

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

**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 past four weeks, 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 past four weeks, 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

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

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

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

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

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

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

**sugar**

\*c. Elevated blood sugar, **IF FEMALE:**  
 excluding when you were pregnant  
 (hyperglycemia)

1 2 -8

**asthma**

d. Asthma

1 2 -8

**clung**

e. Chronic lung disease such as chronic  
 bronchitis, COPD or emphysema, not  
 including asthma

1 2 -8

**allergy**

\*f. Allergies or eczema (inflamed skin,  
 rashes, sneezing, itchy eyes)

1 2 -8

**cabg**

g. Coronary artery bypass or angioplasty  
 (Stent)

1 2 -8

**mi**

h. Heart attack (myocardial infarction or  
 MI)

1 2 -8

**angina**

\*i. Angina pectoris (chest pain)

1 2 -8

E3  
 (continued).

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

YES NO DK

**arrhyth**

\*j. An irregular heartbeat or arrhythmia requiring  
 insertion of a pacemaker

1 2 -8

**chf**

\*k. Congestive heart failure (CHF)

1 2 -8

**tia**

\*l. TIA or mild stroke (Transient Ischemic  
 Attack, mini stroke)

1 2 -8

**stroke**

m. Stroke (CVA)

1 2 -8

**cas**

n. Carotid artery surgery (on artery in neck)

1 2 -8

**claud**

\*o. Intermittent claudication (leg cramps, usually  
 in the calves, when walking)

1 2 -8

**spvd**

p. Surgery or angioplasty for arterial disease of  
 the leg

1 2 -8

**pulmemb**

q. Pulmonary embolus (blood clots in the lungs)

1 2 -8

**aneur**

**sugartx**

1 2 3

**asthmatx**

1 2 3

**clungtx**

1 2 3

**allertx**

1 2 3

**cabgtx**

1 2 3

**mitx**

1 2 3

**angnatx**

1 2 3

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

YES, YES, CURRENT NO

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

AGE

**arrtx**

1 2 3

**chftx**

1 2 3

**tia tx**

1 2 3

**stroktx**

1 2 3

**castx**

1 2 3

**claudtx**

1 2 3

**spvdtx**

1 2 3

**pulmtx**

1 2 3

**aneurtx**

**sugarage**

**asthmage**

**clungage**

**allergage**

**cabgage**

**miage**

**angnaage**

**arrage**

**chfage**

**tiaage**

**strokage**

**casage**

**claudage**

**spvdage**

**pulmage**

**aneurage**

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

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

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

**FEMALE RESPONDENTS ONLY. IF MALE, PROCEED TO E4**

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

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?)	YES,PAST	YES,CURRENT	NO	ii. How old were you when you were first told?	AGE
<b>gdiab</b>					<b>gdiabtx</b>				<b>gdiabage</b>	
*gg. Gestational diabetes		1	2	-8		1	2	3		
<b>endomet</b>					<b>endotx</b>				<b>endoage</b>	
*hh. Endometriosis		1	2	-8		1	2	3		
<b>pid</b>					<b>pidtx</b>				<b>pidage</b>	
ii. Pelvic inflammatory disease or PID		1	2	-8		1	2	3		
<b>cyst</b>					<b>cysttx</b>				<b>cystage</b>	
*jj. Ovarian cyst(s)		1	2	-8		1	2	3		
<b>pcos</b>					<b>pcostx</b>				<b>pcosage</b>	
*kk. Polycystic ovarian syndrome (PCOS)		1	2	-8		1	2	3		
<b>fibroid</b>					<b>fibrtx</b>				<b>fibrage</b>	
ll. Uterine fibroids (fibroids)		1	2	-8		1	2	3		
<b>puterus</b>					<b>putetx</b>				<b>puteage</b>	
mm. Prolapsed uterus		1	2	-8		1	2	3		
<b>pbladder</b>					<b>pblatx</b>				<b>pblaage</b>	
*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.....

**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)

**ut12mo**

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

--	--

TIMES

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

**utievr**

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?

--	--

TIMES

**kievr**

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

--	--

TIMES

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

**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. <b>IF YES:</b> How many times have you broken or fractured your:	ii. <b>IF YES:</b> How old were you when you (first) broke or fractured your:	iii. <b>IF YES:</b> 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	
<hr/>									
<b>hip</b>									
			<b>hiptime</b>	<b>hipage</b>	<b>hipwhy</b>				
*a. Hip	1	2	(E5b)			1	2	3	99
<hr/>									
<b>wrist</b>									
			<b>wristime</b>	<b>wrisage</b>	<b>wriswhy</b>				
*b. Wrist (Not forearm or hand)	1	2	(E5c)			1	2	3	99
<hr/>									
<b>spine</b>									
			<b>spnetime</b>	<b>spneage</b>	<b>spnewhy</b>				
*c. Spine	1	2				1	2	3	99

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

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
<b>cancfhx</b>		<b>cancma</b>	<b>cancpa</b>	<b>cancsis</b>	<b>cancbro</b>	<b>canckid</b>
a. Cancer	NONE ..... 1 (E6b)	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8
a1. At about what age was your ____ first diagnosed with any kind of cancer?		<b>cancmage</b>	<b>cancfage</b>	<b>cancsage</b>	<b>cancbage</b>	<b>canckage</b>
		<b>cncm1typ</b>	<b>cncf1typ</b>	<b>cncs1typ</b>	<b>cncb1typ</b>	<b>cnck1typ</b>
		1.	1.	1.	1.	1.
a2. What kind(s) of cancer?		<b>cncm2typ</b>	<b>cncf2typ</b>	<b>cncs2typ</b>	<b>cncb2typ</b>	<b>cnck2typ</b>
		2.	2.	2.	2.	2.
		<b>cncm3typ</b>	<b>cncf3typ</b>	<b>cncs3typ</b>	<b>cncb3typ</b>	<b>cnck3typ</b>
		3.	3.	3.	3.	3.
<b>diabfhx</b>		<b>diabma</b>	<b>diabpa</b>	<b>diabsis</b>	<b>diabbro</b>	<b>diabkid</b>
b. Diabetes	NONE ..... 1 (E6c)	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8
b1. At about what age was your ____ diagnosed with diabetes?		<b>diamage</b>	<b>diafage</b>	<b>diasage</b>	<b>diabage</b>	<b>diakage</b>
		<b>mima</b>	<b>mipa</b>	<b>misis</b>	<b>mibro</b>	<b>mikid</b>
c. Heart attack	NONE ..... 1 (E6d)	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8
c1. At about what age did your ____ have a heart attack?		<b>mimage</b>	<b>mifage</b>	<b>misage</b>	<b>mibage</b>	<b>mikage</b>
		<b>strma</b>	<b>strpa</b>	<b>strsis</b>	<b>strbro</b>	<b>strkid</b>
d. Stroke	NONE ..... 1 (E7)	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8	YES ..... 1 NO ..... 2 DK ..... -8
d1. At about what age did your ____ have a stroke?		<b>strmage</b>	<b>strfage</b>	<b>strsage</b>	<b>strbage</b>	<b>strkage</b>

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

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

**hcprou**

b. A routine visit for an ongoing problem

1

2

**hcpflare**

c. A flare-up of an ongoing problem

1

2

**hcpsur**

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

**YES**

**NO**

**regcare**

E10a. Do you go for regular care?

1

2

(E11)

IF YES: Do you go to:

**outpat**

a1. An outpatient clinic or doctor's office

1

2

**hmo**

a2. An HMO

1

2

**hosper**

a3. A hospital emergency room

1

2

**houtpat**

a4. A hospital outpatient clinic

1

2

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

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

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

+  
 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 1	2	NEITHER UN-IMPORTANT NOR IMPORTANT 3	4	IMPORTANT EXTREMELY IMPORTANT 5
<b>skcare1</b>	*a. Pain or burning in your bladder					
<b>skcare2</b>	*b. Needing to wear a pad or dealing with wetness from leaking urine	1	2	3	4	5
<b>skcare3</b>	*c. Chronic pain in your pelvic area	1	2	3	4	5
<b>skcare4</b>	d. Noticing a decline in your interest in sex or a reduced sex drive (libido)	1	2	3	4	5
<b>skcare5</b>	*e. Being told that a sibling (brother or sister) had been diagnosed with diabetes	1	2	3	4	5
<b>skcare6</b>	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**

<b>skcare7</b>	*g. Difficulty obtaining or maintaining an erection	1	2	3	4	5
<b>skcare8</b>	*h. Pain or discomfort in the area between your rectum and testicles (perineum)	1	2	3	4	5

[TAKE BACK RESPONSE CARD 'B']

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

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
<b>rose7</b>	f1. STERNUM (UPPER OR MIDDLE)	1	2	-7	-8
<b>rose8</b>	f2. STERNUM (LOWER)	1	2	-7	-8
<b>rose9</b>	f3. LEFT ANTERIOR CHEST	1	2	-7	-8
<b>rose10</b>	f4. LEFT ARM	1	2	-7	-8
<b>rose11</b>	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

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

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?

<b>sitting</b>	*a. Participate in sitting activities such as reading, watching TV or doing handcrafts. Would you say:  Never ..... 0 Seldom (1-2 days) ..... 1 Sometimes (3-4 days) ..... 2 Often (5-7 days) ..... 3	<b>sitdur</b>
<b>walk</b>	*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:  Never ..... 0 Seldom (1-2 days) ..... 1 Sometimes (3-4 days) ..... 2 Often (5-7 days) ..... 3	<b>walkdur</b>
<b>ltsport</b>	*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:  Never ..... 0 Seldom (1-2 days) ..... 1 Sometimes (3-4 days) ..... 2 Often (5-7 days) ..... 3	<b>ltspdur</b>
<b>mdsport</b>	*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:  Never ..... 0 Seldom (1-2 days) ..... 1 Sometimes (3-4 days) ..... 2 Often (5-7 days) ..... 3	<b>mdspdur</b>
<b>stsport</b>	*e. Engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, basketball, skiing or other activities. Would you say:  Never ..... 0 Seldom (1-2 days) ..... 1 Sometimes (3-4 days) ..... 2 Often (5-7 days) ..... 3	<b>stspdur</b>
<b>strength</b>	*f. Do any exercises specifically to increase muscle strength and endurance, such as lifting weights or push-ups, etc. Would you say:  Never ..... 0 Seldom (1-2 days) ..... 1 Sometimes (3-4 days) ..... 2 Often (5-7 days) ..... 3	<b>strengdur</b>

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

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

**lthswork**

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

YES.....1

NO .....2

**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

NO .....2

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

NO .....2

**(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 <u>ever</u> seen a <u>health care provider</u> for:				i. <b>IF YES:</b> How old were you when you first saw someone for this?
	YES	NO	DK	AGE
*a. <u>hernrep</u> Hernia repair	1	2	-8	<u>hernage</u> <input type="text"/> <input type="text"/>
*b. <u>vasect</u> Vasectomy	1	2 (G1c)	-8	<u>vasage</u> <input type="text"/> <input type="text"/>
<u>rvasect</u> b1. Reversal of a vasectomy	1	2	-8	<u>rvasage</u> <input type="text"/> <input type="text"/>
*c. <u>prossurg</u> Bladder or prostate surgery	1	2	-8	<u>prossage</u> <input type="text"/> <input type="text"/>
<u>spenis</u> Surgery on the penis	1	2	-8	<u>spenage</u> <input type="text"/> <input type="text"/>

**Now I have some questions about different types of infections.**

G2. *Have you <u>ever</u> been told by a <u>health care provider</u> that you had:					
	YES	NO	REFUSED	DK	
*a. <u>cyeast</u> <b>IF FEMALE:</b> Chronic yeast infections	1	2	-7	-8	
*b. <u>chlamyd</u> Chlamydia	1	2	-7	-8	
*c. <u>genherp</u> Genital herpes	1	2	-7	-8	
d. <u>syphilis</u> Syphilis	1	2	-7	-8	
e. <u>gonorrh</u> Gonorrhea	1	2	-7	-8	
*f. <u>hpv</u> HPV or genital warts	1	2	-7	-8	

**F MALE GO TO SECTION H**

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

**FOR FEMALES ONLY**

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

G3. \*Have you ever had:

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

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

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

**stopyear**

--	--	--	--

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

Y   Y   Y   Y   **PROCEED TO G9**

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

**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.

YES .....1\*\*\*                      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-cycle .....3  
 Yes, during a period.....4  
 Or no, not at the same time in your cycle .....5

**ppblad**

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

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

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

		YES	NO	REF	DK
<b>ppint</b>	*a. Pelvic pain during or in the 24 hours after sexual intercourse?	1***	2	-7	-8
<b>ppoth</b>	*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\*\*\*

BOSTON AREA COMMUNITY HEALTH SURVEY  
FORM F0IN – BASELINE INTERVIEW

#248

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

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

**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**

<b>cesd1</b>	*H1. I felt depressed.	1	2
<b>cesd2</b>	*H2. I felt that everything I did was an effort.	1	2
<b>cesd3</b>	*H3. My sleep was restless.	1	2
<b>cesd4</b>	H4. I was happy.	1	2
<b>cesd5</b>	H5. I felt lonely.	1	2
<b>cesd6</b>	*H6. I enjoyed life.	1	2
<b>cesd7</b>	H7. I felt sad.	1	2
<b>cesd8</b>	*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)?

		<b>YES</b>	<b>NO</b>
<b>worpspe</b>	b1. A spouse or partner?	1	2
<b>worparnt</b>	b2. A parent?	1	2
<b>worchild</b>	b3. A child?	1	2
<b>worsib</b>	b4. A sibling?	1	2
<b>woroth</b>	b5. Another relative or friend?	1	2
<b>worwork</b>	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

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

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  
 NO .....2 (J12)

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

**avgnrndrk** 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

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

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'].

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
*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

**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, 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>nghtufrq</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>dstrtrfq</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

**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, 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>puretfrq</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> <b>IF FEMALE:</b> 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']\*

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

**painblad**

K2. Think about any pain or discomfort associated with your bladder. On a scale of 1 – 10, with 1 being no pain or discomfort and 10 being pain as bad as you can imagine, how would you rate your usual pain or discomfort over the last month?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
NO PAIN									PAIN AS BAD AS YOU CAN IMAGINE

**urge**

K3. Some people experience a strong urge or pressure to urinate that signals the need to urinate. In the last 7 days, how many times did you feel a strong urge or pressure that signaled the need to urinate immediately, whether or not you urinated or leaked urine? Would you say...

Not at all..... 1 (**K4**)  
 Once ..... 2 (**K4**)  
 A few times (2-3) ..... 3 (**K4**)  
 Several times (4-6) ..... 4 (**K4**)  
 Many times (7 or more) ..... 5 (**K4**)  
 Everyday ..... 6

**urgefREQ**

a. IF EVERYDAY: How many times per day?

--	--

TIMES

**intfpain**

K4. Over the last month, how much has pain, discomfort and/or burning during urination kept you from doing the kinds of things that you would usually do? Would you say:

Not at all	Slightly	Moderately	Greatly
1	2	3	4

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

[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
<b>uiexerc</b>	*a1. Doing exercises to strengthen the muscles near the bladder?	1	2
<b>uitiming</b>	*a2. Timing your urination (bladder training)	1	2
<b>uimedrx</b>	*a3. Taking a prescription medication	1	2
<b>uiohtx</b>	a4. Using some other medical treatment (pessary, biofeedback, electric stimulation, acupuncture, homeopathy or herbs)?	1	2
<b>uinothx</b>	*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
<b>uiqol1</b>	*a. Your ability to do household chores, such as cooking, housecleaning, laundry, or yard work?	1	2	3	4
<b>uiqol2</b>	*b. Physical recreational activities, such as walking, swimming, or other exercise?	1	2	3	4
<b>uiqol3</b>	*c. Entertainment activities such as going to a film or concert?	1	2	3	4
<b>uiqol4</b>	d. Your ability to travel by car or bus for distances greater than 30 minutes away from home?	1	2	3	4
<b>uiqol5</b>	e. Your participation in social activities outside your home?	1	2	3	4
<b>uiqol6</b>	*f. Your emotional health?	1	2	3	4

		Not at all	Slightly	Moderately	Greatly
<b>uiqol7</b>	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.

<b>avgsleep</b>	K17. How much do you <u>usually</u> sleep?	Less than 5 hours a night.....1 Or more than 5 hours a night.....2
<b>headache</b>	K18. Have you <u>recently</u> been bothered by headaches?	YES .....1 NO .....2
<b>bossy</b>	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.

<b>bornus</b>	L2.	Were you born in the United States?					
<b>moveus</b>	b.	What year did you move to the United States? :	<table><tr><td></td><td></td><td></td><td></td></tr></table>				
<b>frstlang</b>	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:					
<b>marital</b>	L7.	What is your current marital status?					
<b>educ</b>	L8.	How many years of school have you <u>completed</u> altogether?	<table><tr><td></td><td></td></tr></table> YEARS				
Now I would like to ask you a few questions about your <u>current and previous</u> work situation.							
<b>workstat</b>	L9.	Which of the following categories best describes your current work situation? Working for pay.....					
<b>fulltime</b>	L10.	Are you currently working 35 hours or more each week (full time) or less than 35 hours?					
<b>numpeop</b>	L12.	How many people, including yourself, are supported on your household's income?	<table><tr><td></td><td></td></tr></table> # PEOPLE				

---

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

L13. \*Are you having trouble paying for:

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

**BOSTON AREA COMMUNITY HEALTH SURVEY**  
**FORM F0IN – BASELINE INTERVIEW**

#248

---

ADMINISTERED FORM:

NO..... 2