3	4	5
<u>notoil</u>	e. Going to places that may not have a toilet?	1	2	3	4	5
<u>outsprt</u>	f. Playing sports outdoors such as golf	1	2	3	4	5
<u>goingout</u>	g. Going to movies, shows, church, etc.?	1	2	3	4	5
<u>fluidin</u>	*h. Overall fluid intake (including increasing or decreasing) because of urinary pain or symptoms?	1	2	3	4	5

[TAKE BACK RESPONSE CARD 'F']

urinday K6. In the last 7 days, on average, how many times have you had to go to the bathroom to empty your bladder during the day? TIMES

urinnt K7. In the last 7 days, on average, how many times have you had to go to the bathroom to empty your bladder during the night after falling asleep? TIMES

The next set of questions asks about symptoms you may have related to urine leakage or accidents with urination.

leakurin K8. Many people complain that they leak urine (wet themselves) or have accidents. In the last 12 months, have you leaked even a small amount of urine?

YES 1
NO 2

⇒ **IF MALE, PROCEED TO SCRIPT BEFORE K17.**

IF FEMALE, PROCEED TO SECTION L.

leakfreq a. In the last 12 months, how often did you experience urinary leakage (wet yourself)?

Less than once per month 1
One or more times per month 2
One or more times per week 3
Everyday 4

leakamt K9. When you leak urine, about how much is it? Would you say:

Drops or a little more 1
Small splashes 2
Or more 3

K10 *During the last 7 days, how many times did you accidentally leak urine:

leak7dy *a. When you were performing some physical activity such as coughing, sneezing, lifting, or exercise?

--	--	--

 TIMES

leakurge *b. When you had the strong feeling that you needed to empty your bladder but you couldn't get to the toilet fast enough?

--	--	--

 TIMES

leaknowa *c. Without any particular physical activity or warning?

--	--	--

 TIMES

uiprot K11. What type of protection do you use most often? Would you say you use:

- No protection 1 (K13)
- Tissue, toilet paper, or paper towel..... 2 (K13)
- Minipad or pantiliner 3
- Menstrual pad 4
- Incontinence pad (Poise, Serenity or other)..... 5
- Incontinence diaper (Attends, Depends)..... 6
- Something else..... 7 (K13)

uipads K12. During a typical 24-hour period, on average, how many pads do you use because they are wet or damp?

- Zero..... 1
- One 2
- Two to three..... 3
- Four or more 4

leakdur K13. About how long have you had urine leakage? Would you say:

- Less than 3 months 1
- 3 to less than 6 months 2
- 6 to less than 12 months 3
- 1 year to less than 5 years 4
- 5 years or more 5

leakhcp K14. Have you ever seen a health care provider for your urine leakage? IF YES, PROBE: Did you receive treatment?

- HAS NOT SOUGHT TREATMENT..... 1 (K15)
- SOUGHT AND RECEIVED TREATMENT..... 2
- SOUGHT, BUT DID NOT RECEIVE TREATMENT 3

a. *Are you currently [ITEM] to help with your incontinence?

		YES	NO
uixerc	*a1. Doing exercises to strengthen the muscles near the bladder?	1	2
uitiming	*a2. Timing your urination (bladder training)	1	2
uimedrx	*a3. Taking a prescription medication	1	2
uiohtx	a4. Using some other medical treatment (pessary, biofeedback, electric stimulation, acupuncture, homeopathy or herbs)?	1	2
uinotx	*a5. NOT CURRENTLY DOING ANYTHING FOR INCONTINENCE	1	2

The next questions refer to the experiences with urine leakage that we just discussed and how much it may affect different aspects of your life. [SHOW RESPONSE CARD 'G']

K15. *How much does urine leakage affect [ITEM]? Would you say...

		Not at all	Slightly	Moderately	Greatly
uiqol1	*a. Your ability to do household chores, such as cooking, housecleaning, laundry, or yard work?	1	2	3	4
uiqol2	*b. Physical recreational activities, such as walking, swimming, or other exercise?	1	2	3	4
uiqol3	*c. Entertainment activities such as going to a film or concert?	1	2	3	4
uiqol4	d. Your ability to travel by car or bus for distances greater than 30 minutes away from home?	1	2	3	4
uiqol5	e. Your participation in social activities outside your home?	1	2	3	4
uiqol6	*f. Your emotional health?	1	2	3	4

		Not at all	Slightly	Moderately	Greatly
uiqol7	K16. In addition, does urine leakage cause you to experience frustration? Would you say:	1	2	3	4

[TAKE BACK RESPONSE CARD 'G']

MALES ONLY. IF RESPONDENT IS FEMALE, PROCEED TO SECTION L.

The next set of questions is about other aspects of men's health and well-being.

avgsleep K17. How much do you usually sleep?

Less than 5 hours a night..... 1
 Or more than 5 hours a night..... 2

headache K18. Have you recently been bothered by headaches?

YES 1
 NO 2

bossy K19. Do you like directing other people's work?

YES 1
 NO 2

SECTION L: SOCIO-DEMOGRAPHIC INFORMATION

Now I am going to ask you some questions about your background.

bornus L2. Were you born in the United States?

--	--	--	--

moveus b. What year did you move to the United States? :

frstlang L5. Some survey participants speak both English and Spanish, but many speak only one or the other. I would like to know, what is the first language you learned to speak? Was it:

marital L7. What is your current marital status?

educ L8. How many years of school have you completed altogether?

--	--

 YEARS

Now I would like to ask you a few questions about your current and previous work situation.

workstat L9. Which of the following categories best describes your current work situation?

Working for pay.....

fulltime L10. Are you currently working 35 hours or more each week (full time) or less than 35 hours?

numpeop L12. How many people, including yourself, are supported on your household's income?

--	--

 # PEOPLE

L13. *Are you having trouble paying for:

		YES	NO
trtrans	*a. Transportation	1	2
trhous	*b. Housing	1	2
trhlth	c. Health or medical care, medications	1	2
trfood	*d. Food	1	2

L14. [SHOW RESPONSE CARD 'H']

incomeh

Income is important in analyzing the health information we collect. Including income from wages, salaries, Social Security or retirement benefits, help from relatives, veteran’s benefits, real estate, investments, and other sources, about how much was your total household income in the last 12 months? Please look at this card and tell me which category best describes the amount.

SECTION P: SELF-ADMINISTERED QUESTIONNAIRES

PLEASE READ THIS INTRODUCTION TO ALL RESPONDENTS AND THEN GIVE THE APPROPRIATE
 VERSION OF THE SELF-ADMINISTERED QUESTIONNAIRE

To complete our visit, we have a brief questionnaire that was designed so that you can complete it on your own, as there are personal questions including sexuality and abuse. However, if you feel that you may have difficulty reading or understanding the questions, I can read the questions and you can give me your answers, that’s all right too.

selfadmin

P2.

DID THE INTERVIEWER ADMINISTER THE SELF-

YES 1

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ADMINISTERED FORM:

NO..... 2