

AFFIX ID LABEL HERE

**BOSTON AREA COMMUNITY HEALTH (BACH) SURVEY**  
**FIRST FOLLOW-UP INTERVIEW**



New England Research Institutes  
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For questions or comments, contact the BACH Survey Project Director, Amy O'Donnell, MPH (x485)  
Supported by the NIDDK U01 DK56842

**SECTION A: INTERVIEW SUMMARY**

A1.	RESPONDENT ID:	AFFIX ID LABEL HERE																				
	<b>master_id</b>																					
A2a.	event BACH SURVEY EVENT	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">F</td> <td style="width: 20px; height: 20px; text-align: center;">U</td> <td style="width: 20px; height: 20px; text-align: center;">P</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> </table>	F	U	P	1																
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A2b.	visit BACH SURVEY VISIT #:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> </table>	0	1																		
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A3.	FORM COMPLETION DATE:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td></td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>			/			/					M	M		D	D		Y	Y	Y	Y
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A4.	DATA COLLECTOR ID:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
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A5.	SEX OF RESPONDENT:	MALE ..... 1 FEMALE ..... 2																				
	<b>gender_1</b>																					
A6.	LANGUAGE:	ENGLISH ..... 1 SPANISH..... 2																				
	<b>lang_ensp_1</b>																					
A7.	MODE:	IN-PERSON ..... 1 TELEPHONE ..... 2																				
	<b>mode_1</b>																					
A8.	START TIME OF INTERVIEW:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">H</td> <td style="text-align: center;">H</td> <td></td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> </tr> </table> 24 HR CLOCK			:			H	H		M	M										
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**SECTION B: SF-12 QUALITY OF LIFE ASSESSMENT**

The questionnaire should take about an hour to go through. When we're finished, I have a shorter survey that is made for you to fill out yourself. That should take about 10 minutes. (The questions I will ask you include your overall health and lifestyles.)

Once again, I would like to remind you that all the information you provide is completely confidential. If you feel uncomfortable answering a question, you should feel free to tell me and we can skip it. Also, there are no right or wrong answers. If you don't know the answer to something, just tell me and we'll move on.

Are you ready? Let's begin. I will start with some questions about your views about your health. Information will help us track how you feel and how well you are able to do your usual activities.

B1. **sf01\_1** In general, would you say your health is:

- Excellent .....1
- Very good .....2
- Good .....3
- Fair .....4
- Poor.....5

B2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	<b>Yes, limited a lot</b>	<b>Yes, limited a little</b>	<b>No, not limited at all</b>
a. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, softball, or playing golf <b>sf02_1</b>	1	2	3
b. Climbing several flights of stairs <b>sf03_1</b>	1	2	3

B3. During the past four weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
*a. <u>Accomplished less</u> than you would like <b>sf04_1</b>	1	2	3	4	5
*b. Were limited in the <u>kind</u> of work or other activities? <b>sf05_1</b>	1	2	3	4	5

B4. During the past four weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
*a. <u>Accomplished less</u> than you would like <span style="color: magenta;">sf06_1</span>	1	2	3	4	5
*b. Did work or other activities <u>less carefully than usual</u> ? <span style="color: magenta;">sf07_1</span>	1	2	3	4	5

B5. sf08\_1 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:

- Not at all .....
- A little bit .....
- Moderately .....
- Quite a bit .....
- Extremely.....

These questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

B6. [SHOW RESPONSE CARD 'B']  
\*How much during the past four weeks:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
*a. Have you felt calm and peaceful? <span style="color: magenta;">sf09_1</span>	1	2	3	4	5
b. Did you have a lot of energy? <span style="color: magenta;">sf10_1</span>	1	2	3	4	5
c. Have you felt downhearted and depressed? <span style="color: magenta;">sf11_1</span>	1	2	3	4	5

[TAKE BACK RESPONSE CARD 'B']

B7. sf12\_1 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.)?

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time ..... 3
- A little of the time ..... 4
- None of the time..... 5

**SECTION C: PHYSICAL ACTIVITY (PASE)**

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. Your answers should reflect how you actually behave. There are no right or wrong responses.

C1. [SHOW RESPONSE CARD 'C1']

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

[SHOW RESPONSE CARD 'C2']

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

*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>sitting_1</b>	Less than 1 hour..... 1 1 but less than 2 hours ..... 2 2-4 hours ..... 3 More than 4 hours..... 4 <b>sitdur_1</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>walk_1</b>	Less than 1 hour..... 1 1 but less than 2 hours ..... 2 2-4 hours ..... 3 More than 4 hours..... 4 <b>walkdur_1</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>ltsport_1</b>	Less than 1 hour..... 1 1 but less than 2 hours ..... 2 2-4 hours ..... 3 More than 4 hours..... 4 <b>ltspdur_1</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>mdsport_1</b>	Less than 1 hour..... 1 1 but less than 2 hours ..... 2 2-4 hours ..... 3 More than 4 hours..... 4 <b>mdspdur_1</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>stsport_1</b>	Less than 1 hour..... 1 1 but less than 2 hours ..... 2 2-4 hours ..... 3 More than 4 hours..... 4 <b>stspdur_1</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>strength_1</b>	Less than 1 hour..... 1 1 but less than 2 hours ..... 2 2-4 hours ..... 3 More than 4 hours..... 4 <b>strendur_1</b>

[TAKE BACK RESPONSE CARD FOR 'C1' AND 'C2']

C2. In the last 7 days, have you done any light housework, such as dusting or washing dishes?

**lthswork\_1** YES ..... 1  
 NO ..... 2

C3. In the last 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows, or carrying wood?

**hvhswork\_1** YES ..... 1  
 NO ..... 2

C4. \*In the last 7 days, did you engage in any: **YES** **NO**

\*a. Home repairs like painting, wallpapering, electrical work, etc. **homerep\_1** 1 2

\*b. Lawn work or yard care, including snow or leaf removal, wood chopping, etc. **lawnwork\_1** 1 2

c. Outdoor gardening **garden\_1** 1 2

\*d. Caretaking of another person, such as children, dependent spouse, or an other adult **caretak\_1** 1 2

C5. In the last 7 days, did you work for pay or as a volunteer?

**work7dy\_1** YES .....  
 NO ..... **(SECTION D)**

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

**hrs7dy\_1**

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 HOURS

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

**physwork\_1**

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



Now I am going to ask you questions about various aspects of your overall health. Let's start with pills or medicines you are currently taking or have taken within the last 4 weeks, which are prescribed by your health care provider. I will read off a list of medications, please let me know if you are taking any in the groups I mention.

D2 \*In the last four weeks have you taken: **IF YES GO ACROSS, IF NO GO TO NEXT ITEM**

i. What is the name of that medication?

	YES	NO	REF	DK	
*a. Any medication, pills, or injection medicines to thin your blood? (Lovenox, Heparin, Coumadin) <b>bldthin_1</b>	1	2	-7	-8	<b>medd2a1_1</b> <b>medd2a2_1</b>
*b. Anything for your heart or heart beat including pills, paste or patches? (Digoxin, Nitrodur, Nitroglycerin, Inderal) <b>heartmed_1</b>	1	2	-7	-8	<b>medd2b1_1</b> <b>medd2b2_1</b>
*c. Anything for stomach ulcers, reflux or heartburn? (Prilosec, Nexium, Axid) <b>ulcermed_1</b>	1	2	-7	-8	<b>medd2c1_1</b> <b>medd2c2_1</b>
d. Any medications for cholesterol or fats in your blood? (Lipitor, Zocor, Mevacor, Pravachol) <b>cholmed_1</b>	1	2	-7	-8	<b>medd2d1_1</b> <b>medd2d2_1</b>
*e. Blood pressure or fluid pills (Norvasc, Vasotec, Aldomet, Nifedipine, Captopril, Atenolol, Lasix, HCTZ, Spironolactone)? <b>bpmed_1</b>	1	2	-7	-8	<b>medd2e1_1</b> <b>medd2e2_1</b>
f. Thyroid pills? (Synthroid, Levoxyl, Tapazole) <b>thyrmed_1</b>	1	2	-7	-8	<b>medd2f1_1</b> <b>medd2f2_1</b>
g. Insulin or pills for sugar in your blood? (NPH, regular insulin, Glucophage, Micronase, Glucotrol, Avandia) <b>insulin_1</b>	1	2	-7	-8	<b>medd2g1_1</b> <b>medd2g2_1</b>

D2. \* In the last four weeks have you taken: **IF YES GO ACROSS, IF NO GO TO NEXT ITEM**

i. What is the name of that medication?

	YES	NO	REF	DK	
*h. Medications for anxiety, such as tranquilizers, sedatives, or sleeping pills? (Ativan, Halcion, Valium, Xanax) <b>anxmed_1</b>	1	2	-7	-8	<b>medd2h1_1</b> <b>medd2h2_1</b>
i. Anti-depression medication? (Prozac, Zoloft, Paxil, Elavil) <b>antidep_1</b>	1	2	-7	-8	<b>medd2i1_1</b> <b>medd2i2_1</b>
*j. <b>IF MALE:</b> Hormones, including pills, patches, creams, and injectables? (Testosterone injections/patches) <b>malehorm_1</b>	1	2	-7	-8	<b>medd2j1_1</b> <b>medd2j2_1</b>
k. <b>IF MALE:</b> Medication for erectile dysfunction? (Viagra, Alprostadil, Caverject) <b>edmed_1</b>	1	2	-7	-8	<b>medd2k1_1</b> <b>medd2k2_1</b>
l. <b>IF FEMALE:</b> Medications for endometriosis? (Birth control pills, Indocin, Naprosyn) <b>bcmed_1</b>	1	2	-7	-8	<b>medd2l1_1</b> <b>medd2l2_1</b>
*m. Medications for pelvic pain (Codeine, Aspirin, Oxycodone, Demerol, Morphine, Dilantin, Tegretol, Elavil, Pamelor, Tofranil)? <b>ppmed_1</b>	1	2	-7	-8	<b>medd2m1_1</b> <b>medd2m2_1</b>
n. Medications for urinary incontinence and/or urgency? (Detrol, Ditropan, Urispas, Probanthine) <b>uimed_1</b>	1	2	-7	-8	<b>medd2n1_1</b> <b>medd2n2_1</b>
*o. Any non-steroid anti-inflammatories? (Celebrex, Ibuprofen, Naprosyn, Vioxx) <b>nsaid_1</b>	1	2	-7	-8	<b>medd2o1_1</b> <b>medd2o2_1</b>
p. Any steroid anti-inflammatories? (Prednisone, Decadron) <b>said_1</b>	1	2	-7	-8	<b>medd2p1_1</b> <b>medd2p2_1</b>

D2 \* In the last four weeks have you taken: **IF YES GO ACROSS, IF NO GO TO NEXT ITEM**

i. What is the name of that medication?

**YES NO REF DK**

q.	<b>IF FEMALE:</b> Any female hormones including for birth control, including pills, creams, patches, implants or injectables? (Premarin, Provera, Prempro, Estrace)					
	<b>femhorm_1</b>	1	2	-7	-8	<b>medd2q1_1</b>
						<b>medd2q2_1</b>
r.	Any medications for your urinary symptoms? (including BPH IF MALE)	1	2	-7	-8	<b>medd2r_1</b>
	<b>urisym_1</b>					<b>medd2r2_1</b>
s.	Any other prescription pills or medications?	1	2	-7	-8	<b>medd2s1_1</b>
	<b>othmed_1</b>					<b>medd2s2_1</b>

Now I'm going to ask you about over-the-counter medicines (non-prescription) that you are currently taking or have taken within the last 4 weeks.

D3 \*In the last four weeks, have you taken: **IF YES GO ACROSS, IF NO GO TO NEXT ITEM**  
i. What is the name of that medication? ii. What are you taking it for?

	YES	NO	i. What is the name of that medication?	ii. What are you taking it for?
*a. Any over-the-counter medications for pain? <b>painotc_1</b>	1	2	<u>otcd3a1_1</u>	<u>read3a1_1</u>
			<u>otcd3a2_1</u>	<u>read3a2_1</u>
*b. Anything for problems sleeping (Nytol, Benadryl)? <b>sleepotc_1</b>	1	2	<u>otcd3b1_1</u>	<u>read3b1_1</u>
			<u>otcd3b2_1</u>	<u>read3b2_1</u>
c. Any cold medications (Sudafed, Nyquil, Coricedin)? <b>coldotc_1</b>	1	2	<u>otcd3c1_1</u>	<u>read3c1_1</u>
			<u>otcd3c2_1</u>	<u>read3c2_1</u>
d. Any non-steroidal anti-inflammatories (Motrin, Advil, Aleve)? <b>nsaidotc_1</b>	1	2	<u>otcd3d1_1</u>	<u>read3d1_1</u>
			<u>otcd3d2_1</u>	<u>read3d2_1</u>
e. Any steroidal anti-inflammatories (Hydrocortisone)? <b>saidotc_1</b>	1	2	<u>otcd3e1_1</u>	<u>read3e1_1</u>
			<u>otcd3e2_1</u>	<u>read3e2_1</u>
*f. <b>IF FEMALE:</b> Anything for PMS (premenstrual syndrome) (Pamprin, Advil or Midol)? <b>pmsotc_1</b>	1	2	<u>otcd3f1_1</u>	<u>read3f1_1</u>
			<u>otcd3f2_1</u>	<u>read3f2_1</u>
g. Any herbal or natural medications? <b>herbotc_1</b>	1	2	<u>otcd3g1_1</u>	<u>read3g1_1</u>
			<u>otcd3g2_1</u>	<u>read3g2_1</u>
*h. Any other non-prescription medications? <b>othotc_1</b>	1	2	<u>otcd3h1_1</u>	<u>read3h1_1</u>
			<u>otcd3h2_1</u>	<u>read3h2_1</u>

**SECTION E: HEALTH AND HEALTH CARE**

Now I have some questions about your current health status and health history.

E1: Have you ever been told by a health care provider that you have or had:	YES	NO	REF	DK	i: IF YES, How old were you when you were first told / age at time of event or surgery?
a. A heart attack (myocardial infarction or MI) <b>mi_i</b>	1	2	-7	-8	<b>mi_lage</b>
b. Congestive heart failure (CHF) (you may have been short of breath and the doctor may have told you that you had fluid in your lungs or that your heart was not pumping well) <b>chftx_1</b>	1	2 (E1c)	-7	-8	<b>chftx_lage</b>
b1. IF YES: Were you treated for this? <b>chftx_trt1</b>	1	2	-7	-8	
c. Surgery or angioplasty for arterial disease of the leg (an operation to unclog or bypass arteries in your leg) <b>spvd_1</b>	1	2	-7	-8	<b>spvd_lage</b>
d. A TIA or mild stroke (Transient Ischemic Attack, mini stroke) <b>tia_1</b>	1	2	-7	-8	<b>tia_lage</b>
e. A Stroke (CVA, cerebrovascular accident, blood clot or bleeding in the brain) <b>stroke_1</b>	1	2 (E1f)	-7	-8	<b>stroke_lage</b>
e1. IF YES: Do you have difficulty moving an arm or leg as a result of the stroke or cerebrovascular accident? <b>stroke_trt1</b>	1	2	-7	-8	
f. Asthma <b>asthma_1</b>	1	2 (E1g)	-7	-8	<b>asthma_lage</b>
f1. IF YES: Do you take medication for your asthma? <b>asthma_trt1</b>					
No .....					1
Yes, only with flare-ups of my asthma.....					2
Yes, I take medications regularly, even when I'm not having a flare up .....					3

E1 cont.: Have you ever been told by a health care provider that you have or had: YES NO REF DK i: IF YES, How old were you when you were first told / age at time of event or surgery?

g. Chronic lung disease such as chronic bronchitis, COPD, or emphysema, not including asthma.	1	2 (E1h)	-7	-8	<span style="color: magenta;">clung_1age</span>		
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g1. IF YES: Do you take medication for your lung disease?

**clung\_trt1**

No ..... 1

Yes, only with flare-ups of my lung disease ..... 2

Yes, I take medications regularly, even when I'm not having a flare up ..... 3

h. Stomach ulcers or peptic ulcer disease	1	2 (E1i)	-7	-8	<span style="color: magenta;">ulcer_1age</span>		
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h1. IF YES: Has this condition been diagnosed by endoscopy (where a doctor looks into your stomach through a scope) or an upper GI or barium swallow study (where you swallow chalky dye and then x-rays are taken)?

**ulcer\_trt1**

i. Insulin-dependent or juvenile-onset diabetes (Type I)	1	2 (E1j)	-7	-8	<span style="color: magenta;">diab1_1age</span>		
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i1. IF YES: How are you treating your diabetes?

**diab1\_trt1**

No treatment ..... 1

Modifying my diet ..... 2

Treatment by medications taken by mouth ..... 3

Treated by insulin injection ..... 4

i2. IF YES: Has the diabetes caused any of the following problems?

i2i. Problems with your kidneys	1	2	-7	-8	<span style="color: magenta;">diab1_trt1a</span> <span style="margin-left: 20px;"><span style="color: magenta;">diab1_1agea</span></span>		
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i2ii. Problems with your eyes treated by an ophthalmologist	1	2	-7	-8	<span style="color: magenta;">diab1_trt1b</span> <span style="margin-left: 20px;"><span style="color: magenta;">diab1_1ageb</span></span>		
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E1 cont.: Have you ever been told by a health care provider that you have or had: YES NO REF DK i: IF YES, How old were you when you were first told / age at time of event or surgery?

j. Non-insulin dependent or adult-onset diabetes (Type II) <span style="color: magenta;">diab2_1</span>	1	2 (E1k)	-7	-8	<span style="color: magenta;">diab2_1age</span>		
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j1. IF YES: How are you treating your diabetes?

diab2\_trt1

- No treatment ..... 1
- Modifying my diet ..... 2
- Treatment by medications taken by mouth ..... 3
- Treated by insulin injection ..... 4

j2. IF YES: Has the diabetes caused any of the following problems?

j2i. Problems with your kidneys <span style="color: magenta;">diab2_trti</span>	1	2	-7	-8	<span style="color: magenta;">diab2_1agea</span>		
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j2ii. Problems with your eyes treated by an ophthalmologist <span style="color: magenta;">diab2_trt1ii</span>	1	2	-7	-8	<span style="color: magenta;">diab2_1ageb</span>		
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k. Kidney disease or poor kidney function (blood tests show high creatinine) <span style="color: magenta;">kidney_1</span>	1	2 (E1l)	-7	-8	<span style="color: magenta;">kidney_1agea</span>		
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k1. IF YES: Have you ever used hemodialysis or peritoneal dialysis? <span style="color: magenta;">kidney_trt1a</span>	1	2	-7	-8			
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k2: Have you ever received kidney transplantation? <span style="color: magenta;">kidney_trt1b</span>	1	2	-7	-8	<span style="color: magenta;">kidney_1ageb</span>		
---	---	---	----	----	---	--	--

l. Arthritis or rheumatism <span style="color: magenta;">arthr_1</span>	1	2 (E1m)	-7	-8	<span style="color: magenta;">arthr_1age</span>		
--	---	------------	----	----	---	--	--

l1. IF YES: Is it rheumatoid arthritis <span style="color: magenta;">arthr_trt1a</span>	1	2 (E1m)	-7	-8			
--	---	------------	----	----	--	--	--

l1i. IF YES: Do you take medications for it regularly? <span style="color: magenta;">arthr_trt1b</span>	1	2	-7	-8			
--	---	---	----	----	--	--	--

m. Lupus (systematic lupus erythematosus) <span style="color: magenta;">lupus_1</span>	1	2	-7	-8	<span style="color: magenta;">lupus_1age</span>		
---	---	---	----	----	---	--	--

n. Polymyalgia rheumatica <span style="color: magenta;">pmr_1</span>	1	2	-7	-8	<span style="color: magenta;">pmr_1age</span>		
---	---	---	----	----	---	--	--

o. Alzheimer’s disease or another form of dementia <span style="color: magenta;">alzheimers_1</span>	1	2	-7	-8	<span style="color: magenta;">alheim_1age</span>		
---	---	---	----	----	--	--	--

E1 cont.: Have you ever been told by a health care provider that you have or had: YES NO REF DK i: IF YES, How old were you when you were first told / age at time of event or surgery?

p. Cirrhosis or serious liver damage <span style="color: magenta;">cirr_1</span>	1	2	-7	-8	<span style="color: magenta;">cirr_1age</span>		
q. Leukemia or polycythemia vera <span style="color: magenta;">leukemia_1</span>	1	2	-7	-8	<span style="color: magenta;">leukem_1age</span>		
r. Lymphoma <span style="color: magenta;">lymphoma_1</span>	1	2	-7	-8	<span style="color: magenta;">lympho_1age</span>		
s. Cancer <span style="color: magenta;">cancer1_1</span>	1	2 (E1v)	-7	-8	<span style="color: magenta;">canc1agea_1</span>		
s1: specify <span style="color: magenta;">cancer1_spc1</span>							
s2: Has the cancer spread or metastasized to other parts of your body? <span style="color: magenta;">canc1trt_1</span>	1	2	-7	-8	<span style="color: magenta;">canc1ageb_1</span>		
t. Any other cancer <span style="color: magenta;">cancer2_1</span>	1	2 (E1v)	-7	-8	<span style="color: magenta;">canc2agea_1</span>		
t1: specify <span style="color: magenta;">canc2spc_1</span>							
t2: Has the cancer spread or metastasized to other parts of your body? <span style="color: magenta;">canc2met_1</span>	1	2	-7	-8	<span style="color: magenta;">canc2ageb_1</span>		
u. Any other cancer <span style="color: magenta;">cancer3_1</span>	1	2 (E1v)	-7	-8	<span style="color: magenta;">canc3agea_1</span>		
u1: specify <span style="color: magenta;">canc3spc_1</span>							
u2: Has the cancer spread or metastasized to other parts of your body? <span style="color: magenta;">canc3trt_1</span>	1	2	-7	-8	<span style="color: magenta;">canc3ageb_1</span>		
v. AIDS <span style="color: magenta;">aids_1</span>	1	2	-7	-8	<span style="color: magenta;">aids_1age</span>		
w. Elevated blood sugar (IF FEMALE) excluding when you were pregnant (hyperglycemia) <span style="color: magenta;">sugar_1</span>	1	2	-7	-8	<span style="color: magenta;">sugar_1age</span>		
x. Allergies or eczema (inflamed skin, rashes, sneezing, itchy eyes) <span style="color: magenta;">allergy_1</span>	1	2	-7	-8	<span style="color: magenta;">allergy_1age</span>		
y. Coronary artery bypass or angioplasty (Stent) <span style="color: magenta;">cabg_1</span>	1	2	-7	-8	<span style="color: magenta;">cabg_1age</span>		
z. Angina pectoris (chest pain) <span style="color: magenta;">angina_1</span>	1	2	-7	-8	<span style="color: magenta;">angina_1age</span>		
aa. An irregular heartbeat or arrhythmia requiring insertion of a pacemaker <span style="color: magenta;">arrhyth_1</span>	1	2	-7	-8	<span style="color: magenta;">arrhyth_1age</span>		

**BOSTON AREA COMMUNITY HEALTH (BACH) SURVEY**  
**FORM F0FI – FOLLOW-UP INTERVIEW**

**FINAL**

E1 cont.: Have you ever been told by a health care provider that you have or had:

YES NO REF DK

i: IF YES, How old were you when you were first told / age at time of event or surgery?

bb. Carotid artery surgery (on artery in neck) <b>cas_1</b>	1	2	-7	-8	<b>cas_1age</b>		
cc. Intermittent claudication (leg cramps, usually in calves when walking) <b>claud_1</b>	1	2	-7	-8	<b>claudage_1</b>		
dd. Pulmonary embolus (blood clots in the lungs) <b>plumemb_1</b>	1	2	-7	-8	<b>pulmembage_1</b>		
ee. Aortic aneurysm (weakening or the aorta) <b>ameur_1</b>	1	2	-7	-8	<b>ameurage_1</b>		
ff. Heart-rhythm disturbance <b>hrd_1</b>	1	2	-7	-8	<b>hrdage_1</b>		
gg. Deep vein thrombosis (blood clot, usually in the leg) <b>dvt_1</b>	1	2	-7	-8	<b>dvtage_1</b>		
hh. Raynauds disease (poor circulation in toes & fingers) <b>raynauds_1</b>	1	2	-7	-8	<b>raynaudage_1</b>		
ii. Peripheral vascular disease <b>pvd_1</b>	1	2	-7	-8	<b>pvdage_1</b>		
jj. High cholesterol <b>cholest_1</b>	1	2	-7	-8	<b>cholestage_1</b>		
kk. High blood pressure (hypertension) <b>hbp_1</b>	1	2	-7	-8	<b>hbpage_1</b>		
ll. Osteoporosis (thin or brittle bones) <b>osteop_1</b>	1	2	-7	-8	<b>osteopage_1</b>		
mm. Parkinson's disease <b>parkin_1</b>	1	2	-7	-8	<b>parkinage_1</b>		
nn. Multiple sclerosis (MS) <b>ms_1</b>	1	2	-7	-8	<b>msage_1</b>		
<b>FEMALE RESPONDENTS ONLY, IF MALE PROCEED to E2</b>							
oo. Gestational diabetes <b>gdiab_1</b>	1	2	-7	-8	<b>gdiabage_1</b>		
pp. Endometriosis <b>endomet_1</b>	1	2	-7	-8	<b>endometage_1</b>		
qq. Pelvic inflammatory disease or PID <b>pid_1</b>	1	2	-7	-8	<b>pidage_1</b>		
rr. Ovarian cyst(s) <b>cyst_1</b>	1	2	-7	-8	<b>cystage_1</b>		

E1 cont.: Have you ever been told by a health care provider that you have or had:      YES      NO      REF      DK      i: IF YES, How old were you when you were first told / age at time of event or surgery?

ss. Polycystic ovarian syndrome (PCOS) <span style="color: magenta;">pcos_1</span>	1	2	-7	-8	<span style="color: magenta;">pcosage_1</span>		
tt. Uterine fibroids (fibroids) <span style="color: magenta;">fibroid_1</span>	1	2	-7	-8	<span style="color: magenta;">fibroidage_1</span>		
uu. Prolapsed uterus <span style="color: magenta;">puterus_1</span>	1	2	-7	-8	<span style="color: magenta;">puterusage_1</span>		
vv. Prolapsed bladder (cystocele) <span style="color: magenta;">pbladder_1</span>	1	2	-7	-8	<span style="color: magenta;">pbladerage_1</span>		
ww. Prolapsed rectum (rectocele) <span style="color: magenta;">prectum</span>	1	2	-7	-8	<span style="color: magenta;">prectumage_1</span>		

E2: Have you ever been told by a health care provider that you have or had:      YES      NO      i: IF YES, How old were you when you were first told / age at time of event or surgery?

a. Urinary incontinence? <span style="color: magenta;">ui_1</span>	1	2	<span style="color: magenta;">uiage_1</span>		
b. Interstitial cystitis? <span style="color: magenta;">ic_1</span>	1	2	<span style="color: magenta;">icage_1</span>		
c. Painful Bladder Syndrome? <span style="color: magenta;">pbs_1</span>	1	2	<span style="color: magenta;">pbsage_1</span>		
d. Chronic Pelvic Pain of bladder origin? <span style="color: magenta;">cpp_1</span>	1	2	<span style="color: magenta;">cppage_1</span>		
e. Sexual dysfunction? <span style="color: magenta;">sexdys_1</span>	1	2	<span style="color: magenta;">sexdysage_1</span>		
<b>MEN ONLY, WOMEN SKIP TO E3</b>					
f. BPH (Benign Prostatic Hyperplasia) <span style="color: magenta;">bph_1</span>	1	2	<span style="color: magenta;">bphage_1</span>		
g. Prostatitis <span style="color: magenta;">prostat_1</span>	1	2	<span style="color: magenta;">prostatage_1</span>		
h. Hypogonadism <span style="color: magenta;">hypogo_1</span>	1	2	<span style="color: magenta;">hypogoage_1</span>		
i. Erectile Dysfunction <span style="color: magenta;">ed_1</span>	1	2	<span style="color: magenta;">edage_1</span>		

E3. 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?

nbladder\_1  
 YES..... 1  
 NO ..... 2

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

**catheter\_1**

YES.....1  
 NO.....2   **(E3c)**

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

**permth\_1**

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

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

**uti\_ki\_1**

YES.....1  
 NO.....2   **(E4)**

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

**ut12mo\_1**

--	--

TIMES

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

**utievr\_1**

--	--

TIMES

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

**ki12mo\_1**

--	--

TIMES

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

**kievr\_1**

--	--

TIMES

E4. a. Have you ever been told by your health care provider that you had kidney stones or stones in your urinary tract?

**kstones\_1**

YES ..... 1  
 NO..... **(E5)**

**kstonetime\_1**

b. How many times in your lifetime?

--	--

TIMES

E5. a. Has a healthcare provider ever told you that you had gallstones?

**gstones\_1**

YES.....1  
 NO..... **(E5c)**

b. Have you ever had medical treatment to dissolve or remove gallstones? Do not include surgery.

gstones\_trt1

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

c. Have you ever had gallbladder surgery?

gstones\_sur1

YES.....1  
NO.....2 (E6)

d. How old were you when you had your gallbladder surgery?

gstones\_age1

		YEARS
--	--	-------

Now I have a few questions about your use of healthcare services.

E6.		YES	NO
a.	Private insurance from your or your partner's employer privins_1	1	2
b.	Medicaid or Mass Health medicaid_1	1	2
c.	Medicare medicare_1	1	2
d.	Worker's compensation (a current injury is covered by worker's comp.) workcomp_1	1	2
e.	Insurance you purchased entirely by yourself (you pay the entire premium) selfpay_1	1	2
f.	TriCare Military Health (Champus or ChampVA) milhealt_1	1	2
g.	Free care at a particular clinic of hospital preecare_1	1	2
h.	Health Maintenance Organization (HMO) hmo_1_h	1	2
i.	Some other type of insurance othins_1	1	2
	h1. SPECIFY othnssp_1		
j.	Any health insurance? anyins_1	1	2

		<b>YES</b>	<b>NO</b>
E7.	Where do you go for regular care?		
<b>outpat_1</b>	a1. An outpatient clinic or doctor's office	1	2
<b>hmo_1</b>	a2. An HMO	1	2
<b>hosper_1</b>	a3. A hospital emergency room	1	2
<b>houtpat_1</b>	a4. A hospital outpatient clinic	1	2
<b>freehos_1</b>	a5. Free clinic or hospital	1	2

E8 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).

**timehcp\_1**

--	--	--

# VISITS **IF ZERO, GO TO E10**

E9.	What was (were) the major reason(s) for your visit(s)? Was it (Were they) for:	<b>YES</b>	<b>NO</b>
a.	An urgent (acute) problem	<b>hcpurg_1</b>	1 2
b.	A routine visit for an ongoing problem	<b>hcprout_1</b>	1 2
c.	A flare-up of an ongoing problem	<b>hcpflare_1</b>	1 2
d.	Pre- or post-surgery/injury care	<b>hcpsurg_1</b>	1 2
e.	Non-illness care (e.g., routine prenatal, general exam)	<b>hcpoth_1</b>	1 2

E10. When did you last see a health care provider for your own health? Was it...

- lasthcp\_1**
- 6 months ago or less..... 1
  - More than 6 months ago, but less than a year ago ... 2
  - More than 1 year ago, but less than 2 years ago ..... 3
  - More than 2 years ago, but less than 5 years ago..... 4
  - 5 years ago or more ..... 5

**SECTION F: BIRTH CONTROL**

Next, I have some questions about birth control methods that you or your partner may be using now or have used some time during your life. We ask these questions of all people in the health survey, so please be patient if some do not apply to you.

**IF YES GO ACROSS, IF NO GO TO NEXT ITEM**

	F1. Have you and your partner ever used any of these methods of birth control?		i. <b>IF YES:</b> Are you and your partner currently using this method?	
	YES	NO	YES	NO
a. Condoms, including female condoms <b>condevr_1</b>	1	2	1 <b>condnow_1</b>	2
b. Diaphragm <b>diaphevr_1</b>	1	2	1 <b>diaphnow_1</b>	2
c. Some other barrier method, such as cervical cap <b>barrevr_1</b>	1	2	1 <b>barrnow_1</b>	2
d. Foams <b>foamevr_1</b>	1	2	1 <b>foamnow_1</b>	2

**FEMALES ONLY. IF MALE, PROCEED TO SECTION G**  
**IF YES, GO ACROSS, IF NO GO TO NEXT ITEM**

F2. \*Are you currently using or have you ever used for 3 months or more any of the following:  
**IF YES, PROBE:** Is this current?

i. How old were you when you began using?  
 ii. Not counting any time when you stopped using, for how long altogether have you used?  
 iii. UNITS

	YES, CURRENT	YES, PAST	NO	AGE	NUMBER
*a. Birth control pills <b>bcpnow_1</b>	1	2	3	<b>bcpage_1</b>	<b>bcpdur_1</b> MONTHS..... 1 YEARS..... 2 <b>bcpunt_1</b>
*b. Injections for birth control (Depo Provera, Lunelle) <b>bcinow_1</b>	1	2	3	<b>bciage_1</b>	<b>bcidur_1</b> MONTHS..... 1 YEARS..... 2 <b>bciunt_1</b>
*c. Norplant (Implanted under skin) <b>norpnw_1</b>	1	2	3	<b>norpage_1</b>	<b>norpdur_1</b> MONTHS..... 1 YEARS..... 2 <b>norpunt_1</b>
d. Intrauterine device (IUD, Mirena) <b>iudnow_1</b>	1	2	3	<b>iudage_1</b>	<b>iuddur_1</b> MONTHS..... 1 YEARS..... 2 <b>iudunt_1</b>
e. Vaginal ring (Estring) <b>ringnow_1</b>	1	2	3	<b>ringage_1</b>	<b>ringdur_1</b> MONTHS..... 1 YEARS..... 2 <b>ringunt_1</b>

**SECTION G: REPRODUCTIVE HISTORY**

Now I have some more questions about your health history. I know that these may be quite personal, but we ask them of everyone.

**FOR MEN ONLY**

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

i. **IF YES:** How old were you at the time of surgery?

			YES	NO	DK	AGE
*a.	Hernia repair	hernrep_1	1	2	-8	hernage_1
*b.	Vasectomy	vasect_1	1	2 (G1c)	-8	vasage_1
	b1. Reversal of a vasectomy	rvasect_1	1	2	-8	rvasage_1
*c.	Bladder surgery	bladmen_1	1	2	-8	bladmenage_1
d.	Prostate surgery	prossurg_1	1	2	-8	prosage_1
e.	Have you been circumcised?	circise_1	1	2	-8	circiseage_1
f.	Surgery on the penis (other than circumcision)	spenis_1	1	2	-8	spenage_1

**FOR MEN AND WOMEN**

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

			YES	NO	REFUSED	DK
*a.	<b>IF FEMALE:</b> Chronic yeast infections	cyeast_1	1	2	-7	-8
*b.	Chlamydia	chlamyd_1	1	2	-7	-8
*c.	Genital herpes	genherp_1	1	2	-7	-8
d.	Syphilis	syphilis_1	1	2	-7	-8
e.	Gonorrhea	gonorrh_1	1	2	-7	-8
*f.	HPV or genital warts	hpv_1	1	2	-7	-8
*g.	HIV	hiv_1	1	2	-7	-8

**MEN GO TO G1**

**FOR FEMALES ONLY**

G3. Are you pregnant?

**curpreg\_1**

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

G4. Have you taken any female hormones including birth control pills for at least 6 of the last 12 months?

**hormone\_1**

- YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

G5. \*Have you ever had:

i. **IF YES:** How old were you at the time of surgery?

	YES	NO	DK	AGE
*a. A hysterectomy, an operation to remove your uterus or womb? <b>hyster_1</b>	1	2 (G5b)	-8	<b>hysterage_1</b>
a1. Was this surgery done through the abdomen or vagina (birth canal)? <b>surgmeth_1</b>	ABDOMINALLY ..1	VAGINALLY .....2	-8	
a2. Did you have a menstrual period in the 3 months prior to surgery? <b>pre3mon_1</b>	YES..... 1 (a3)	NO .....2	-8	
a2a. Did you have a menstrual period in the 12 months prior to surgery? <b>pre12mon_1</b>	YES.....1	NO .....2	-8	
a3. What was the reason for surgery? <b>surcan_1</b> <b>surutf_1</b> <b>suraut_1</b> <b>surendo_1</b> <b>surcp_1</b> <b>surutp_1</b> <b>surbc_1</b> <b>suroth_1</b> <b>surothsp_1</b>	CANCER 1	UTERINE FIBROIDS 2	ABNORMAL UTERINE BLEEDING 3	
	ENDOMETRIOSIS 4	CHRONIC PAIN 5	UTERINE PROLAPSE 6	
	BENIGN CYSTS 7	OTHER 8		
	SPECIFY			
*b. An ovary removed? <b>ovarmd_1</b>	1	2 (G5c)	-8	<b>ovarmdage_1</b>
b1. Were one or two ovaries removed? <b>ovanum_1</b>	ONE.....1	TWO .....2	-8	
b2. Did you have a menstrual period in the 3 months prior to surgery? <b>pre3mon2_1</b>	YES..... 1 (b3)	NO .....2	-8	

b2a. Did you have a menstrual period in the 12 months prior to surgery? YES.....1 -8  
NO .....2

**pre12mon2\_1**

b3. What was the reason for surgery?	CIRCLE ALL THAT APPLY	CANCER	1	<b>surcan_2</b>
		ENDOMETRIOSIS	2	<b>surendo_2</b>
		CHRONIC PAIN	3	<b>surcp_2</b>
		BENIGN CYSTS	4	<b>surbc_2</b>
		TO PREVENT CANCER	5	<b>surpc_2</b>
		OTHER	6	<b>suroth_2</b>
		SPECIFY		<b>surothsp_2</b>

G5 cont. \*Have you ever had:

i. **IF YES:** How old were you at the time of surgery?

		YES	NO	DK	AGE
*c.	Surgery for incontinence (urine leakage)? <b>surgui_1</b>	1	2	-8	<b>surguiage_1</b>
d.	Bladder surgery? <b>bladsurg_1</b>	1	2	-8	<b>bladsurage_1</b>
e.	Surgery for repair of a pelvic prolapse (pelvic floor disorder)? <b>pfd surg_1</b>	1	2	-8	<b>pfdsurage_1</b>
f.	Tubal ligation? <b>tublig_1</b>	1	2	-8	<b>tubligage_1</b>
g.	A D and C (dilation and curettage)? <b>adc_1</b>	1	2 (G5h)	-8	<b>adcage_1</b>
g1.	IF YES: How many? <b>adcnun_</b>	<input type="text"/> <input type="text"/>			NUMBER OF D and C
h.	An endometrial biopsy? <b>endbio_1</b>	1	2 (G6)	-8	<b>endbioage_1</b>
h1.	IF YES: How many? <b>endbionun_1</b>	<input type="text"/> <input type="text"/>			NUMBER OF BIOPSIES

[NOTE: ASK G6b, c, and d UNTIL TOTAL = G6a.]

G6. How many times have you been pregnant? Please include a current pregnancy, miscarriages, stillbirths, tubal or ectopic pregnancies, abortions and live births.

# PREGNANCIES **numpreg\_1**  
**IF ZERO, GO TO G8**

G6a. How many of your pregnancies resulted in a live birth? [NOTE: NUMBER OF PREGNANCIES RESULTING IN ONE OR MORE LIVE BIRTHS- ONLY COUNT PREGNANCY RESULTING IN TWINS, TRIPLETS, ETC. ONCE]

		# BIRTHS	<b>livebrth_1</b>
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**IF ZERO, GO TO G8**

G6b. IF G6a GREATER THAN ZERO: How many of these live birth pregnancies resulted in a vaginal delivery?

		# DELIVERIES	<b>vagbrth_1</b>
--	--	--------------	------------------

G6c. IF G6a GREATER THAN ZERO AND DOES NOT EQUAL G6b: How many of these live birth pregnancies resulted in a cesarean (c-section) delivery?

		# C-SECTIONS	<b>csec_1</b>
--	--	--------------	---------------

G6d. IF G6a GREATER THAN ZERO AND DOES NOT EQUAL G6b and G6c: How many of these live birth pregnancies resulted in a delivery that was both a vaginal and cesarean (c-section) delivery?

		# VAGINAL AND C-SECTION DELIVERIES	<b>vagcsec_1</b>
--	--	------------------------------------	------------------

G6e. IF G6a GREATER THAN ZERO: What was the birth weight of the heaviest baby? (Pounds, ounces or grams?)

<b>bwlbs_1</b>	<b>bwozs_1</b>	<b>bwgrams_1</b>
POUNDS	OUNCES	GRAMS

G7a. How old were you at the time of your first live birth?

YEARS 

<b>fstlbthyr_1</b>
--------------------

G7b. (IF G6a>1) How old were you at the time of your last live birth?

YEARS 

<b>lastlbthyr_1</b>
---------------------

G8. Have you had a menstrual period in the last 12 months?

**mp12mo\_1**

- YES ..... 1      **(G9)**
- NO ..... 2
- REFUSED ..... -7      **(G9)**
- DON'T KNOW ..... -8      **(G9)**

a. Did they stop because of:

	<b>YES</b>	<b>NO</b>	<b>REF</b>	<b>DK</b>
1. Medication, chemotherapy or radiation treatment <span style="color: magenta;">stoptx_1</span>	1	2	-7	-8
2. Pregnancy or breastfeeding <span style="color: magenta;">stoppreg_1</span>	1	2	-7	-8
3. Menopause <span style="color: magenta;">stopmeno_1</span>	1	2	-7	-8
4. Severe weight loss or another reason <span style="color: magenta;">stopwtot_1</span>	1	2	-7	-8

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

stopyear\_1  
 Y Y Y Y

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

**PROCEED TO G12**

G9. 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?

mplpred\_1

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

G10. Have you had a menstrual period in the past 3 months?

mp3mo\_1

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

G11 a. In the last 12 months, have you had pelvic pain related in any way with your monthly cycle?

mppp12mo\_1

YES ..... 1  
 NO ..... 2 **(G12)**  
 REFUSED ..... 3 **(G12)**  
 DON'T KNOW ..... 4 **(G12)**

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

ppcycle\_1

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

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

ppblad\_1

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

**ASK OF MEN AND WOMEN**

G12. \*In the last 12 months, have you had:

	<b>YES</b>	<b>NO</b>	<b>REF</b>	<b>DK</b>
*a. Pelvic pain during or in the 24 hours after sexual intercourse? <span style="color: magenta;">ppint_1</span>	1	2	-7	-8
*b. WOMEN: Pelvic pain NOT with periods or intercourse? <span style="color: magenta;">ppothw_1</span>	1	2	-7	-8
c. MEN: Pelvic pain NOT with intercourse? <span style="color: magenta;">ppothm_1</span>	1	2	-7	-8

G13. On average, how many days of pelvic pain do you have a month? Would you say: ppdays\_1

NOT CURRENTLY EXPERIENCING PELVIC PAIN <-1> **PROCEED TO SECTION H**

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

G14. For how long have you been experiencing your pelvic pain? Would you say: ppdur\_1

- 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

G15. To what extent does this pain prevent you from doing the things you want to do? Would you say: ppinterf\_1

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

G16. In the last four weeks, how much has this been a problem for you? ppprob\_1

- No problem ..... 1
- Very small problem ..... 2
- Small problem ..... 3
- Medium problem ..... 4
- Big problem ..... 5

**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 <u>during the last week</u> ...		<b>YES</b>	<b>NO</b>
*H1. I felt depressed.	cesd1_1	1	2
*H2. I felt that everything I did was an effort.	cesd2_1	1	2
*H3. My sleep was restless.	cesd3_1	1	2
H4. I was happy.	cesd4_1	1	2
H5. I felt lonely.	cesd5_1	1	2
*H6. I enjoyed life.	cesd6_1	1	2
H7. I felt sad.	cesd7_1	1	2
*H8. I could not "get going".	cesd8_1	1	2

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

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

worry\_1

YES.....1

NO .....2 (H10)

b. Has [ITEM b1-b6] caused you special worry or been especially demanding (in the last 6 months)?

		<b>YES</b>	<b>NO</b>
*b1. A spouse or partner?	worspse_1	1	2
*b2. A parent?	worparnt_1	1	2
b3. A child?	worchild_1	1	2
b4. A sibling?	worsib_1	1	2
*b5. Another relative or friend?	woroath_1	1	2
b6. Someone at work?	worwork_1	1	2

These next questions ask about your feelings and thoughts during the last month. For each one, please indicate how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
H10. In the last month, how often have you felt that you were unable to control the important things in your life? <b>stress1_1</b>	0	1	2	3	4
H11. In the last month, how often have you felt confident about your ability to handle your personal problems? <b>stress2_1</b>	0	1	2	3	4
H12. In the last month, how often have you felt that things were going your way? <b>stress3_1</b>	0	1	2	3	4
H13. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? <b>stress4_1</b>	0	1	2	3	4

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

H14. Thinking about the past month...	Almost never or never	A few times	Sometimes	Most times	Almost always or always
*a. Do you have difficulties falling asleep? <b>sleep1_1</b>	1	2	3	4	5
*b. After getting up in the morning, can you fall asleep again? <b>sleep2_1</b>	1	2	3	4	5
*c. Do you use sleeping pills? <b>sleep3_1</b>	1	2	3	4	5
d. Are you tired during wake time? <b>sleep4_1</b>	1	2	3	4	5
e. Are you tired after sleeping? <b>sleep5_1</b>	1	2	3	4	5
f. Are you restless during the night (moving your legs and arms)? <b>sleep6_1</b>	1	2	3	4	5
g. Do you snore? What is the frequency of snoring? <b>sleep7_1</b>	1	2	3	4	5
*h. Do you get up during the night? <b>sleep8_1</b>	1	2	3	4	5
i. Do you suffer from headaches first thing in the morning? <b>sleep9_1</b>	1	2	3	4	5
*j. Do you feel exhausted for no obvious <b>sleep10_1</b>	1	2	3	4	5

H15. How many hours of actual sleep do you usually get during the night? (This may be different than the number of hours you spend in bed)

.   HOURS

Now I'm going to read you a list of symptoms you may or may not be experiencing.

H16. Which of the following symptoms apply to you at this time?

	None	Mild	Moderate	Severe	Extremely severe
a. Decline in your feeling of general well-being (general state of health, subjective feeling) <span style="float:right">ams01_1</span>	1	2	3	4	5
b. Joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache) <span style="float:right">ams02_1</span>	1	2	3	4	5
c. Excessive sweating (unexpected/sudden episodes of sweating, hot flushes independent of strain) <span style="float:right">ams03_1</span>	1	2	3	4	5
d. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early and feeling tired, poor sleep, sleeplessness) <span style="float:right">ams04_1</span>	1	2	3	4	5
e. Increased need for sleep, often feeling tired <span style="float:right">ams05_1</span>	1	2	3	4	5
f. Irritability (feeling aggressive, easily upset about little things, moody) <span style="float:right">ams06_1</span>	1	2	3	4	5
g. Nervousness (inner tension, restlessness, feeling fidgety) <span style="float:right">ams07_1</span>	1	2	3	4	5
h. Anxiety (feeling panicky) <span style="float:right">ams08_1</span>	1	2	3	4	5
i. Physical exhaustion / lacking vitality (general decrease in performance, reduced activity, lacking interest in leisure activities, feeling of getting less done, of achieving less, of having to force oneself to undertake activities) <span style="float:right">ams09_1</span>	1	2	3	4	5

H16 cont. Which of the following symptoms apply to you at this time?

		<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extremely severe</b>
k. Decrease in muscular strength (feeling of weakness)	<b>ams10_1</b>	1	2	3	4	5
l. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings, feeling nothing is of any use)	<b>ams11_1</b>	1	2	3	4	5
m. Feeling that you have passed your peak	<b>ams12_1</b>	1	2	3	4	5
n. Feeling burnt out, having hit rock-bottom	<b>ams13_1</b>	1	2	3	4	5
o. <b>MEN ONLY:</b> Decrease in beard growth	<b>ams14_1</b>	1	2	3	4	5
p. <b>MEN AND WOMEN:</b> Decrease in ability/frequency to perform sexually	<b>ams15_1</b>	1	2	3	4	5
q. <b>MEN ONLY:</b> Decrease in the number of morning erections	<b>ams16_1</b>	1	2	3	4	5
r. <b>MEN AND WOMEN:</b> Decrease in sexual desire/libido (lacking pleasure in sex, lacking desire for sexual intercourse)	<b>ams17_1</b>	1	2	3	4	5

**SECTION J: TOBACCO, ALCOHOL AND BEVERAGE CONSUMPTION**

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

J1. Have you smoked at least 100 cigarettes (about 5 packs) during your entire life? cigs100\_1

YES ..... 1  
NO ..... 2 (J5)

J2. Do you smoke cigarettes now? cigsnow\_1

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_1	# CIGARETTES	a2.	DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR..... 4
-----	-----------	--------------	-----	--

cigsfreq\_1

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

cigsdur\_1

YEARS

J5. Have you ever smoked at least 20 cigars in your entire life? cigar20\_1

YES ..... 1  
NO ..... 2 (J6)

a. Do you smoke cigars now? cigarnow\_1

YES ..... 1  
NO ..... 2 (J6)

b1. How many cigars do you smoke?

avgcigar_1	# CIGARS	b2.	DAY ..... 1 WEEK ..... 2 MONTH ..... 3 YEAR ..... 4
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cigsfreq\_1

J6. Do you live with someone who smokes tobacco at home regularly? smokhome\_1

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

J7. Currently do you spend time on a daily basis, at work or in other activities outside your home, with people who are smoking? smokwork\_1

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

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

J8. Have you ever had an alcoholic drink? evretoh\_1

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

J9. *In the last 30 days, 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:
*a. Beer or lite beer? YES ..... 1 NO.....2 (J9b)  <span style="color:magenta">beer30dy_1</span>	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  <span style="color:magenta">beerfreq_1</span>	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  <span style="color:magenta">beervol_1</span>
*b. Wine, wine coolers, sangria or champagne? YES ..... 1 NO..... 2 (J9c)  <span style="color:magenta">wine30dy_1</span>	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  <span style="color:magenta">winefreq_1</span>	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  <span style="color:magenta">winevol_1</span>
*c. Hard liquor such as tequila, gin, vodka, scotch, rum, whiskey, or liqueurs, either alone or mixed? YES ..... 1 NO..... 2  <span style="color:magenta">liqu30dy_1</span>	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  <span style="color:magenta">liqufreq_1</span>	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  <span style="color:magenta">liquvol_1</span>

IF NO TO J9a, b and c, SKIP TO J11

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?

<span style="color:magenta">bnge30dy_1</span>	# TIMES
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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)?

**avgndrnk\_1**

# 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. Water

**h20\_1**

# SERVINGS

\*b. Juice

**juice\_1**

# SERVINGS

\*c. Non-caffeinated soda

**dsoda\_1**

# SERVINGS

\*d. Caffeinated soda

**soda\_1**

# SERVINGS

e. Decaffeinated coffee

**dcoffee\_1**

# SERVINGS

f. Caffeinated coffee

**coffee\_1**

# SERVINGS

g. Herbal or decaffeinated tea

**dtea\_1**

# SERVINGS

h. Caffeinated tea

**tea\_1**

# SERVINGS

\*i. Milk

**milk\_1**

# SERVINGS

j. Other non-alcoholic non-caffeinated beverages

**otherdbev\_1**

# SERVINGS

k. Other non-alcoholic caffeinated beverages

**otherbev\_1**

# 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 during the last month, related to your bladder and pelvic area health. **IF RESPONDENT DOES NOT HAVE SYMPTOM, PROCEED TO NEXT ITEM**[SHOW RESPONSE CARD 'K1, K2 and K3'].

	i. Would you say...						ii. About how long have you had this experience? Would you say...					iii. In the past 4 weeks, how much has _____ been a problem for you? Would you say...					iv. Have you ever seen a healthcare provider for this symptom?		v. IF YES: Did you receive treatment?	
	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	No problem	Very small	Small	Medium	Big	Yes	No	Sought and received	Sought, but did not receive
*a. A sensation of not emptying your bladder completely after you have finished urinating?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	emptyfrq_1						emptydur_1					empty4_1					emptyhep_1		emptytrt_1	
*b. To urinate again less than 2 hours after you finished urinating?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	frqufrq_1						frqudur_1					frqu4_1					frquhep_1		frqutrt_1	
*c. To stop and start again several times while you urinate?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	spstfrq_1						spstdur_1					spst4_1					spsthep_1		spsttrt_1	
d. Difficulty postponing urination?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	postpfrq_1						postpdur_1					postp4_1					postphep_1		postptrt_1	
e. A weak urinary stream?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	weakufrq_1						weakudur_1					weaku4_1					weakuhep_1		weakutrt_1	
f. To push or strain to begin urination?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	pushfrq_1						pushdur_1					push4_1					pushhep_1		pushtrt_1	

**IF RESPONDENT DOES NOT HAVE SYMPTOM, PROCEED TO NEXT ITEM**

**[SHOW RESPONSE CARD ‘K1, K2 and K3**

K1. *During the last month, how often have you had:	i. Would you say...						ii. About how long have you had this experience? Would you say...					iii. In the past 4 weeks, how much has _____ been a problem for you? Would you say...					iv. Have you ever seen a healthcare provider for this symptom?		v. IF YES: Did you receive treatment?		
	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	No problem	Very small	Small	Medium	Big	Yes	No	Did not seek	Sought and received	Sought, but did not receive
*g. To get up to urinate more than once during the night?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2	3
	nghtufrq_1						nghtudur_1					nghtu4_1					nghtuhep_1		nghtutrt_1		
h. A prolonged trickle or dribble at the end of your urine flow?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2	3
	floendfrq_1						floenddur_1					floend4_1					floendhep_1		floendtrt_1		
i. Urine leakage almost immediately after you have finished urinating and walked away from the toilet?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2	3
	postufrq_1						postudur_1					postu4_1					postuhep_1		postutrt_1		
PROBE: This refers to leakage not in connection with a sudden compelling urge, nor in connection with sneezing, coughing or other physical activity																					
j. Difficulty starting to urinate?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2	3
	dstrtrfrq_1						dstrtrdur_1					dstrtr4_1					dstrtrhep_1		dstrtrtrt_1		
k. Pain or burning during urination?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2	3
	painfrq_1						paindur_1					pain4_1					painhep_1		paintrt_1		

**BOSTON AREA COMMUNITY HEALTH (BACH) SURVEY**  
**FORM F0FI – FOLLOW-UP INTERVIEW**

**FINAL**

	i. Would you say...						ii. About how long have you had this experience? Would you say...					iii. In the past 4 weeks, how much has _____ been a problem for you? Would you say...					iv. Have you ever seen a healthcare provider for this symptom?		v. IF YES: Did you receive treatment?	
	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	No problem	Very small	Small	Medium	Big	Yes	No	Sought and received	Sought, but did not receive
l. <b>IF MALE:</b> Pain or discomfort in the area between the rectum and testicles	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	peripfrq_1						peripdur_1					perip4_1					periphep_1		periptrt_1	
m. <b>IF MALE:</b> Pain in your testicles?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	testfrq_1						testdur_1					test4_1					testhep_1		testtrt_1	
n. <b>IF MALE:</b> Pain or discomfort at the tip of the penis, not related to urination?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	tpenfrq_1						tpendur_1					tpen4_1					tpenhep_1		tpentrt_1	
o. <b>IF MALE:</b> Pain or discomfort during or after sexual climax (ejaculation)?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	ejacfrq_1						ejacdur_1					ejac4_1					ejachep_1		ejactrt_1	
*p. A strong urge or pressure to urinate immediately, with no, or little warning?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	surgefrq_1						surgedur_1					surge4_1					surgehep_1		surgetrt_1	
q. Frequent urination during the day?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	frquzfrq_1						frquzdur_1					frquz4_1					frquzhep_1		frquztrt_1	

**BOSTON AREA COMMUNITY HEALTH (BACH) SURVEY**  
**FORM F0FI – FOLLOW-UP INTERVIEW**

**FINAL**

	i. Would you say...						ii. About how long have you had this experience? Would you say...					iii. In the past 4 weeks, how much has _____ been a problem for you? Would you say...					iv. Have you ever seen a healthcare provider for this symptom?		v. IF YES: Did you receive treatment?	
	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	No problem	Very small	Small	Medium	Big	Yes	No	Sought and received	Sought, but did not receive
*r. Burning, discomfort, pain or pressure in your pelvic or bladder area?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	pbladfrq_1						pbladdur_1					pblad4_1					pbladhep_1		pbladtrt_1	
s. Pain or discomfort in your urethra?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	puretfrq_1						puretdur_1					puret4_1					puretheep_1		purettrt_1	
t. Visible blood in your urine?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	bldufrq_1						bldudur_1					bldu4_1					blduhep_1		bldutrt_1	
u. Pain increasing when your bladder fills?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	pfillfrq_1						pfilldur_1					pfill4_1					pfillhep_1		pfilltrt_1	
*v. Pain relieved by urination?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	purinfrq_1						purindur_1					purin4_1					purinhep_1		purintrt_1	
w. Pain or discomfort in your lower back?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	pbackfrq_1						pbackdur_1					pback4_1					pbackhep_1		pbacktrt_1	
x. Pain or discomfort in your rectum?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	prectfrq_1						prectdur_1					prect4_1					precthep_1		precttrt_1	
y. IF FEMALE: Pain or discomfort at the entrance to the vagina?	1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	1	2
	pvagfrq_1						pvagdur_1					pvag4_1					pvaghep_1		pvagtrt_1	

K2.	i. Would you say...	ii. About how long have you had this experience? Would you say...	iii. In the past 4 weeks, how much has _____ been a problem for you? Would you say...	iv. Have you ever seen a healthcare provider for this symptom?	v. IF YES: Did you receive treatment?
Some people experience a strong urge or pressure to urinate that signals the need to urinate. In the <u>last 7 days</u> , how many times did you feel...	<b>I do not have the symptom</b> <b>Rarely</b> <b>A few times</b> <b>Fairly often</b> <b>Usually</b> <b>Almost always</b>	<b>&lt; 3 months</b> <b>3 - 6 months</b> <b>7 - 12 months</b> <b>1 - 5 years</b> <b>6+ years</b>	<b>No problem</b> <b>Very small</b> <b>Small</b> <b>Medium</b> <b>Big</b>	<b>Yes</b> <b>No</b>	<b>Sought and received</b> <b>Sought, but did not receive</b>
A strong urge or pressure that signaled the need to urinate immediately, whether or not you leaked urine?	1   2   3   4   5   6	1   2   3   4   5	1   2   3   4   5	1   2	1   2
	<b>urgea_1</b>	<b>urgeadur_1</b>	<b>urgea4_1</b>	<b>urgeahep_1</b>	<b>urgetrtr_1</b>

**FOR MALES**

K3a. Think about any pain or discomfort associated with your bladder and pelvic area. This include your genitals (penis, testicles, and perineum). On a scale of 0 – 10, with 0 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?

**painbladm\_1**

0	1	2	3	4	5	6	7	8	9	10
NO PAIN									PAIN AS BAD AS YOU CAN IMAGINE	

**FOR FEMALES**

K3b. Think about any pain or discomfort associated with your bladder and pelvic area. Include your genitals (vagina and perineum). On a scale of 0 – 10, with 0 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?

**painbladf\_1**

0	1	2	3	4	5	6	7	8	9	10
NO PAIN									PAIN AS BAD AS YOU CAN IMAGINE	



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? urinnt\_1 TIMES

a. In the last 7 days, how much has this been a problem for you? urinnt7dy\_1

- No problem ..... 1
- Very small problem..... 2
- Small problem ..... 3
- Medium problem..... 4
- Big problem..... 5

b. In your opinion, do you feel that you get up too often during the night to urinate? urioftnt\_1

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

The next set of questions asks about symptoms you may or may not have related to urine leakage or accidents with urination.

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? leakurin\_1

- YES ..... 1
- NO..... 2 (INTRO BEFORE K15)

a. In the last 12 months, how often did you experience urinary leakage (wet yourself)? leakfreq\_1

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

b. Does this leaking happen... leakwhen\_1

- After you finish urinating before you leave the toilet..... 1
- When you are not using the toilet at all ..... 2
- At both times (after urinating as well as when you are not using the toilet) ..... 3

K9. When you leak urine, about how much is it? Would you say: leakamt\_1

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

K10 a. Have you accidentally leaked urine when you were coughing, sneezing or performing some physical activity such as lifting or exercise? **leakphysac\_1**

YES.....1  
NO.....2 (K10b)

a1: How many times has this happened in the last 7 days?

**leak7dy1\_1**  
TIMES

a2. In the last 7 days, how much has this been a problem for you? **leak7dy2\_1**

No problem ..... 1  
Very small problem..... 2  
Small problem..... 3  
Medium problem..... 4  
Big problem..... 5

b. Have you accidentally leaked urine when you had the strong feeling that you needed to empty your bladder, but couldn't get to the toilet fast enough? **leakurgeac\_1**

YES.....1  
NO.....2 (K10c)

b1: How many times has this happened in the last 7 days?

**leakurge\_1**  
TIMES

b2. In the last 7 days, how much has this been a problem for you? **leakurge7\_1**

No problem ..... 1  
Very small problem..... 2  
Small problem..... 3  
Medium problem..... 4  
Big problem..... 5

c. Have you accidentally leaked urine without any particular physical activity or warning? **leaknowarn\_1**

YES.....1  
NO.....2 (K11)

c1. How many times has this happened in the last 7 days?

leaknowa\_1

TIMES

c2. In the last 7 days, how much has this been a problem for you?

leaknow7\_1

- No problem ..... 1
- Very small problem..... 2
- Small problem ..... 3
- Medium problem..... 4
- Big problem..... 5

K11. What type of protection do you use most often?

uiprot\_1

- None (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)

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

uipads\_1

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

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

leakdur\_1

- 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

K14. Have you ever seen a health care provider for your urine leakage?

leakhep\_1

- YES..... 1
- NO..... 2 (K14b)

K14a. Did you receive treatment?

leakheptrt\_1

- SOUGHT AND RECEIVED TREATMENT..... 1
- SOUGHT, BUT DID NOT RECEIVE TREATMENT..... 2

b. \*Are you currently [ITEM b1-b5] to help with your incontinence?

	YES	NO
*b1. Doing exercises to strengthen the muscles near the bladder? <span style="color: magenta;">uixerc_1</span>	1	2
*b2. Timing your urination (bladder training) <span style="color: magenta;">uitiming_1</span>	1	2
*b3. Taking a prescription medication <span style="color: magenta;">uimedrx_1</span>	1	2
b4. Using some other medical treatment (pessary, biofeedback, electric stimulation, acupuncture, homeopathy or herbs)? <span style="color: magenta;">uiohtx_1</span>	1	2
*b5. DOING NOTHING <span style="color: magenta;">uinotx_1</span>	1	2

The next questions refer to the experiences with urinary symptoms and pain/discomfort in your pubic or bladder area that we just discussed and how much it may affect different aspects of your life.

[SHOW RESPONSE CARD ‘K15’]

K15. \*How much do urinary symptoms, pain or discomfort in your pelvic or bladder area affect [ITEM]?

	Not at all	Slightly	Moderately	Greatly
*a. Your ability to do household chores, such as cooking, housecleaning, laundry, or yard work? <span style="color: magenta;">uiqol_1</span>	1	2	3	4
*b. Physical recreational activities, such as walking, swimming, or other exercise? <span style="color: magenta;">uiqol2_1</span>	1	2	3	4
*c. Entertainment activities such as going to a film or concert? <span style="color: magenta;">uiqol3_1</span>	1	2	3	4
d. Your ability to travel by car or bus for distances greater than 30 minutes away from home? <span style="color: magenta;">uiqol4_1</span>	1	2	3	4
e. Your participation in social activities outside your home? <span style="color: magenta;">uiqol5_1</span>	1	2	3	4
*f. Your emotional health? <span style="color: magenta;">uiqol6_1</span>	1	2	3	4

	Not at all	Slightly	Moderately	Greatly
K16. In addition, do urinary symptoms, pain or discomfort in your pelvic or bladder area cause you to experience frustration? Would you say... <span style="color: magenta;">uiqol7_1</span>	1	2	3	4

[TAKE BACK RESPONSE CARD 'K15']

K17. How much did you think about your urinary symptoms and/or pelvic pain during the last month?

- symthink\_1** None ..... 1  
Only a little ..... 2  
Some ..... 3  
A lot ..... 4

K18. If you were to spend the rest of your life with your urinary and/or pelvic pain condition the way it has been over the last month, how would you feel about that?

- lifecon\_1** Delighted ..... 1  
Pleased ..... 2  
Mostly satisfied ..... 3  
Mixed, about equally satisfied and dissatisfied ..... 4  
Mostly dissatisfied ..... 5  
Unhappy ..... 6  
Terrible ..... 7

K19. Which of the following statements best describes your bladder condition best at the moment?  
My bladder condition

- bladconow\_1** Does not cause me any problems at all ..... 1  
Causes me some very minor problems ..... 2  
Causes me some minor problems ..... 3  
Causes me (some) moderate problems ..... 4  
Causes me severe problems ..... 5  
Causes many severe problems ..... 6

**SECTION L: SOCIO-DEMOGRAPHIC INFORMATION**

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

L1. What is your current marital status?

- marital\_1**  
Married.....1  
Living with a partner.....2  
Divorced/separated .....3  
Widowed.....4  
Single, never married.....5  
OTHER .....99

L2. How many years of school have you completed altogether?

**educ\_1** YEARS

L3. What is the highest grade/degree you have completed?

- degrestat\_1**  
Less than 8<sup>th</sup> grade..... 1  
8<sup>th</sup> grade..... 2  
9<sup>th</sup> through 11<sup>th</sup> grade ..... 3  
High school diploma/GED ..... 4  
Technical training..... 5  
Associates degree ..... 6  
Bachelors degree ..... 7  
Masters degree..... 8  
Doctorate degree (e.g. MD, PhD, JD)..... 9

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

L4. Which of the following categories best describes your current work situation?

**workstat\_1**

- Working for pay ..... 1
- Unemployed and looking for work ..... 2 (L6)
- Temporarily laid off; On sick or other leave ..... 3 (L6)
- Disabled..... 4 (L6)
- Retired ..... 5 (L6)
- Homemaker ..... 6 (L6)
- Full-Time Student ..... 7 (L6)
- Other (INCLUDING VOLUNTEER) ..... 99

a. SPECIFY

**workspec\_1**

[TAKE BACK RESPONSE CARD 'L']

L5. Are you currently working 35 hours or more each week (full time) or less than 35 hours?

**fulltime\_1**

- 35 HRS OR MORE/WK .....1
- LESS THAN 35 HRS/WK.....2

L6. What is (was) your usual occupation? SPECIFY

**usoccup\_1**

L7. How many people, including yourself, are supported on your household's income?

**numpeop\_1**

# PEOPLE

L8. \*Are you having trouble paying for:

		YES	NO
<b>trtrans_1</b>	*a. Transportation	1	2
<b>trhous_1</b>	*b. Housing	1	2
<b>trhlth_1</b>	c. Health or medical care, medications	1	2
<b>trfood_1</b>	*d. Food	1	2

L9. [SHOW RESPONSE CARD ‘L9]

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.

income\_1

- Less than \$5,000 .....1
- \$5,000 - \$9,999 .....2
- \$10,000 - \$19,999 .....3
- \$20,000 - \$29,999 .....4
- \$30,000 - \$39,999 .....5
- \$40,000 - \$49,999 .....6
- \$50,000 - \$59,999 .....7
- \$60,000 - \$69,999 .....8
- \$70,000 - \$79,999 .....9
- \$80,000 - \$89,999 .....10
- \$90,000 - \$99,999 .....11
- \$100,000-\$109,999 .....12
- \$110,000-\$119,999 .....13
- \$120,000 or more .....14
- REFUSED..... -7
- DON’T KNOW ..... -8

**SECTION M: CONTACT INFORMATION**

In the event that we need to contact you at some point in the future, it would be helpful for us to verify your contact information.

PHONE NUMBER

M1. What is your home telephone number?

homephon\_1

\_\_\_\_\_

M2. What is your work telephone number?

workphone\_1

\_\_\_\_\_

M3. Do you have an email address where we could contact you?

email\_1

\_\_\_\_\_

M4. **IF MARRIED/PARTNERED:** What is your spouse/partner's first and last name?

fnameprt\_1

a. FIRST NAME:

\_\_\_\_\_

lnameprt\_1

b. LAST NAME:

\_\_\_\_\_

It would also be helpful to have the name and phone number of a contact person for you. This would be someone who does not live in your household but who would know how to contact you. We will only contact this person if we cannot contact you. This information, as with all of the other information that you have provided, would remain strictly confidential.

M5. What is the name of a reliable contact person for you? Can you spell the first and last name?

a. FIRST NAME:

fnamecon1\_1

b. LAST NAME:

lnamecon1\_1

c. What is (his/her) address?

c1. ADDRESS

addrcon1\_1

c2. CITY

citycon1\_1

c3. STATE

statecon1\_1

c4. ZIP

zipcon1\_1

d. What is (his/her) home and work phone numbers?

d1. HOME:

hphoncon1\_1

d2. WORK:

wphoncon1\_1

