Data Set Name: *f201.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	ETHNICITY	Num	8	X655F.	3.	F201: B1. Do you consider yourself to be Hispanic or Latino
2	RACE_WH	Num	8	X655F.	3.	F201: B2a. Race: White, Caucasian
3	RACE_BL	Num	8	X655F.	3.	F201: B2b. Race: Black, African American
4	RACE_AI	Num	8	X655F.	3.	F201: B2e. Race: American Indian or Alaskan Native
5	OCCUP_CODE	Num	8	X682F.	4.	F201: B5b. NAM-POWERS OCCUPATION CODE
6	SP_OCC_CODE	Num	8	X682F.	4.	F201: B6b. NAM-POWERS OCCUPATION CODE
7	WORK_HIST_2	Num	8	X655F.	3.	F201: B7. Have you ever worked?
8	OCCUP2_CODE	Num	8	X682F.	4.	F201: B7b. NAM-POWERS OCCUPATION CODE
9	HEALTH_INS	Num	8	X655F.	3.	F201: B8. Do you have health insurance
10	INS_DEDUCT	Num	8	X655F.	3.	F201: B9. Do you need to pay a deductible
11	DEDUCT_AMT	Num	8	X401F.	8.2	F201: B9a. What is the amount of the deductible
12	COPAY	Num	8	X655F.	3.	F201: B10. Do you have a copayment
13	CPAY_GENMED	Num	8	X401F.	7.2	F201: B10ai. Copayment for Generic Medication
14	CPAY_FORMED	Num	8	X401F.	7.2	F201: B10aii. Copayment for Brand Name Formulary Medication
15	CPAY_NONFOR	Num	8	X401F.	7.2	F201: B10aiii. Copayment for Brand Name Non-Formulary Medication
16	PRCNT_PAY	Num	8	X401F.	3.	F201: B11a. What percent do you pay
17	MESA_URG_1	Num	8	X405F.	3.	F201: C1. Urge symptoms: Little warning
18	MESA_URG_2	Num	8	X405F.	3.	F201: C2. Urge symptoms: Wetting self
19	MESA_URG_3	Num	8	X405F.	3.	F201: C3. Urge symptoms: Sudden bladder full
20	MESA_URG_4	Num	8	X405F.	3.	F201: C4. Urge symptoms: Washing hands
21	MESA_URG_5	Num	8	X405F.	3.	F201: C5. Urge symptoms: Cold weather
22	MESA_URG_6	Num	8	X405F.	3.	F201: C6. Urge symptoms: Drinking cold beverages
23	AGE_BEGAN	Num	8	X401F.	3.	F201: C7. How old were you when these problems began
24	LEAK_DUR	Num	8	X655F.	3.	F201: C8. Have you had these types of problems for 3 months or more
25	URGE_SCORE	Num	8	X401F.	3.	F201: C9. Urge Symptoms Score
26	URGE_INDEX	Num	8	X682F.	4.	F201: C10. Urge Index
27	MESA_STR_1	Num	8	X405F.	3.	F201: D1. Does coughing gently cause you to lose urine
28	MESA_STR_2	Num	8	X405F.	3.	F201: D2. Does coughing hard cause you to lose urine
29	MESA_STR_3	Num	8	X405F.	3.	F201: D3. Does sneezing cause you to lose urine
30	MESA_STR_4	Num	8	X405F.	3.	F201: D4. Does lifting things cause you to lose urine
31	MESA_STR_5	Num	8	X405F.	3.	F201: D5. Does bending cause you to lose urine
32	MESA_STR_6	Num	8	X405F.	3.	F201: D6. Does laughing cause you to lose urine
33	MESA_STR_7	Num	8	X405F.	3.	F201: D7. Does walking briskly or jogging cause you to lose urine
34	MESA_STR_8	Num	8	X405F.	3.	F201: D8. Does straining cause you to lose urine
35	MESA_STR_9	Num	8	X405F.	3.	F201: D9. Does getting up from sitting cause you to lose urine
36	STRESS_SCORE	Num	8	X682F.	3.	F201: D10. Stress symptoms score
37	STRESS_INDEX	Num	8	X682F.	4.	F201: D11. Stress Index

Num	Variable	Type	Len	Format	Informat	Label
38	PRE_URGE	Num	8	X655F.	3.	F201: D12. Do index scores indicate predominant urge incontinence
39	CONT_DAMP	Num	8	X655F.	3.	F201: D13. Do you continually leak urine
40	PHYS_LEAK	Num	8	X401F.	3.	F201: D14a. Leak urine when performing some physical activity
41	URGE_LEAK	Num	8	X401F.	3.	F201: D14b. Leak urine when you had the urge to empty your bladder
42	ABLE_PREG	Num	8	X655F.	3.	F201: E1. Are you physically able to become pregnant
43	CURR_PREG	Num	8	X655F.	3.	F201: E2. Are you currently pregnant
44	BIRTH_CTRL	Num	8	X655F.	3.	F201: E3. Do you agree to use medically accepted birth control
45	REC_PREG	Num	8	X655F.	3.	F201: E4. Have you been pregnant for 20 or more weeks
46	EVER_PREG	Num	8	X655F.	3.	F201: E5. Have you ever been pregnant
47	VAG_DEL_LB	Num	8	X682F.	3.	F201: E8ai. Weight of largest baby delivered vaginally: Lbs
48	VAG_DEL_OZ	Num	8	X682F.	3.	F201: E8aii. Weight of largest baby delivered vaginally: Oz
49	VAG_DEL_GM	Num	8	X682F.	5.	F201: E8b. Weight of largest baby delivered vaginally:gram
50	SCHEDULE	Num	8	X646F.	3.	F201: E9. Will the patient be available for the follow-up period?
51	STR_BM	Num	8	X655F.	3.	F201: F1. Do you have to strain to have bowel movements
52	OFT_STR_BM	Num	8	X514F.	3.	F201: F1a. How often do you have to strain to have bowel movements
53	GAS_LK	Num	8	X655F.	3.	F201: F2. Do you have leaking or loss of control of gas
54	OFT_GAS_LK	Num	8	X513F.	3.	F201: F2a. How often do you have leaking or loss of control of gas
55	LIQ_STOOL_LK	Num	8	X655F.	3.	F201: F3. Do you have leaking or loss of control of liquid stool
56	OFT_LIQ_LK	Num	8	X513F.	3.	F201: F3a. How often do you have leaking or loss of liquid stool
57	SOL_STOOL_LK	Num	8	X655F.	3.	F201: F4. Do you have leaking or loss of control of solid stool
58	OFT_SOLID_LK	Num	8	X513F.	3.	F201: F4a. How often do you have leaking or loss of solid stool
59	HIST_BEDWET	Num	8	X655F.	3.	F201: F5. Do you have a history of bedwetting as a child
60	FAM_BEDWET	Num	8	X655F.	3.	F201: F6. Does anyone in your family have a history of bedwetting
61	ALL_ELIG_SUM	Num	8	X655F.	3.	F201: G1. Does the patient meet all eligibility criteria?
62	hispanic	Num	8	HISPF.		Ethnicity
63	comp_days	Num	8			comp_days:Days since randomization
64	AID	Num	8			Subject ID
65	edu	Num	8	EDU.		F201: B3. What is the highest grade of school that you have completed?
66	marital	Num	8	MAR.		F201: B4. What is your current marital status
67	num_preg1	Num	8			Number of pregnancies
68	vag_del1	Num	8			Number of vaginal deliveries

Data Set Name: f202.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	WHEELCHAIR	Num	8	X655F.	3.	F202: B1. Do you consistently use a wheel chair to get around?
2	UT_CANCER	Num	8	X655F.	3.	F202: B2. Have you ever had bladder or pelvic cancer?
3	PELV_RAD	Num	8	X655F.	3.	F202: B3. Have you ever had pelvic radiation therapy?
4	CURR_CATH	Num	8	X655F.	3.	F202: B4. Do you currently use a catheter to empty your bladder?
5	URETH_DIV	Num	8	X655F.	3.	F202: B5. Do you have urethral diverticulum?
6	AUG_CST	Num	8	X655F.	3.	F202: B6. Have you ever had augmentation cystoplasty?
7	NERVE_STIM	Num	8	X655F.	3.	F202: B7. Have you ever received neuromodulation?
8	GAST_RET	Num	8	X655F.	3.	F202: B8. Have you been diagnosed with gastric retention?
9	PARK_DIS	Num	8	X655F.	3.	F202: B9. Do you have Parkinson's Disease?
10	MULT_SCL	Num	8	X655F.	3.	F202: B10. Do you have Multiple Sclerosis?
11	SPIN_BIF	Num	8	X655F.	3.	F202: B11. Do you have spina bifida?
12	SPIN_INJ	Num	8	X655F.	3.	F202: B12. Have you ever had a spinal cord injury?
13	SUM_ELIG	Num	8	X655F.	3.	F202: B13. Any "Yes" code to B1-B12?
14	DIABETES	Num	8	X655F.	3.	F202: B16. Do you have diabetes?
15	REC_PEL_SUR	Num	8	X655F.	3.	F202: C1. Have you had pelvic surgery in the past 12 months
16	ANY_SURG	Num	8	X655F.	3.	F202: C2. Have you ever had any other surgery
17	HYPERSEN	Num	8	X655F.	3.	F202: C5. Have you ever experienced hypersensitivity to Detrol
18	UI_TREAT	Num	8	X655F.	3.	F202: C6. Have you ever had any non-surgical treatment for UI
19	UI_2MOS	Num	8	X655F.	3.	F202: C8. Does patient report treatment of greater than 2 months
20	ALL_ELIG_SUM	Num	8	X655F.	3.	F202: D1. Eligibility
21	DESTATUS	Char	1	$1.	$1.	DESTATUS
22	REC_PEL_SURB	Num	8	X655F.	3.	F202: C1. Have you had pelvic surgery in the past 6 months?
23	ALL_ELI_SUMB	Num	8	X655F.	3.	F202: D1. Eligibility
24	ui_tx_surg	Num	8	YNCHECK.		Surgical tx for UI?
25	ui_tx_med	Num	8	YNCHECK.		Medical (non-surg) tx for UI?
26	ui_tx_beh	Num	8	YNCHECK.		Behavioral tx for UI?
27	ui_tx_alt	Num	8	YNCHECK.		Alternative tx for UI?
28	comp_days	Num	8			comp_days:Days since randomization
29	AID	Num	8			Subject ID
30	meno	Num	8	MENO.		F202: B17. Do you consider yourself to be pre/post menopausal?

Data Set Name: f203.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	INT_TYPE	Num	8	X507F.	3.	F203: A5. Interview type
2	CURR_PRESC	Num	8	X655F.	3.	F203: B1. Are you currently taking any prescribed medication?
3	DIUR_MEDS	Num	8	X655F.	3.	F203: B2f. Are there diuretic or anticholinergic meds to enter in B3?
4	DIURETIC	Num	8	X655F.	3.	F203: B4. Does patient report use of a diuretic?
5	ANTICHOL	Num	8	X655F.	3.	F203: B5. Does patient report use of an anticholinergic medication?
6	CHOL_AGONIST	Num	8	X655F.	3.	F203: B6. Does patient report use of a cholinergic agonist?
7	TRICYCLIC	Num	8	X655F.	3.	F203: B7. Does patient report use of a tricyclic antidepressant?
8	DULOXETINE	Num	8	X655F.	3.	F203: B8. Does patient report use of duloxetine?
9	NON_RX_MEDS	Num	8	X655F.	3.	F203: B9. Are you currently taking any non-prescription medications?
10	ALL_ELIG_SUM	Num	8	X655F.	3.	F203: B11. Does patient meet all eligibility criteria for this form?
11	comp_days	Num	8			comp_days:Days since randomization
12	AID	Num	8			Subject ID
13	diur_change1	Num	8	DIUR.		F203 B4a. Does patient report any change in dose

Data Set Name: f204.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	HEIGHT	Num	8	X401F.	3.	F204: B1. Height
2	WEIGHT	Num	8	X401F.	4.	F204: B2. Weight
3	SYSTOLIC	Num	8	X401F.	4.	F204: B3. Systolic BP
4	DIASTOLIC	Num	8	X401F.	4.	F204: B4. Diastolic BP
5	PERI_SENS	Num	8	X542F.	3.	F204: C2. Perineal Sensation
6	ANAL_SPHINC	Num	8	X542F.	3.	F204: C3. Anal Sphincter Voluntary Contractions
7	FEC_IMPACT	Num	8	X655F.	3.	F204: C8. Was there evidence of fecal impaction on rectal examination
8	PC_PRES	Num	8	X536F.	3.	F204: D1. Pressure
9	PC_DUR	Num	8	X401F.	5.1	F204: D2. Duration
10	PC_DIS	Num	8	X539F.	3.	F204: D3. Displacement of vertical plane
11	PC_ELIG	Num	8	X655F.	3.	F204: D4. Is the woman eligible to continue with the screening
12	POPQ_AA	Num	8		6.1	F204: E1. Aa anterior wall 3cm from external urethral meatus
13	POPQ_BA	Num	8		6.1	F204: E2. Ba most dependent part of anterior wall
14	POPQ_C	Num	8		6.1	F204: E3. C cervix or vaginal cuff
15	POPQ_D	Num	8		6.1	F204: E4. D posterior fornix (if no prior hyst)
16	POPQ_AP	Num	8		6.1	F204: E5. Ap posterior wall 3cm from hymen
17	POPQ_BP	Num	8		6.1	F204: E6. Bp most dependent part of posterior wall
18	POPQ_GH	Num	8		6.1	F204: E7. GH genital hiatus
19	POPQ_PB	Num	8		6.1	F204: E8. PB perineal body
20	POPQ_TVL	Num	8		6.1	F204: E9. TVL total vaginal length
21	PVR	Num	8	X401F.	4.	F204: F1. Post void residual
22	HEMATURIA	Num	8	X655F.	3.	F204: G1. Does urinalysis show evidence of hematuria
23	UTI	Num	8	X655F.	3.	F204: H1. Is patient currently being treated for a UTI
24	DIABETES	Num	8	X655F.	3.	F204: I1. Uncontrolled or poorly controlled diabetes
25	CHF	Num	8	X655F.	3.	F204: I2. Decompensated congestive heart failure
26	GLAUCOMA	Num	8	X655F.	3.	F204: I3. Glaucoma without clearance from ophthalmologist
27	OTH_MED_COND	Num	8	X655F.	3.	F204: I4. Any other uncontrolled medical condition
28	PELV_RAD	Num	8	X655F.	3.	F204: I6. History of pelvic radiation therapy
29	CATHETER	Num	8	X655F.	3.	F204: I7. Current use of a catheter to empty the bladder
30	URETH_DIV	Num	8	X655F.	3.	F204: I8. Urethral diverticulum, current or previous
31	CYSTOPLASTY	Num	8	X655F.	3.	F204: I9. Prior augmentation cystoplasty
32	GAS_RETEN	Num	8	X655F.	3.	F204: I10. Gastric retention
33	REC_PEL_SUR	Num	8	X655F.	3.	F204: I11. Any incontinence surgery within the past 12 months
34	REC_PREG	Num	8	X655F.	3.	F204: I12. Current or recent pregnancy
35	SYS_DISEASE	Num	8	X655F.	3.	F204: I13. Systemic disease known to affect bladder function
36	NON_AMB	Num	8	X655F.	3.	F204: I14. Is the patient non-ambulatory

Num	Variable	Type	Len	Format	Informat	Label
37	OTH_SYMP	Num	8	X655F.	3.	F204: I15. Are there any other conditions or symptoms
38	HIST_ELIG	Num	8	X655F.	3.	F204: I16. Is patient eligible to participate
39	HIST_MD_ID	Num	8	X401F.	3.	F204: I17. Is the form signed by UITN MD
40	ALL_ELIG_SUM	Num	8	X655F.	3.	F204: J1. Does patient meet all eligibility criteria?
41	wt_lbs	Num	8			Weight (lbs)
42	ht_in	Num	8			Height (in)
43	bmi	Num	8			BMI (kg/m^2)
44	bmi_30	Num	8	YNF.		BMI > 30?
45	leadprol	Num	8			
46	AID	Num	8			Subject ID
47	REC_PEL_SR	Num	8			
48	stagecat	Num	8	STAGE.		reclassify stage
49	rect_exam_dys	Num	8			F204: C9. Date rectal EXAM_D exam completed Days since randomization
50	rect_abst_dys	Num	8			F204: C11. Date abstract completed,Days since randomization
51	neur_c_dys	Num	8			F204: C4. Date exam completed,Days since randomization
52	neur_a_dys	Num	8			F204: C6. Date abstract completed,Days since randomization
53	pc_comp_dys	Num	8			F204: D5. Date PC assessment completed Days since randomization
54	pc_abst_dys	Num	8			F204: D7. Date abstract completed,Days since randomization
55	popq_c_dys	Num	8			F204: E10. Date POP-Q completed,Days since randomization
56	popq_a_dys	Num	8			F204: E12. Date abstract completed,Days since randomization
57	uti_assess_dys	Num	8			Days since randomization
58	md_sign_dys	Num	8			F204: I18. Date of assessment,Days since randomization
59	elig_comp_dys	Num	8			F204:J2.Date eligibility COMP_D determination completed since randomization
60	elig_dys	Num	8			F204:J2.Date eligibility COMP_D determination completed since randomization
61	EAR_COMP_dys	Num	8			F204:J4.Earliest completion date D_B of any measure on this form since randomization
62	pvr_dys	Num	8			F204:F2.Date PVR measured,Days since randomization
63	urinalysis_dys	Num	8			F204:G2.Date urinalysis completed since randomization
64	brink	Num	8			Brink's PCG strength total score

Data Set Name: f205.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	VISIT	Char	4	$4.	$4.	F205: A2. Visit #
2	URIN_PAIN	Num	8	X655F.	3.	F205: B1. pain or burning with urination?
3	EMPT_BLAD	Num	8	X655F.	3.	F205: B3. difficulty emptying your bladder?
4	URIN_STR	Num	8	X655F.	3.	F205: B4. difficulty starting your urine stream?
5	SKIN_RASH	Num	8	X655F.	3.	F205: B5. skin rash?
6	NAUSEA	Num	8	X655F.	3.	F205: B6. nausea?
7	HEARTBURN	Num	8	X655F.	3.	F205: B7. heartburn?
8	DIZZINESS	Num	8	X655F.	3.	F205: B8. dizziness?
9	CONFUSION	Num	8	X655F.	3.	F205: B9. confusion or difficulty thinking clearly?
10	SORE_THRT	Num	8	X655F.	3.	F205: B10. sore throat?
11	DRY_MOUTH	Num	8	X655F.	3.	F205: B11. dry mouth?
12	BLUR_VIS	Num	8	X655F.	3.	F205: B12. blurred vision?
13	ABD_PAIN	Num	8	X655F.	3.	F205: B13. abdominal pain?
14	CONSTIPAT	Num	8	X655F.	3.	F205: B14. constipation?
15	DIARRHEA	Num	8	X655F.	3.	F205: B15. diarrhea?
16	PELV_SORE	Num	8	X655F.	3.	F205: B16. pelvic muscle sore?
17	INSOMNIA	Num	8	X655F.	3.	F205: B17. insomnia?
18	DROWSY	Num	8	X655F.	3.	F205: B19. drowsiness?
19	HEADACHE	Num	8	X655F.	3.	F205: B20. headache?
20	comp_days	Num	8			comp_days:Days since randomization
21	AID	Num	8			Subject ID
22	happen	Num	8	VAR.		F205: C1. trouble remembering things that happened recently?
23	belong	Num	8	VAR.		F205: C2. worse at remembering where belongings are kept?
24	CONVER	Num	8	VAR.		F205: C3. trouble recalling conversations a few days later?
25	appoint	Num	8	VAR.		F205: C4. trouble remembering appointments and social arrangements?

Data Set Name: f205_fu.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	$4.	$4.	F205: A2. Visit #
3	URIN_PAIN	Num	8	X655F.	3.	F205: B1. pain or burning with urination?
4	URIN_BLOOD	Num	8	X655F.	3.	F205: B2. blood in your urine that you can see?
5	EMPT_BLAD	Num	8	X655F.	3.	F205: B3. difficulty emptying your bladder?
6	URIN_STR	Num	8	X655F.	3.	F205: B4. difficulty starting your urine stream?
7	SKIN_RASH	Num	8	X655F.	3.	F205: B5. skin rash?
8	NAUSEA	Num	8	X655F.	3.	F205: B6. nausea?
9	HEARTBURN	Num	8	X655F.	3.	F205: B7. heartburn?
10	DIZZINESS	Num	8	X655F.	3.	F205: B8. dizziness?
11	CONFUSION	Num	8	X655F.	3.	F205: B9. confusion or difficulty thinking clearly?
12	SORE_THRT	Num	8	X655F.	3.	F205: B10. sore throat?
13	DRY_MOUTH	Num	8	X655F.	3.	F205: B11. dry mouth?
14	BLUR_VIS	Num	8	X655F.	3.	F205: B12. blurred vision?
15	ABD_PAIN	Num	8	X655F.	3.	F205: B13. abdominal pain?
16	CONSTIPAT	Num	8	X655F.	3.	F205: B14. constipation?
17	DIARRHEA	Num	8	X655F.	3.	F205: B15. diarrhea?
18	PELV_SORE	Num	8	X655F.	3.	F205: B16. pelvic muscle sore?
19	INSOMNIA	Num	8	X655F.	3.	F205: B17. insomnia?
20	FEVER	Num	8	X655F.	3.	F205: B18. fever?
21	DROWSY	Num	8	X655F.	3.	F205: B19. drowsiness?
22	HEADACHE	Num	8	X655F.	3.	F205: B20. headache?
23	comp_days	Num	8			comp_days:Days since randomization
24	happen	Num	8	VAR.		F205: C1. trouble remembering things that happened recently?
25	belong	Num	8	VAR.		F205: C2. worse at remembering where belongings are kept?
26	CONVER	Num	8	VAR.		F205: C3. trouble recalling conversations a few days later?
27	appoint	Num	8	VAR.		F205: C4. trouble remembering appointments and social arrangements?

Data Set Name: f206.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	REPEAT_DIARY	Num	8	X655F.	3.	F206: A7. Is this a repeat diary
2	VALIDITY	Num	8	X639F.	3.	F206: B1. Is this Diary valid or invalid
3	INVALID_D	Num	8	X511F.	3.	F206: B2. Why is the Diary invalid
4	IN_DI_24	Num	8	X655F.	3.	F206: B3a. Less than 24 hours
5	IN_DI_ILL	Num	8	X655F.	3.	F206: B3b. Illegible entries for accidents
6	IN_DI_CRED	Num	8	X655F.	3.	F206: B3c. Some accident entries not credible / not in real time
7	IN_DI_ACC	Num	8	X655F.	3.	F206: B3d. Patient reported some accidents not recorded
8	IN_DI_URE	Num	8	X655F.	3.	F206: B3e. Patient wearing a urethral occlusion pad
9	IN_DI_OTH	Num	8	X655F.	3.	F206: B3f. Some other reason
10	REPEAT_ELIG	Num	8	X668F.	3.	F206: B4. Will the patient repeat the diary
11	VALID_DAYS	Num	8	X679F.	3.	F206: C2. How many valid Diary days will you be recording
12	INVALID_DAYS	Num	8	X655F.	3.	F206: C3. Were any Diary days invalid
13	IN_DAY_24	Num	8	X655F.	3.	F206: C4a. Less than 24 hours
14	IN_DAY_ILL	Num	8	X655F.	3.	F206: C4b. Illegible entries for accidents
15	IN_DAY_CRED	Num	8	X655F.	3.	F206: C4c. Some accident entries not credible / not in real time
16	IN_DAY_ACC	Num	8	X655F.	3.	F206: C4d. Patient reported some accidents not recorded
17	IN_DAY_URE	Num	8	X655F.	3.	F206: C4e. Patient wearing a urethral occlusion pad
18	IN_DAY_OTH	Num	8	X655F.	3.	F206: C4f. Some other reason
19	tot_vol1	Num	8			total volume of intake on day 1
20	tot_vol2	Num	8			total volume of intake on day 2
21	avg_vol	Num	8			
22	URGE_TOTAL	Num	8	X401F.	4.	F20H: E1. Urge Accidents
23	STRESS_TOTAL	Num	8	X401F.	3.	F20H: E2. Stress Accidents
24	OTHER_TOTAL	Num	8	X401F.	3.	F20H: E3. Other Type Accidents
25	MISS_TOTAL	Num	8	X401F.	3.	F20H: E4. Missing Accidents
26	DIARY_TOTALS	Num	8	X401F.	4.	F20H: E5. Total # Accidents
27	TOT_ACC_7	Num	8	X655F.	3.	F20H: E6. Is E5 greater than or equal to 7?
28	BD_PROTOCOL	Num	8	X655F.	3.	F20H: E7. Was the Bladder Diary completed per protocol?
29	PRO_DEV_TYPE	Num	8	X564F.	3.	F20H: E7a. Was it a...
30	ALL_ELIG_SUM	Num	8	X655F.	3.	F20H: E9. Is the patient eligible to continue?
31	DAY1_URGENCY	Num	8	X655F.	3.	F20A: D1bb. Did the patient rate her urgency today
32	DAY1_TOTAL	Num	8	X401F.	3.	F20A: D1ev. Total all accidents
33	void_cnt1	Num	8			Total events labeled Void on diary day 1
34	both_cnt1	Num	8			Total events labeled Both on diary day 1
35	acc_cnt1	Num	8			Total events labeled Accident on diary day 1
36	calcavg1	Num	8	YNF.		indicator variable for urgency rated on day 1

Num	Variable	Type	Len	Format	Informat	Label
37	avgurg1	Num	8			avg urgency rating for day 1
38	pctsev1	Num	8			
39	DAY2_URGENCY	Num	8	X655F.	3.	F20B: D1bb. Did the patient rate her urgency today
40	DAY2_TOTAL	Num	8	X401F.	3.	F20B: D1ev. Total all accidents
41	void_cnt2	Num	8			Total events labeled Void on diary day 2
42	both_cnt2	Num	8			Total events labeled Both on diary day 2
43	acc_cnt2	Num	8			Total events labeled Accident on diary day 2
44	calcavg2	Num	8	YNF.		indicator variable for urgency rated on day 2
45	DAY3_URGENCY	Num	8	X655F.	3.	F20C: D1bb. Did the patient rate her urgency today
46	DAY3_TOTAL	Num	8	X401F.	3.	F20C: D1ev. Total all accidents
47	void_cnt3	Num	8			Total events labeled Void on diary day 3
48	both_cnt3	Num	8			Total events labeled Both on diary day 3
49	acc_cnt3	Num	8			Total events labeled Accident on diary day 3
50	calcavg3	Num	8	YNF.		indicator variable for urgency rated on day 3
51	DAY4_URGENCY	Num	8	X655F.	3.	F20D: D1bb. Did the patient rate her urgency today
52	DAY4_TOTAL	Num	8	X401F.	3.	F20D: D1ev. Total all accidents
53	void_cnt4	Num	8			Total events labeled Void on diary day 4
54	both_cnt4	Num	8			Total events labeled Both on diary day 4
55	acc_cnt4	Num	8			Total events labeled Accident on diary day 4
56	calcavg4	Num	8	YNF.		indicator variable for urgency rated on day 4
57	DAY5_URGENCY	Num	8	X655F.	3.	F20E: D1bb. Did the patient rate her urgency today
58	DAY5_TOTAL	Num	8	X401F.	3.	F20E: D1ev. Total all accidents
59	void_cnt5	Num	8			Total events labeled Void on diary day 5
60	acc_cnt5	Num	8			Total events labeled Accident on diary day 5
61	both_cnt5	Num	8			Total events labeled Both on diary day 5
62	calcavg5	Num	8	YNF.		indicator variable for urgency rated on day 5
63	DAY6_URGENCY	Num	8	X655F.	3.	F20F: D1bb. Did the patient rate her urgency today
64	DAY6_TOTAL	Num	8	X401F.	3.	F20F: D1ev. Total all accidents
65	void_cnt6	Num	8			Total events labeled Void on diary day 6
66	acc_cnt6	Num	8			Total events labeled Accident on diary day 6
67	both_cnt6	Num	8			Total events labeled Both on diary day 6
68	calcavg6	Num	8	YNF.		indicator variable for urgency rated on day 6
69	DAY7_URGENCY	Num	8	X655F.	3.	F20G: D1bb. Did the patient rate her urgency today
70	DAY7_TOTAL	Num	8	X401F.	3.	F20G: D1ev. Total all accidents
71	void_cnt7	Num	8			Total events labeled Void on diary day 7
72	acc_cnt7	Num	8			Total events labeled Accident on diary day 7
73	both_cnt7	Num	8			Total events labeled Both on diary day 7
74	calcavg7	Num	8	YNF.		indicator variable for urgency rated on day 7
75	avgurg7	Num	8			avg urgency rating for day 7

Num	Variable	Type	Len	Format	Informat	Label
76	pctsev7	Num	8			
77	acc_sum	Num	8			Total events labeled Accident per diary
78	both_sum	Num	8			Total events labeled Both per diary
79	void_sum	Num	8			Total events labeled Void per diary
80	check_acc	Num	8			
81	acc_daily	Num	8			Number accidents per day
82	void_daily	Num	8			Number voids per day
83	calcavg	Num	8			number of days urgency rated
84	twodayurg	Num	8			Average urgency ratings (usually) across days 1 and 7
85	twoday17	Num	8	YNF.		average urgency rated on days 1 and 7 (Y/N)
86	DAY1_IO	Num	8	X655F.	3.	F20A: D1ba. Did the patient track output today?
87	DAY1_WAKE_AM	Num	8	X430F.	3.	F20A: D1dib. Time: am pm
88	DAY1_BED_AM	Num	8	X430F.	3.	F20A: D1diib. Bed time: am pm
89	DAY1_PADS	Num	8	X401F.	3.	F20A: D1diii. Pads used
90	DAY1_DIAPERS	Num	8	X401F.	3.	F20A: D1div. Diapers used
91	DAY1_UACC	Num	8	X401F.	3.	F20A: D1ei. Urge accidents
92	DAY1_SACC	Num	8	X401F.	3.	F20A: D1eii. Stress accidents
93	DAY1_OTHACC	Num	8	X401F.	3.	F20A: D1eiii. Other type accidents
94	DAY1_MISSACC	Num	8	X401F.	3.	F20A: D1eiv. Missing accidents
95	tot_void1	Num	8			total amount voided on diary day 1
96	DAY2_IO	Num	8	X655F.	3.	F20B: D1ba. Did the patient track output today?
97	DAY2_WAKE_AM	Num	8	X430F.	3.	F20B: D1dib. Time: am pm
98	DAY2_BED_AM	Num	8	X430F.	3.	F20B: D1diib. Bed time: am pm
99	DAY2_PADS	Num	8	X401F.	3.	F20B: D1diii. Pads used
100	DAY2_DIAPERS	Num	8	X401F.	3.	F20B: D1div. Diapers used
101	DAY2_UACC	Num	8	X401F.	3.	F20B: D1ei. Urge accidents
102	DAY2_SACC	Num	8	X401F.	3.	F20B: D1eii. Stress accidents
103	DAY2_OTHACC	Num	8	X401F.	3.	F20B: D1eiii. Other type accidents
104	DAY2_MISSACC	Num	8	X401F.	3.	F20B: D1eiv. Missing accidents
105	tot_void2	Num	8			total amount voided on diary day 2
106	max_void1	Num	8			maximum bladder volume voided on day 1
107	max_void2	Num	8			maximum bladder volume voided on day 2
108	min_void1	Num	8			minimum bladder volume voided on day 1
109	min_void2	Num	8			minimum bladder volume voided on day 2
110	avg_void	Num	8			average of total amount voided on diary days 1 and 2
111	max_void	Num	8			maximum bladder volume voided per day (averaged across days 1 and 2)
112	min_void	Num	8			minimum bladder volume voided per day (averaged across days 1 and 2)
113	meanvolpervoid1	Num	8			mean volume per void on diary day 1
114	meanvolpervoid2	Num	8			mean volume per void on diary day 2

Num	Variable	Type	Len	Format	Informat	Label
115	avg_volpervoid	Num	8			average of mean volume per void on diary days 1 and 2
116	tot_volml1	Num	8			
117	tot_volL1	Num	8			
118	tot_volml2	Num	8			
119	tot_volL2	Num	8			
120	voidsperlintake_day1	Num	8			void_cnt1/tot_volL1 - voids per L intake on day 1
121	voidsperlintake_day2	Num	8			void_cnt2/tot_volL2 - voids per L intake on day 2
122	comp_days	Num	8			F206:A3.comp_days:Days since randomization
123	AID	Num	8			Subject ID
124	DISTRIB_days	Num	8			F206:A5.Date Pad Distribution: Days since randomization
125	f_val_days	Num	8			F206: C1a.first valid day: Days since randomization
126	l_val_days	Num	8			F206: C1b. last valid day: Days since randomization
127	first_intake_days	Num	8			F206: C5. Diary Day1: Days since randomization
128	sec_intake_days	Num	8			F206: C6.Diary Day1: Days since randomization
129	VALDIARY1_Days	Num	8			F20A D1. first valid Diary Day: Days since randomization
130	VALDIARY2_Days	Num	8			F20B D1.second valid Diary Day:: Days since randomization

Data Set Name: f207.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	INT_MODE	Num	8	X601F.	3.	F207: A5. Mode
3	HEALTH	Num	8	X490F.	3.	F207: B1. In general, would you say your health is:
4	MOD_ACT	Num	8	X650F.	3.	F207: B2. Health now limit you in moderate activities:
5	CLIMB_STAIRS	Num	8	X650F.	3.	F207: B3. Health now limit you in climbing several flights of stairs:
6	PHY_LESS	Num	8	X655F.	3.	F207: B4. Physical health accomplished less:
7	PHY_LIMIT	Num	8	X655F.	3.	F207: B5. Physical health limited kind of work:
8	EMOT_LESS	Num	8	X655F.	3.	F207: B6. Emotional problems accomplished less:
9	EMOT_LIMIT	Num	8	X655F.	3.	F207: B7. Emotional problems didn't do activities as carefully:
10	PAIN_INTRF	Num	8	X550F.	3.	F207: B8. How much did pain interfere with normal work
11	FEEL_CALM	Num	8	X445F.	3.	F207: B9. Past 4 weeks have you felt calm and peaceful?
12	FEEL_ENERGY	Num	8	X445F.	3.	F207: B10. Past 4 weeks did you have a lot of energy?
13	FEEL_BLUE	Num	8	X445F.	3.	F207: B11. Past 4 weeks have you felt downhearted and blue?
14	SOC_INTRF	Num	8	X446F.	3.	F207: B12. Physical or emotional problems interfered with social life?
15	FREQ_URINE	Num	8	X655F.	3.	F207: C1. Currently experience frequent urination?
16	FREQ_URINE_A	Num	8	X412F.	3.	F207: C1a. frequent urination: how bothersome?
17	URGENCY	Num	8	X655F.	3.	F207: C2. Currently experience urgency to empty your bladder?
18	URGENCY_A	Num	8	X412F.	3.	F207: C2a. urgency: how bothersome?
19	URGE_LEAK	Num	8	X655F.	3.	F207: C3. Currently experience urine leakage related to urgency?
20	URGE_LEAK_A	Num	8	X412F.	3.	F207: C3a. leakage related to urgency: how bothersome?
21	ACTV_LEAK	Num	8	X655F.	3.	F207: C4. Currently experience leakage related to physical activity?
22	ACTV_LEAK_A	Num	8	X412F.	3.	F207: C4a. leakage related to physical activity: how bothersome?
23	GEN_LEAK	Num	8	X655F.	3.	F207: C5. Currently experience general urine leakage?
24	GEN_LEAK_A	Num	8	X412F.	3.	F207: C5a. general leakage: how bothersome?
25	SMALL_LEAK	Num	8	X655F.	3.	F207: C6. Currently experience small amounts of leakage?
26	SMALL_LEAK_A	Num	8	X412F.	3.	F207: C6a. small amount of leakage: how bothersome?
27	LARGE_LEAK	Num	8	X655F.	3.	F207: C7. Currently experience large amounts of leakage?
28	LARGE_LEAK_A	Num	8	X412F.	3.	F207: C7a. large amount of leakage: how bothersome?
29	NITE_LEAK	Num	8	X655F.	3.	F207: C8. Currently experience nighttime urination?
30	NITE_LEAK_A	Num	8	X412F.	3.	F207: C8a. nighttime urination: how bothersome?
31	BED_WET	Num	8	X655F.	3.	F207: C9. Currently experience bedwetting?
32	BED_WET_A	Num	8	X412F.	3.	F207: C9a. bedwetting: how bothersome?
33	DIFF_EMPTY	Num	8	X655F.	3.	F207: C10. Currently experience difficulty emptying your bladder?
34	DIFF_EMPT_A	Num	8	X412F.	3.	F207: C10a. difficulty emptying your bladder: how bothersome?
35	INCOM_BLAD	Num	8	X655F.	3.	F207: C11. Currently experience feeling incomplete bladder emptying?
36	INCOM_BLAD_A	Num	8	X412F.	3.	F207: C11a. feeling incomplete bladder emptying: how bothersome?

Num	Variable	Type	Len	Format	Informat	Label
37	ABD_PRESS	Num	8	X655F.	3.	F207: C12. Currently experience lower abdominal pressure?
38	ABD_PRESS_A	Num	8	X412F.	3.	F207: C12a. lower abdominal pressure: how bothersome?
39	PAIN_URIN	Num	8	X655F.	3.	F207: C13. Currently experience pain when urinating?
40	PAIN_URIN_A	Num	8	X412F.	3.	F207: C13a. pain when urinating: how bothersome?
41	ABD_PAIN	Num	8	X655F.	3.	F207: C14. Currently experience pain in lower abdomen?
42	ABD_PAIN_A	Num	8	X412F.	3.	F207: C14a. pain in lower abdomen: how bothersome?
43	DULL_PELVIC	Num	8	X655F.	3.	F207: C15. Currently experience heaviness or dullness in pelvic area?
44	DULL_PELV_A	Num	8	X412F.	3.	F207: C15a. heaviness or dullness in pelvic area: how bothersome?
45	PROT_FEEL	Num	8	X655F.	3.	F207: C16. Currently experience feeling a protrusion in vaginal area?
46	PROT_FEEL_A	Num	8	X412F.	3.	F207: C16a. feeling a protrusion in vaginal area: how bothersome?
47	PROT_SEE	Num	8	X655F.	3.	F207: C17. Currently experience seeing a protrusion in vaginal area?
48	PROT_SEE_A	Num	8	X412F.	3.	F207: C17a. seeing a protrusion in vaginal area: how bothersome?
49	PELV_DIS	Num	8	X655F.	3.	F207: C18. Currently experience pelvic discomfort?
50	PELV_DIS_A	Num	8	X412F.	3.	F207: C18a. pelvic discomfort: how bothersome?
51	PUSH_BLAD	Num	8	X655F.	3.	F207: C19. Push on vagina or perineum to empty bladder?
52	PUSH_BLAD_A	Num	8	X412F.	3.	F207: C19a. push on perineum to empty bladder: how bothersome?
53	PUSH_BOWEL	Num	8	X655F.	3.	F207: C20. Push on vagina or perineum to have bowel movement?
54	PUSH_BOWEL_A	Num	8	X412F.	3.	F207: C20a. push on perineum for bowel movement: how bothersome?
55	OTH_SYMP	Num	8	X655F.	3.	F207: C21. Do you experience any other symptoms related to urine loss?
56	CHORES	Num	8	X415F.	3.	F207: C23. Prolapse affected ability to do household chores?
57	REPAIR	Num	8	X415F.	3.	F207: C24. Prolapse affected ability to do usual repair work in home?
58	SHOPPING	Num	8	X415F.	3.	F207: C25. Prolapse affected shopping activities?
59	HOBBIES	Num	8	X415F.	3.	F207: C26. Prolapse affected hobbies and pastime activities?
60	PHYS_ACT	Num	8	X415F.	3.	F207: C27. Prolapse affected physical recreational activities?
61	ENTER_ACT	Num	8	X415F.	3.	F207: C28. Prolapse affected entertainment activities?
62	TRAV_LESS_20	Num	8	X415F.	3.	F207: C29. Prolapse affected ability to travel by car less than 20 min?
63	TRAV_GRT_20	Num	8	X415F.	3.	F207: C30. Prolapse affected ability to travel by car more than 20 min?
64	GOING_PLACE	Num	8	X415F.	3.	F207: C31. Prolapse affected going to places without restrooms?
65	VACATION	Num	8	X415F.	3.	F207: C32. Prolapse affected going on vacation?
66	CHURCH	Num	8	X415F.	3.	F207: C33. Prolapse affected church or temple attendence?
67	VOL_ACT	Num	8	X415F.	3.	F207: C34. Prolapse affected volunteer activitites?
68	WORK_OUT	Num	8	X415F.	3.	F207: C35. Prolapse affected employment outside the home?
69	VISIT_FRNDS	Num	8	X415F.	3.	F207: C36. Prolapse affected having friend visit you in your home?
70	SOC_ACT	Num	8	X415F.	3.	F207: C37. Prolapse affected participation in social activities?
71	FRIENDS	Num	8	X415F.	3.	F207: C38. Prolapse affected relationships with friends?
72	FAMILY	Num	8	X415F.	3.	F207: C39. Prolapse affected relationships with family?
73	HAVE_SEX	Num	8	X415F.	3.	F207: C40. Prolapse affected ability to have sexual relations?
74	WAY_DRESS	Num	8	X415F.	3.	F207: C41. Prolapse affected the way you dress?
75	EMO_HEALTH	Num	8	X415F.	3.	F207: C42. Prolapse affected emotional health?

Num	Variable	Type	Len	Format	Informat	Label
76	PHYS_HEALTH	Num	8	X415F.	3.	F207: C43. Prolapse affected physical health?
77	SLEEP	Num	8	X415F.	3.	F207: C44. Prolapse affected sleep?
78	ODOR_RTRCT	Num	8	X415F.	3.	F207: C45. How much does fear of odor restrict your activities?
79	EMBAR_RTRCT	Num	8	X415F.	3.	F207: C46. How much does fear of embarrassment restrict activities?
80	NERVOUS	Num	8	X415F.	3.	F207: C47. Prolapse cause you nervousness or anxiety?
81	FEAR	Num	8	X415F.	3.	F207: C48. Prolapse cause you fear?
82	FRUSTRATION	Num	8	X415F.	3.	F207: C49. Prolapse cause you frustration?
83	ANGER	Num	8	X415F.	3.	F207: C50. Prolapse cause you anger?
84	DEPRESS	Num	8	X415F.	3.	F207: C51. Prolapse cause you depression?
85	EMBARRASS	Num	8	X415F.	3.	F207: C52. Prolapse cause you ebarrassment?
86	LINERS	Num	8	X401F.	3.	F207: D1. Pantyliners or minipads
87	MAXIPADS	Num	8	X401F.	3.	F207: D2. Maxipads such as Kotex or Modess
88	INCONT_PADS	Num	8	X401F.	3.	F207: D3. Incontinence Pads such as Serenity or Poise
89	DIAPERS	Num	8	X401F.	3.	F207: D4. Diapers such as Depends or Attends
90	URETH_PADS	Num	8	X401F.	3.	F207: D5. Urethral pads such as Impress or Femassist
91	TOILET_PAP	Num	8	X401F.	3.	F207: D6. Toilet paper - number of changes
92	PAP_TOWEL	Num	8	X401F.	3.	F207: D7. Paper towels - number of sheets
93	OTHER_PROD	Num	8	X401F.	3.	F207: D8. Other
94	LAUNDRY	Num	8	X408F.	3.	F207: D9. How many loads of wash because of urine leakage?
95	DC_PANTS	Num	8	X408F.	3.	F207: D10. Dry clean pants because of urine leakage
96	DC_SKIRT	Num	8	X408F.	3.	F207: D11. Dry clean skirt because of urine leakage
97	DC_DRESS	Num	8	X409F.	3.	F207: D12. Dry clean dress because of urine leakage
98	DC_SUIT	Num	8	X409F.	3.	F207: D13. Dry clean suit because of urine leakage
99	DC_OTHER	Num	8	X409F.	3.	F207: D14. Dry clean other because of urine leakage
100	LIMIT_EMPLOY	Num	8	X655F.	3.	F207: D15. Did leakage of urine limit your years of employment?
101	AGE_STOP	Num	8	X401F.	3.	F207: D15a. How old were you when you stopped employment?
102	SALARY_STOP	Num	8	X401F.	9.2	F207: D15b. What was your yearly salary when you stopped working?
103	SEE_NEWS	Num	8	X438F.	3.	F207: E1. See well enough to read ordinary newsprint?
104	SEE_FRIEND	Num	8	X438F.	3.	F207: E2. See well enough to recognize friend across street?
105	HEAR_GROUP	Num	8	X435F.	3.	F207: E3. Hear what was said in group conversation?
106	HEAR_QUIET	Num	8	X435F.	3.	F207: E4. Hear what was said in conversation with one other person?
107	UNDER_STRANG	Num	8	X432F.	3.	F207: E5. Understood when speaking your own language with strangers?
108	UNDER_FRIEND	Num	8	X432F.	3.	F207: E6. Understood when speaking your own language with friends?
109	FEELING_1	Num	8	X505F.	3.	F207: E7. Feeling during the past week?
110	DISCOMFORT_1	Num	8	X495F.	3.	F207: E8. Pain and discomfort experienced during past week?
111	WALK	Num	8	X441F.	3.	F207: E9. Ability to walk during past week?
112	HANDS_FINGER	Num	8	X499F.	3.	F207: E10. Ability to use your hands and fingers during the past week?
113	REMEMBER	Num	8	X436F.	3.	F207: E11. Ability to remember things during the past week?
114	THINK_SOLVE	Num	8	X439F.	3.	F207: E12. Ability to think and solve problems during the past week?

Num	Variable	Type	Len	Format	Informat	Label
115	BASIC_ACT	Num	8	X485F.	3.	F207: E13. Ability to perform basic activities during the past week?
116	FEELING_2	Num	8	X502F.	3.	F207: E14. Which one best describes how you have been feeling?
117	DISCOMFORT_2	Num	8	X497F.	3.	F207: E15. Which one best describes pain or discomfort you experienced?
118	HEALTH_RATE	Num	8	X491F.	3.	F207: E16. How would you rate your health during the past week?
119	COMPLETION	Num	8	X456F.	3.	F207: E17. How did you complete the questionnaire?
120	WHO_COMP	Num	8	X556F.	3.	F207: E17a. Who completed questionnaire?
121	LEAK_QUART	Num	8	X417F.	3.	F207: F1. How much would you pay to reduce urine leakage by 25%?
122	LEAK_HALF	Num	8	X417F.	3.	F207: F2. How much would you pay to reduce urine leakage by 50%?
123	LEAK_3_QUART	Num	8	X417F.	3.	F207: F3. How much would you pay to reduce urine leakage by 75%
124	NO_LEAK	Num	8	X417F.	3.	F207: F4. How much would you pay to cure urine leakage entirely?
125	URIN_QUART	Num	8	X417F.	3.	F207: F5. How much would you pay to reduce need to urinate by 25%?
126	URIN_HALF	Num	8	X417F.	3.	F207: F6. How much would you pay to reduce need to urinate by 50%?
127	PERS_INCOME	Num	8	X403F.	3.	F207: F7. Which best represents your total personal income?
128	HH_INCOME	Num	8	X403F.	3.	F207: F8. Which best represents your total household income?
129	distr_dys	Num	8			F207:A3.Date form Distribution: Days since randomization
130	start_dys	Num	8			F207: A6. date your are starting to fill out this survey:Days since randomization

Num	Variable	Type	Len	Format	Informat	Label
37	start_days	Num	8			F208: A7. date your are starting to fill out this survey--Days since randomization
38	AID	Num	8			Subject ID

Num	Variable	Type	Len	Format	Informat	Label
37	start_days	Num	8			F208: A7. date your are starting to fill out this survey--Days since randomization

Data Set Name: f211.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	INTV_BOTHER	Num	8	X655F.	3.	F211: B2. Were any interventions initiated for bothersome "yes"
3	AVG_LEAKS	Num	8	X401F.	4.	F211: C1. Average # of leaks per week
4	AVG_VOIDS	Num	8	X401F.	4.	F211: C2. Average # of voids per day
5	AVG_OUTPUT	Num	8	X401F.	4.	F211: C3. Average urine output per day
6	OUNCES_70	Num	8	X655F.	3.	F211: C3a. On average, does patient void >70oz / 24 hours
7	ASSIGNMENT	Num	8	X481F.	3.	F211: C4. What is the patient's treatment group assignment
8	IDENTIFY_PFM	Num	8	COMPL.	3.	F211: D1. Did patient successfully identify pelvic floor muscles
9	CONSEC_PFM	Num	8	X655F.	3.	F211: D2. Did she perform 5 consecutive contractions
10	MIN_CONTRACT	Num	8	X655F.	3.	F211: D3. Was she able to minimize Valsalva and excessive contraction
11	FLUID_MANAGE	Num	8	X660F.	3.	F211: D4. Was Fluid Management counseling initiated
12	VISIT_DUR	Num	8	X401F.	4.	F211: D5. How long did the visit last
13	FORMSTAT_ID	Num	8	7.	7.	FORMSTAT_ID
14	DESTATUS	Char	1	$1.	$1.	DESTATUS
15	visit_dys	Num	8			F211: A3. Date Visit Completed: days from Randomization
16	comp_dys	Num	8			F211: A5. Form completed: days from Randomization
17	num_4mgcat	Num	8	CAT.		F211: B1. Record the number of Detrol LA 4mg capsules dispensed run

Data Set Name: *f216.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VALIDITY	Num	8	X639F.	3.	F216: B2. Were any Diary days invalid
3	IN_DI_24	Num	8	X655F.	3.	F216: B3a. Less than 24 hours
4	IN_DI_ILL	Num	8	X655F.	3.	F216: B3b. Illegible entries for accidents
5	IN_DI_CRED	Num	8	X655F.	3.	F216: B3c. Some accident entries not credible / not in real time
6	IN_DI_ACC	Num	8	X655F.	3.	F216: B3d. Patient reported some accidents not recorded
7	IN_DI_URE	Num	8	X655F.	3.	F216: B3e. Patient wearing a urethral occlusion pad
8	IN_DI_OTH	Num	8	X655F.	3.	F216: B3f. Some other reason
9	VALID_DAYS	Num	8	X422F.	3.	F216: B4. How many valid Diary days will you be recording
10	tot_vol1	Num	8			total volume of intake on day 1
11	tot_vol2	Num	8			total volume of intake on day 2
12	avg_vol	Num	8			F216 average volume of intake
13	URGE_TOTAL	Num	8	X682F.	3.	F21H: E1. Urge Accidents
14	STRESS_TOTAL	Num	8	X682F.	3.	F21H: E2. Stress Accidents
15	OTHER_TOTAL	Num	8	X682F.	3.	F21H: E3. Other Type Accidents
16	MISS_TOTAL	Num	8	X401F.	3.	F21H: E4. Missing Accidents
17	DIARY_TOTALS	Num	8	X682F.	4.	F21H: E5. Total # Accidents
18	BD_PROTOCOL	Num	8	X655F.	3.	F21H: E6. Was the Bladder Diary completed per protocol
19	PRO_DEV_TYPE	Num	8	X564F.	3.	F21H: E6a. Was it a...
20	INVALID_D	Num	8	X510F.	3.	F21H: E7a. Why is the diary invalid
21	UTI	Num	8	X657F.	3.	F21H: E9. Did the patient have a UTI?
22	DAY1_URGENCY	Num	8	X655F.	3.	F21A: D1bb. Did the patient rate her urgency today
23	DAY1_TOTAL	Num	8	X682F.	3.	F21A: D1ev. Total all accidents
24	void_cnt1	Num	8			Total events labeled Void on diary day 1
25	acc_cnt1	Num	8			Total events labeled Accident on diary day 1
26	both_cnt1	Num	8			Total events labeled Both on diary day 1
27	calcavg1	Num	8	YNF.		indicator variable for urgency rated on day 1
28	avgurg1	Num	8			avg urgency rating for day 1
29	pctsev1	Num	8			
30	DAY2_URGENCY	Num	8	X655F.	3.	F21B: D2bb. Did the patient rate her urgency today
31	DAY2_TOTAL	Num	8	X401F.	3.	F21B: D2ev. Total all accidents
32	void_cnt2	Num	8			Total events labeled Void on diary day 2
33	both_cnt2	Num	8			Total events labeled Both on diary day 2
34	acc_cnt2	Num	8			Total events labeled Accident on diary day 2
35	calcavg2	Num	8	YNF.		indicator variable for urgency rated on day 2
36	avgurg2	Num	8			avg urgency rating for day 2

Num	Variable	Type	Len	Format	Informat	Label
37	DAY3_URGENCY	Num	8	X655F.	3.	F21C: D3bb. Did the patient rate her urgency today
38	DAY3_TOTAL	Num	8	X401F.	3.	F21C: D3ev. Total all accidents
39	void_cnt3	Num	8			Total events labeled Void on diary day 3
40	acc_cnt3	Num	8			Total events labeled Accident on diary day 3
41	both_cnt3	Num	8			Total events labeled Both on diary day 3
42	calcavg3	Num	8	YNF.		indicator variable for urgency rated on day 3
43	DAY4_URGENCY	Num	8	X655F.	3.	F21D: D4bb. Did the patient rate her urgency today
44	DAY4_TOTAL	Num	8	X401F.	3.	F21D: D4ev. Total all accidents
45	void_cnt4	Num	8			Total events labeled Void on diary day 4
46	both_cnt4	Num	8			Total events labeled Both on diary day 4
47	acc_cnt4	Num	8			Total events labeled Accident on diary day 4
48	calcavg4	Num	8	YNF.		indicator variable for urgency rated on day 4
49	DAY5_URGENCY	Num	8	X655F.	3.	F21E: D5bb. Did the patient rate her urgency today
50	DAY5_TOTAL	Num	8	X401F.	3.	F21E: D5ev. Total all accidents
51	void_cnt5	Num	8			Total events labeled Void on diary day 5
52	both_cnt5	Num	8			Total events labeled Both on diary day 5
53	acc_cnt5	Num	8			Total events labeled Accident on diary day 5
54	calcavg5	Num	8	YNF.		indicator variable for urgency rated on day 5
55	avgurg5	Num	8			avg urgency rating for day 5
56	DAY6_URGENCY	Num	8	X655F.	3.	F21F: D6bb. Did the patient rate her urgency today
57	DAY6_TOTAL	Num	8	X401F.	3.	F21F: D6ev. Total all accidents
58	void_cnt6	Num	8			Total events labeled Void on diary day 6
59	both_cnt6	Num	8			Total events labeled Both on diary day 6
60	acc_cnt6	Num	8			Total events labeled Accident on diary day 6
61	calcavg6	Num	8	YNF.		indicator variable for urgency rated on day 6
62	avgurg6	Num	8			avg urgency rating for day 6
63	DAY7_URGENCY	Num	8	X655F.	3.	F21G: D7bb. Did the patient rate her urgency today
64	DAY7_TOTAL	Num	8	X401F.	3.	F21G: D7ev. Total all accidents
65	void_cnt7	Num	8			Total events labeled Void on diary day 7
66	both_cnt7	Num	8			Total events labeled Both on diary day 7
67	acc_cnt7	Num	8			Total events labeled Accident on diary day 7
68	calcavg7	Num	8	YNF.		indicator variable for urgency rated on day 7
69	avgurg7	Num	8			avg urgency rating for day 7
70	pctsev7	Num	8			
71	acc_sum	Num	8			Total events labeled Accident per diary
72	both_sum	Num	8			Total events labeled Both per diary
73	void_sum	Num	8			Total events labeled Void per diary
74	acc_daily	Num	8			Number accidents per day
75	void_daily	Num	8			Number voids per day

Num	Variable	Type	Len	Format	Informat	Label
76	calcavg	Num	8			number of days urgency rated
77	twodayurg	Num	8			Average urgency ratings (usually) across days 1 and 7
78	twoday17	Num	8	YNF.		average urgency rated on days 1 and 7 (Y/N)
79	DAY1_IO	Num	8	X655F.	3.	F21A: D1ba. Did the patient track output today?
80	DAY1_WAKE	Char	5	$5.	$5.	F21A: D1dia. Wake time
81	DAY1_WAKE_AM	Num	8	X430F.	3.	F21A: D1dib. Wake Time: am pm
82	DAY1_BED	Char	5	$5.	$5.	F21A: D1diia. Bed time
83	DAY1_BED_AM	Num	8	X430F.	3.	F21A: D1diib. Bed time: am pm
84	DAY1_PADS	Num	8	X682F.	3.	F21A: D1diii. Pads used
85	DAY1_DIAPERS	Num	8	X682F.	3.	F21A: D1div. Diapers used
86	DAY1_UACC	Num	8	X682F.	3.	F21A: D1ei. Urge accidents
87	DAY1_SACC	Num	8	X682F.	3.	F21A: D1eii. Stress accidents
88	DAY1_OTHACC	Num	8	X682F.	3.	F21A: D1eiii. Other type accidents
89	DAY1_MISSACC	Num	8	X401F.	3.	F21A: D1eiv. Missing accidents
90	DAY1_DETROL	Num	8	X655F.	3.	F21A: D1f. Did patient take Detrol this day?
91	tot_void1	Num	8			total amount voided on diary day 1
92	DAY2_IO	Num	8	X655F.	3.	F21B: D2ba. Did the patient track output today?
93	DAY2_WAKE	Char	5	$5.	$5.	F21B: D2dia. Wake time
94	DAY2_WAKE_AM	Num	8	X430F.	3.	F21B: D2dib. Wake Time: am pm
95	DAY2_BED	Char	5	$5.	$5.	F21B: D2diia. Bed time
96	DAY2_BED_AM	Num	8	X430F.	3.	F21B: D2diib. Bed time: am pm
97	DAY2_PADS	Num	8	X401F.	3.	F21B: D2diii. Pads used
98	DAY2_DIAPERS	Num	8	X401F.	3.	F21B: D2div. Diapers used
99	DAY2_UACC	Num	8	X401F.	3.	F21B: D2ei. Urge accidents
100	DAY2_SACC	Num	8	X401F.	3.	F21B: D2eii. Stress accidents
101	DAY2_OTHACC	Num	8	X401F.	3.	F21B: D2eiii. Other type accidents
102	DAY2_MISSACC	Num	8	X401F.	3.	F21B: D2eiv. Missing accidents
103	DAY2_DETROL	Num	8	X655F.	3.	F21B: D1f. Did patient take Detrol this day?
104	tot_void2	Num	8			total amount voided on diary day 2
105	max_void1	Num	8			maximum bladder volume voided on day 1
106	max_void2	Num	8			maximum bladder volume voided on day 2
107	min_void1	Num	8			minimum bladder volume voided on day 1
108	min_void2	Num	8			minimum bladder volume voided on day 2
109	avg_void	Num	8			average of total amount voided on diary days 1 and 2
110	max_void	Num	8			maximum bladder volume voided per day (averaged across days 1 and 2)
111	min_void	Num	8			minimum bladder volume voided per day (averaged across days 1 and 2)
112	meanvolpervoid1	Num	8			mean volume per void on diary day 1
113	meanvolpervoid2	Num	8			mean volume per void on diary day 2
114	avg_volpervoid	Num	8			average of mean volume per void on diary days 1 and 2

Num	Variable	Type	Len	Format	Informat	Label
115	voidsperlintake_day1	Num	8			void_cnt1/tot_volL1 - voids per L intake on day 1
116	voidsperlintake_day2	Num	8			void_cnt2/tot_volL2 - voids per L intake on day 2
117	comp_dys	Num	8			F216: A3. Days Form Completed from Randomization
118	distrib_dys	Num	8			F216: A5. Days Diary Distributed from Randomization
119	f_val_dys	Num	8			F216: B1a. First valid day (days from Randomization)
120	l_val_dys	Num	8			F216: B1b. Last valid day (days from Randomization)
121	first_intake_dys	Num	8			F216: C1. First valid day (days from Randomization)
122	sec_intake_dys	Num	8			F216: C2. Second valid day (days from Randomization)
123	valdiary1_dys	Num	8			F21A: D1. First Valid Diary (days from Randomization)
124	valdiary2_dys	Num	8			F21B: D2. Second Valid Diary (days from Randomization)

Data Set Name: f218.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	INT_MODE	Num	8	X601F.	3.	F218: A5. Mode
3	EXP_B_COND	Num	8	X504F.	3.	F218: B1. Do you expect your condition
4	EXP_B_IMPROV	Num	8	X482F.	3.	F218: B1a. Do you expect your condition will be
5	LONG_IMPROVE	Num	8	X443F.	3.	F218: B2. How long to improve your condition
6	FIN_IMPROVE	Num	8	X558F.	3.	F218: B3. Improvement will last
7	PART_BURDEN	Num	8	X545F.	3.	F218: B4. Participation a burden
8	PROB_URGE	Num	8	X655F.	3.	F218: C1. Numbers of time leak
9	IMP_URGE	Num	8	X548F.	3.	F218: C1a. Numbers of time leak: Importance
10	PROB_COUGH	Num	8	X655F.	3.	F218: C2. Leak when cough
11	IMP_COUGH	Num	8	X548F.	3.	F218: C2a. Leak when cough: Importance
12	PROB_NO_CONT	Num	8	X655F.	3.	F218: C3. Feeling I don't have control
13	IMP_NO_CONT	Num	8	X548F.	3.	F218: C3a. Feeling I don't have control: Importance
14	PROB_B_ROOM	Num	8	X655F.	3.	F218: C4. Number of times I go to bathroom
15	IMP_B_ROOM	Num	8	X548F.	3.	F218: C4a. Number of times I go to bathroom: Importance
16	PROB_WORRY	Num	8	X655F.	3.	F218: C5. Go out of house without worrying
17	IMP_WORRY	Num	8	X548F.	3.	F218: C5a. Go out of house without worrying: Importance
18	PROB_INTENSE	Num	8	X655F.	3.	F218: C6. Intensity of the urgency
19	IMP_INTENSE	Num	8	X548F.	3.	F218: C6a. Intensity of the urgency: Importance
20	PROB_SEX	Num	8	X655F.	3.	F218: C7. My sexual relationship with partner
21	IMP_SEX	Num	8	X548F.	3.	F218: C7a. My sexual relationship with partner: Importance
22	PROB_MYSELF	Num	8	X655F.	3.	F218: C8. How I feel about myself as a person
23	IMP_MYSELF	Num	8	X548F.	3.	F218: C8a. How I feel about myself as a person: Importance
24	PROB_PADS	Num	8	X655F.	3.	F218: C9. The number of pads I use each day
25	IMP_PADS	Num	8	X548F.	3.	F218: C9a. The number of pads I use each day: Importance
26	PROB_WAKE	Num	8	X655F.	3.	F218: C10. Number of times I wake up
27	IMP_WAKE	Num	8	X548F.	3.	F218: C10a. Number of times I wake up: Importance
28	BEHAVE	Num	8	X624F.	3.	F218: D1. It is my own behavior
29	URINE_LEAK	Num	8	X624F.	3.	F218: D2. What will be, will be
30	DOCTOR	Num	8	X624F.	3.	F218: D3. If I see doctor regularly, less likely
31	CHANCE	Num	8	X624F.	3.	F218: D4. Happen by chance
32	LEAK_WORSE	Num	8	X624F.	3.	F218: D5. When urine leakage worsens, I should consult professional
33	RESPONS_LEAK	Num	8	X624F.	3.	F218: D6. I am directly responsible
34	OTH_PEOPLE	Num	8	X624F.	3.	F218: D7. Other people play a big role
35	OWN_FAULT	Num	8	X624F.	3.	F218: D8. Whatever goes wrong is my own fault
36	LUCK	Num	8	X624F.	3.	F218: D9. Luck plays a big role

Num	Variable	Type	Len	Format	Informat	Label
37	RIGHT_HAPPEN	Num	8	X624F.	3.	F218: D10. Up to other people to see right things happen
38	FORTUNE	Num	8	X624F.	3.	F218: D11. Largely a matter of good fortune
39	MYSELF	Num	8	X624F.	3.	F218: D12. Main thing is what I myself do
40	CREDIT	Num	8	X624F.	3.	F218: D13. I deserve credit
41	ORDERS_DOC	Num	8	X624F.	3.	F218: D14. Following doctor's orders is the best way
42	FATE	Num	8	X624F.	3.	F218: D15. It's a matter of fate
43	LUCK_BETTER	Num	8	X624F.	3.	F218: D16. If I am lucky, urine leakage will get better
44	WORSE_CARE	Num	8	X624F.	3.	F218: D17. If worse, I have not been taking proper care of myself
45	IMPROVE_HELP	Num	8	X624F.	3.	F218: D18. Type of help I receive from other people determines
46	distr_dys	Num	8			F218: A3.Date form Distribution: Days since randomization
47	start_dys	Num	8			F218: A6. date your are starting to fill out this survey: Days since randomization

Data Set Name: *f222.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	NEED_MEDS	Num	8	X655F.	3.	F222: B1. Does the patient report taking any "Need To Know" drugs
3	NUM_4MG	Num	8	X401F.	3.	F222: B2. Record the # of 4mg capsules taken since Visit 1
4	REMAIN_4MG	Num	8	X401F.	3.	F222: B2c. # Remaining
5	RECOVER_4MG	Num	8	X401F.	3.	F222: B2d. # Recovered
6	DISPENSE_4MG	Num	8	X401F.	3.	F222: B2e. # Dispensed
7	SAME_TIME	Num	8	X655F.	3.	F222: B4. Did patient take Detrol at the same time most days
8	INTV_BOTHER	Num	8	X655F.	3.	F222: B5. Were any interventions initiated for bothersome symptoms
9	AVG_LEAKS	Num	8	X401F.	4.	F222: C1. Average # of leaks per week
10	AVG_VOIDS	Num	8	X401F.	4.	F222: C2. Average # of voids per 24 hour period
11	ASSIGNMENT	Num	8	X480F.	3.	F222: C3. What is the patient's training group assignment
12	CONSEC_PFM	Num	8	X655F.	3.	F222: D1. Did patient perform 5 consecutive pfm contractions
13	MIN_CONTRACT	Num	8	X655F.	3.	F222: D2. Was she able to minimize Valsalva
14	BLADD_TRAIN	Num	8	X660F.	3.	F222: D3. Was Bladder Training initiated
15	STRESS_TRAIN	Num	8	X660F.	3.	F222: D4. Was Stress Strategy Training initiated
16	VISIT_DUR	Num	8	X401F.	4.	F222: D5. How long did the visit last
17	VISIT_BETW	Num	8	X401F.	4.	F222: D6. Record the number of minutes spent between visits
18	FORMSTAT_ID	Num	8	7.	7.	FORMSTAT_ID
19	DESTATUS	Char	1	$1.	$1.	DESTATUS
20	NUM_2MG_B	Num	8	X401F.	3.	F222: B3. Record the # of 2mg capsules taken since Visit 1
21	visit_dys	Num	8			F222: A3. Date Visit Completed: days from Randomization
22	comp_dys	Num	8			F222: A5. Form completed: days from Randomization
23	START_4MG_dys	Num	8			F222: B2a. Start Date: days from Randomization
24	STOP_4MG_dys	Num	8			F222: B2b. Stop Date: days from Randomization

Data Set Name: f233.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	$4.	$4.	F233: A2. Visit #
3	NUM_4MG	Num	8	X401F.	3.	F233: B2. Detrol LA 4mg
4	REMAIN_4MG	Num	8	X401F.	3.	F233: B2c. Detrol LA 4mg: Remaining
5	RECOVER_4MG	Num	8	X401F.	3.	F233: B2d. Detrol LA 4mg: Recovered
6	DISPENSE_4MG	Num	8	X401F.	3.	F233: B2e. Detrol LA 4mg: Dispensed
7	NUM_2MG	Num	8	X401F.	3.	F233: B3. Detrol LA 2mg
8	REMAIN_2MG	Num	8	X401F.	3.	F233: B3c. Detrol LA 2mg: Remaining
9	RECOVER_2MG	Num	8	X401F.	3.	F233: B3d. Detrol LA 2mg: Recovered
10	DISPENSE_2MG	Num	8	X401F.	3.	F233: B3e. Detrol LA 2mg: Dispensed
11	SAME_TIME	Num	8	X655F.	3.	F233: B4. Did the patient take Detrol at the same time most days.
12	INTV_BOTHER	Num	8	X655F.	3.	F233: B5. Were any interventions initiated?
13	AVG_LEAKS	Num	8	X401F.	4.	F233: C1. Average # of leaks per week
14	AVG_VOIDS	Num	8	X401F.	4.	F233: C2. Average # of voids per 24 hour
15	ASSIGNMENT	Num	8	X481F.	3.	F233: C3. What is the patient's treatment group assignment
16	CONSEC_PFM	Num	8	X655F.	3.	F233: D1. Did the patient perform 5 consecutive contractions
17	MIN_CONTRACT	Num	8	X655F.	3.	F233: D2. Was she able to minimize Valsalva
18	URGE_SUPP	Num	8	X655F.	3.	F233: D3. Did the patient report she used the urge suppression
19	SUPP_WORK	Num	8	X655F.	3.	F233: D3a. Did she report it worked for her
20	URGE_AVOID	Num	8	X655F.	3.	F233: D4. Did the patient report she used urge avoidance strategy
21	AVOID_WORK	Num	8	X655F.	3.	F233: D4a. Did she report it worked for her?
22	STRESS_STRAT	Num	8	X670F.	3.	F233: D5. Did the patient report she used stress strategy
23	DELAY_VOID	Num	8	X669F.	3.	F233: D6. Did the patient report she was able to delay voiding?
24	VISIT_DUR	Num	8	X401F.	4.	F233: D7. How long did the visit last
25	VISIT_BETW	Num	8	X401F.	4.	F233: D8. Record the number of minutes spent between visits
26	FORMSTAT_ID	Num	8	7.	7.	FORMSTAT_ID
27	DESTATUS	Char	1	$1.	$1.	DESTATUS
28	NUM_2MG_B	Num	8	X401F.	3.	F233: B3. Detrol LA 2mg
29	NUM_4MG_B	Num	8	X401F.	3.	F233: B2. Detrol LA 4mg
30	URGE_AVOID_B	Num	8	X671F.	3.	F233: D4. Did the patient report she used urge avoidance strategy
31	visit_dys	Num	8			F233: A3. Date Visit Completed: days from Randomization
32	comp_dys	Num	8			F233: A5. Form completed: days from Randomization
33	START_4MG_dys	Num	8			F233: B2a. Start Date: days from Randomization
34	STOP_4MG_dys	Num	8			F233: B2b. Stop Date: days from Randomization
35	START_2MG_dys	Num	8			F233: B3a. Start Date: days from Randomization
36	STOP_2MG_dys	Num	8			F233: B3b. Stop Date: days from Randomization

Data Set Name: f244.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	INTERM_VISIT	Num	8	X655F.	3.	F244: B1. Did you complete any interim intervention visits
3	INTV_SYMP	Num	8	X655F.	3.	F244: B6. Since last visit, have you initiated interventions
4	VISIT_BETW	Num	8	X401F.	4.	F244: B8. How many minutes did you spend with patient
5	NUM_4MG	Num	8	X401F.	3.	F244: C1. Record the # of 4mg capsules taken since last Visit
6	REMAIN_4MG	Num	8	X401F.	3.	F244: C1c. # Remaining
7	RECOVER_4MG	Num	8	X401F.	3.	F244: C1d. # Recovered
8	VS05_UTI	Num	8	X655F.	3.	F244: C3. Does patient report UTI during completion of Visit 5
9	FORMSTAT_ID	Num	8	7.	7.	FORMSTAT_ID
10	DESTATUS	Char	1	$1.	$1.	DESTATUS
11	num_2mgcat	Num	8	CC.		F244: C2. Record the # of 2mg capsules taken since last Visit
12	VS05_dys	Num	8			F244: C4. Date of Visit 5: days from Randomization
13	BTW_STRT_4MG_dys	Num	8			F244: B3a. Start Date: days from Randomization
14	BTW_STOP_4MG_dys	Num	8			F244: B3b. Stop Date: days from Randomization
15	BTW_STRT_2MG_dys	Num	8			F244: B4a. Start Date: days from Randomization
16	BTW_STOP_2MG_dys	Num	8			F244: B4b. Stop Date: days from Randomization
17	LAST_INTV_dys	Num	8			F244: B9. Date of last intervention contact: days from Randomization
18	STOP_4MG_dys	Num	8			F244: C1b. Stop Date: days from Randomization
19	STOP_2MG_dys	Num	8			F244: C2b. Stop Date: days from Randomization
20	SEC_B_comp_dys	Num	8			F244: B10. Date Section B Completed: days from Randomization
21	SEC_C_comp_dys	Num	8			F244: C5. Date Section C Completed: days from Randomization

Data Set Name: f255.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	$4.	$4.	F255: A2. Visit
3	INT_MODE	Num	8	X599F.	3.	F255: A5. Mode
4	PAST_WEEK	Num	8	X489F.	3.	F255: B1. In the past week, I did my pelvic floor muscle exercises...
5	TYP_DAY	Num	8	X444F.	3.	F255: B2. On a typical day in this past week, I did...
6	EX_TIME	Num	8	X674F.	3.	F255: C1. Was it hard to find the time to do all the exercises
7	UNSURE	Num	8	X674F.	3.	F255: C2. Were you unsure if you were doing the exercises correctly
8	PAIN	Num	8	X674F.	3.	F255: C3. Did the exercises cause you any pain
9	REMEMBER	Num	8	X674F.	3.	F255: C4. Did you have trouble remembering the exercises
10	HELPING	Num	8	X674F.	3.	F255: C5. Did it seem as if exercises were not helping incontinence
11	NOT_CONTINUE	Num	8	X674F.	3.	F255: C6. Were you so much better that you didn't need to continue
12	IMPORTANT	Num	8	X674F.	3.	F255: C7. Did it seem that taking the medication was more important
13	OTH_REAS	Num	8	X674F.	3.	F255: C8. Are there any other reasons you did not do the exercises
14	CONDITION	Num	8	X479F.	3.	F255: A2a. What is the patient's condition assignment?
15	medical	Num	8	YNFF.		other illness or surgery that prevented exercise
16	family	Num	8	YNFF.		when taking care of family or family illness or death that prevented exercise
17	other	Num	8	YNFF.		other illness or surgery that prevented exercise
18	tired	Num	8	YNFF.		tired that prevented exercise
19	stress	Num	8	YNFF.		life stress that prevented exercise
20	travel	Num	8	YNFF.		traveling or vaction interfered with exercise
21	like	Num	8	YNFF.		
22	distrib_dys	Num	8			F255: A3. Distributed: days from Randomization
23	return_dys	Num	8			F255: A6. Returned: days from Randomization
24	comp_dys	Num	8			F255: C9. questionnaire completed: days from Randomization

Data Set Name: f256.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	$4.	$4.	F256: A2. Visit
3	INT_MODE	Num	8	X599F.	3.	F256: A5. Mode
4	PAST_WEEK	Num	8	X489F.	3.	F256: B1. In the past week, I did my pelvic floor muscle exercises...
5	TYP_DAY	Num	8	X521F.	3.	F256: B2. On a typical day in this past week, I did...
6	EX_TIME	Num	8	X674F.	3.	F256: C1. Was it hard to find the time to do all the exercises
7	UNSURE	Num	8	X674F.	3.	F256: C2. Were you unsure if you were doing the exercises correctly
8	PAIN	Num	8	X674F.	3.	F256: C3. Did the exercises cause you any pain
9	REMEMBER	Num	8	X674F.	3.	F256: C4. Did you have trouble remembering the exercises
10	HELPING	Num	8	X674F.	3.	F256: C5. Did it seem as if exercises were not helping incontinence
11	NOT_CONTINUE	Num	8	X674F.	3.	F256: C6. Were you so much better that you didn't need to continue
12	OTH_REAS	Num	8	X674F.	3.	F256: C7. Are there any other reasons you did not do the exercises
13	CONDITION	Num	8	X479F.	3.	F256: A2a. What is the patient's condition assignment?
14	medical	Num	8	YNFF.		other illness or surgery that prevented exercise
15	family	Num	8	YNFF.		when taking care of family or family illness or death that prevented exercise
16	other	Num	8	YNFF.		other illness or surgery that prevented exercise
17	tired	Num	8	YNFF.		tired that prevented exercise
18	like	Num	8	YNFF.		I do not like/want to
19	travel	Num	8	YNFF.		traveling or vaction interfered with exercise
20	distrib_dys	Num	8			F256: A3. Distributed: days from Randomization
21	return_dys	Num	8			F256: A6. Returned: days from Randomization
22	comp_dys	Num	8			F256: C8. questionnaire completed: days from Randomization

Data Set Name: f261.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	$4.	$4.	F261: A2. Visit #
3	NEW_URGE	Num	8	X655F.	3.	F261: B1. Did patient receive any newly initiated treatment
4	comp_dys	Num	8			F261: A3. form completed: days from Randomization
5	new_urge_dys	Num	8			F261: Date of the first new Urge UI treatment: days from Randomization

Data Set Name: f262.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	visit	Char	4	$4.	$4.	F262: A2. Visit
3	comp_dys	Num	8			F262: A3. form completed: days from Randomization
4	STRESS_TRT	Num	8	X655F.	3.	F262: B1. Has patient received any treatment for stress UI since rand
5	STRESS_TRT_dys	Num	8			F262: Earliest treatment for stress UI since randomization: days from Randomization

Data Set Name: f263.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	$4.	$4.	F263: A2. Visit #
3	INT_TYPE	Num	8	X507F.	3.	F263: A5. Interview type
4	RX_DIS	Num	8	X655F.	3.	F263: B2a. Are there any prescription discontinuations since last audit
5	RX_ADD	Num	8	X655F.	3.	F263: B2b. Are there any prescription additions since last audit
6	DIU_ADD	Num	8	X655F.	3.	F263: B3b. Are there any prescription (Diur) additions since last audit
7	DIURETIC	Num	8	X655F.	3.	F263: B4. Does patient report use of a diuretic
8	NORX_ADD	Num	8	X655F.	3.	F263: B9b. Are there any non-prescription additions since last audit
9	FORMSTAT_ID	Num	8	7.	7.	FORMSTAT_ID
10	DESTATUS	Char	1	$1.	$1.	DESTATUS
11	comp_dys	Num	8			F263: A3. form completed: days from Randomization
12	problem_drug	Num	8			F263: "Yes" to B5(antichol), OR B7(tricyclic), OR B8(duloxetine)

Data Set Name: f264.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT_NUM	Char	4	$4.	$4.	F264: A2. Visit #
3	PC_PRES	Num	8	X536F.	3.	F264: B1. Pressure
4	PC_DUR	Num	8	X401F.	5.1	F264: B2. Duration
5	PC_DIS	Num	8	X538F.	3.	F264: B3. Displacement of vertical plane
6	POPQ_AA	Num	8		6.1	F264: C1. Aa anterior wall 3 cm from external urethral meatus
7	POPQ_BA	Num	8		6.1	F264: C2. Ba most dependent part of anterior wall
8	POPQ_C	Num	8		6.1	F264: C3. C cervix or vaginal cuff
9	POPQ_D	Num	8		6.1	F264: C4. D posterior fornix (if no prior total hyst)
10	POPQ_AP	Num	8		6.1	F264: C5. Ap posterior wall 3cm from hymen
11	POPQ_BP	Num	8		6.1	F264: C6. Bp most dependent part of posterior wall
12	POPQ_GH	Num	8		6.1	F264: C7. GH genital hiatus
13	POPQ_PB	Num	8		6.1	F264: C8. PB perineal body
14	POPQ_TVL	Num	8		6.1	F264: C9. TVL total vaginal length
15	pc_comp_dys	Num	8			F264: B4. PC assessment completed: Days from Randomization
16	pc_abst_dys	Num	8			F264: B6. PC assessment Abstract completed: Days from Randomization
17	popq_comp_dys	Num	8			F264: C10. POP-Q completed: Days from Randomization
18	popq_abst_dys	Num	8			F264: C12. POP-Q abstract completed: Days from Randomization

Data Set Name: f265.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	$4.	$4.	F265: A2. Visit #
3	HEIGHT	Num	8	X401F.	3.	F265: B1. Height
4	WEIGHT	Num	8	X401F.	4.	F265: B2. Weight
5	SYSTOLIC	Num	8	X401F.	4.	F265: B3. Systolic BP
6	DIASTOLIC	Num	8	X401F.	4.	F265: B4. Diastolic BP
7	comp_dys	Num	8			F265: A3. Form completed: days from Randomization

Data Set Name: f266.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT	Char	4	$4.	$4.	F266: A2. Visit #
3	REPEAT_DIARY	Num	8	X655F.	3.	F266: A7. Is this a repeat diary
4	VALIDITY	Num	8	X639F.	3.	F266: B1. Is this Diary valid or invalid
5	INVALID_D	Num	8	X510F.	3.	F266: B2. Why is the Diary invalid
6	IN_DI_24	Num	8	X655F.	3.	F266: B3a. Less than 24 hours
7	IN_DI_ILL	Num	8	X655F.	3.	F266: B3b. Illegible entries for accidents
8	IN_DI_CRED	Num	8	X655F.	3.	F266: B3c. Some accident entries not credible / not in real time
9	IN_DI_ACC	Num	8	X655F.	3.	F266: B3d. Patient reported some accidents not recorded
10	IN_DI_URE	Num	8	X655F.	3.	F266: B3e. Patient wearing a urethral occlusion pad
11	IN_DI_OTH	Num	8	X655F.	3.	F266: B3f. Some other reason
12	VALID_DAYS	Num	8	X679F.	3.	F266: C2. How many valid Diary days will you be recording
13	INVALID_DAYS	Num	8	X655F.	3.	F266: C3. Were any Diary days invalid
14	IN_DAY_24	Num	8	X655F.	3.	F266: C4a. Less than 24 hours
15	IN_DAY_ILL	Num	8	X655F.	3.	F266: C4b. Illegible entries for accidents
16	IN_DAY_CRED	Num	8	X655F.	3.	F266: C4c. Some accident entries not credible / not in real time
17	IN_DAY_ACC	Num	8	X655F.	3.	F266: C4d. Patient reported some accidents not recorded
18	IN_DAY_URE	Num	8	X655F.	3.	F266: C4e. Patient wearing a urethral occlusion pad
19	IN_DAY_OTH	Num	8	X655F.	3.	F266: C4f. Some other reason
20	URGE_TOTAL	Num	8	X682F.	3.	F26H: E1. Urge Accidents
21	STRESS_TOTAL	Num	8	X682F.	3.	F26H: E2. Stress Accidents
22	OTHER_TOTAL	Num	8	X682F.	3.	F26H: E3. Other Type Accidents
23	MISS_TOTAL	Num	8	X682F.	3.	F26H: E4. Missing Accidents
24	DIARY_TOTALS	Num	8	X682F.	4.	F26H: E5. Total # Accidents
25	BD_PROTOCOL	Num	8	X655F.	3.	F26H: E6. Was the Bladder Diary completed per protocol?
26	PRO_DEV_TYPE	Num	8	X564F.	3.	F26H: E6a. Was it a...
27	DAY1_URGENCY	Num	8	X655F.	3.	F26A: D1ba. Record if the patient rated urgency on this day:
28	DAY1_TOTAL	Num	8	X682F.	3.	F26A: D1ev. Total all accidents
29	void_cnt1	Num	8			
30	both_cnt1	Num	8			
31	acc_cnt1	Num	8			
32	calcavg1	Num	8	YNF.		indicator variable for urgency rated on day 1
33	avgurg1	Num	8			avg urgency rating for day 1
34	DAY2_URGENCY	Num	8	X655F.	3.	F26B: D2ba. Record if the patient rated urgency on this day:
35	DAY2_TOTAL	Num	8	X682F.	3.	F26B: D2ev. Total all accidents
36	void_cnt2	Num	8			

Num	Variable	Type	Len	Format	Informat	Label
37	both_cnt2	Num	8			
38	acc_cnt2	Num	8			
39	calcavg2	Num	8	YNF.		indicator variable for urgency rated on day 2
40	avgurg2	Num	8			avg urgency rating for day 2
41	DAY3_URGENCY	Num	8	X655F.	3.	F26C: D3ba. Record if the patient rated urgency on this day:
42	DAY3_TOTAL	Num	8	X682F.	3.	F26C: D3ev. Total all accidents
43	void_cnt3	Num	8			
44	both_cnt3	Num	8			
45	acc_cnt3	Num	8			
46	calcavg3	Num	8	YNF.		indicator variable for urgency rated on day 3
47	avgurg3	Num	8			avg urgency rating for day 3
48	DAY4_URGENCY	Num	8	X655F.	3.	F26D: D4ba. Record if the patient rated urgency on this day:
49	DAY4_TOTAL	Num	8	X682F.	3.	F26D: D4ev. Total all accidents
50	void_cnt4	Num	8			
51	both_cnt4	Num	8			
52	acc_cnt4	Num	8			
53	calcavg4	Num	8	YNF.		indicator variable for urgency rated on day 4
54	avgurg4	Num	8			avg urgency rating for day 4
55	DAY5_URGENCY	Num	8	X655F.	3.	F26E: D5ba. Record if the patient rated urgency on this day:
56	DAY5_TOTAL	Num	8	X682F.	3.	F26E: D5ev. Total all accidents
57	void_cnt5	Num	8			
58	both_cnt5	Num	8			
59	acc_cnt5	Num	8			
60	calcavg5	Num	8	YNF.		indicator variable for urgency rated on day 5
61	avgurg5	Num	8			avg urgency rating for day 5
62	DAY6_URGENCY	Num	8	X655F.	3.	F26F: D6ba. Record if the patient rated urgency on this day:
63	DAY6_TOTAL	Num	8	X682F.	3.	F26F: D6ev. Total all accidents
64	void_cnt6	Num	8			
65	both_cnt6	Num	8			
66	acc_cnt6	Num	8			
67	calcavg6	Num	8	YNF.		indicator variable for urgency rated on day 6
68	avgurg6	Num	8			avg urgency rating for day 6
69	DAY7_URGENCY	Num	8	X655F.	3.	F26G: D7ba. Record if the patient rated urgency on this day:
70	DAY7_TOTAL	Num	8	X682F.	3.	F26G: D7ev. Total all accidents
71	void_cnt7	Num	8			
72	both_cnt7	Num	8			
73	acc_cnt7	Num	8			
74	calcavg7	Num	8	YNF.		indicator variable for urgency rated on day 7
75	avgurg7	Num	8			avg urgency rating for day 7

Num	Variable	Type	Len	Format	Informat	Label
76	acc_sum	Num	8			Total events labeled Accident per diary
77	both_sum	Num	8			Total events labeled Both per diary
78	void_sum	Num	8			Total events labeled Void per diary
79	acc_daily	Num	8			Number accidents per day
80	void_daily	Num	8			Number voids per day
81	calcavg	Num	8			number of days urgency rated
82	twodayurg	Num	8			Average urgency ratings (usually) across days 1 and 7
83	twoday17	Num	8	YNF.		average urgency rated on days 1 and 7 (Y/N)
84	comp_dys	Num	8			f266: A3. Form completed: days from Randomization
85	distrib_dys	Num	8			F266: A5. Days Diary Distributed from Randomization
86	f_val_dys	Num	8			F266: C1a. First valid day (days from Randomization)
87	l_val_dys	Num	8			F266: C1b. Last valid day (days from Randomization)

Data Set Name: f267.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	VISIT_NUM	Char	4	$4.	$4.	F267: A2. Visit #
3	INT_MODE	Num	8	X601F.	3.	F267: A5. Mode
4	HEALTH	Num	8	X490F.	3.	F267: B1. In general, would you say your health is:
5	MOD_ACT	Num	8	X650F.	3.	F267: B2. Health now limit you in moderate activities:
6	CLIMB_STAIRS	Num	8	X650F.	3.	F267: B3. Health now limit you in climbing several flights of stairs:
7	PHY_LESS	Num	8	X655F.	3.	F267: B4. Physical health accomplished less:
8	PHY_LIMIT	Num	8	X655F.	3.	F267: B5. Physical health limited kind of work:
9	EMOT_LESS	Num	8	X655F.	3.	F267: B6. Emotional problems accomplished less:
10	EMOT_LIMIT	Num	8	X655F.	3.	F267: B7. Emotional problems didn't do activities as carefully:
11	PAIN_INTRF	Num	8	X550F.	3.	F267: B8. How much did pain interfere with normal work
12	FEEL_CALM	Num	8	X445F.	3.	F267: B9. Past 4 weeks have you felt calm and peaceful?
13	FEEL_ENERGY	Num	8	X445F.	3.	F267: B10. Past 4 weeks did you have a lot of energy?
14	FEEL_BLUE	Num	8	X445F.	3.	F267: B11. Past 4 weeks have you felt downhearted and blue?
15	SOC_INTRF	Num	8	X446F.	3.	F267: B12. Past 4 weeks has health/emotion interfered with social acts
16	PROG_SATIS	Num	8	X466F.	3.	F267: B13. Since intervention, how satisfied are you with your progress
17	OVER_SATIS	Num	8	X523F.	3.	F267: B14. Overall, do you feel that you are...
18	FREQ_URINE	Num	8	X655F.	3.	F267: C1. Currently experience frequent urination?
19	FREQ_URINE_A	Num	8	X412F.	3.	F267: C1a. frequent urination: how bothersome?
20	URGENCY	Num	8	X655F.	3.	F267: C2. Currently experience urgency to empty your bladder?
21	URGENCY_A	Num	8	X412F.	3.	F267: C2a. urgency: how bothersome?
22	URGE_LEAK	Num	8	X655F.	3.	F267: C3. Currently experience urine leakage related to urgency?
23	URGE_LEAK_A	Num	8	X412F.	3.	F267: C3a. leakage related to urgency: how bothersome?
24	ACTV_LEAK	Num	8	X655F.	3.	F267: C4. Currently experience leakage related to physical activity?
25	ACTV_LEAK_A	Num	8	X412F.	3.	F267: C4a. leakage related to physical activity: how bothersome?
26	GEN_LEAK	Num	8	X655F.	3.	F267: C5. Currently experience general urine leakage?
27	GEN_LEAK_A	Num	8	X412F.	3.	F267: C5a. general leakage: how bothersome?
28	SMALL_LEAK	Num	8	X655F.	3.	F267: C6. Currently experience small amounts of leakage?
29	SMALL_LEAK_A	Num	8	X412F.	3.	F267: C6a. small amount of leakage: how bothersome?
30	LARGE_LEAK	Num	8	X655F.	3.	F267: C7. Currently experience large amounts of leakage?
31	LARGE_LEAK_A	Num	8	X412F.	3.	F267: C7a. large amount of leakage: how bothersome?
32	NITE_LEAK	Num	8	X655F.	3.	F267: C8. Currently experience nighttime urination?
33	NITE_LEAK_A	Num	8	X412F.	3.	F267: C8a. nighttime urination: how bothersome?
34	BED_WET	Num	8	X655F.	3.	F267: C9. Currently experience bedwetting?
35	BED_WET_A	Num	8	X412F.	3.	F267: C9a. bedwetting: how bothersome?
36	DIFF_EMPTY	Num	8	X655F.	3.	F267: C10. Currently experience difficulty emptying your bladder?

Num	Variable	Type	Len	Format	Informat	Label
37	DIFF_EMPT_A	Num	8	X412F.	3.	F267: C10a. difficulty emptying your bladder: how bothersome?
38	INCOM_BLAD	Num	8	X655F.	3.	F267: C11. Currently experience feeling incomplete bladder emptying?
39	INCOM_BLAD_A	Num	8	X412F.	3.	F267: C11a. feeling incomplete bladder emptying: how bothersome?
40	ABD_PRESS	Num	8	X655F.	3.	F267: C12. Currently experience lower abdominal pressure?
41	ABD_PRESS_A	Num	8	X412F.	3.	F267: C12a. lower abdominal pressure: how bothersome?
42	PAIN_URIN	Num	8	X655F.	3.	F267: C13. Currently experience pain when urinating?
43	PAIN_URIN_A	Num	8	X412F.	3.	F267: C13a. pain when urinating: how bothersome?
44	ABD_PAIN	Num	8	X655F.	3.	F267: C14. Currently experience pain in lower abdomen?
45	ABD_PAIN_A	Num	8	X412F.	3.	F267: C14a. pain in lower abdomen: how bothersome?
46	DULL_PELVIC	Num	8	X655F.	3.	F267: C15. Currently experience heaviness or dullness in pelvic area?
47	DULL_PELV_A	Num	8	X412F.	3.	F267: C15a. heaviness or dullness in pelvic area: how bothersome?
48	PROT_FEEL	Num	8	X655F.	3.	F267: C16. Currently experience feeling a protrusion in vaginal area?
49	PROT_FEEL_A	Num	8	X412F.	3.	F267: C16a. feeling a protrusion in vaginal area: how bothersome?
50	PROT_SEE	Num	8	X655F.	3.	F267: C17. Currently experience seeing a protrusion in vaginal area?
51	PROT_SEE_A	Num	8	X412F.	3.	F267: C17a. seeing a protrusion in vaginal area: how bothersome?
52	PELV_DIS	Num	8	X655F.	3.	F267: C18. Currently experience pelvic discomfort?
53	PELV_DIS_A	Num	8	X412F.	3.	F267: C18a. pelvic discomfort: how bothersome?
54	PUSH_BLAD	Num	8	X655F.	3.	F267: C19. Push on vagina or perineum to empty bladder?
55	PUSH_BLAD_A	Num	8	X412F.	3.	F267: C19a. push on perineum to empty bladder: how bothersome?
56	PUSH_BOWEL	Num	8	X655F.	3.	F267: C20. Push on vagina or perineum to have bowel movement?
57	PUSH_BOWEL_A	Num	8	X412F.	3.	F267: C20a. push on perineum for bowel movement: how bothersome?
58	OTH_SYMP	Num	8	X655F.	3.	F267: C21. Do you experience any other symptoms related to urine loss?
59	MB_CODE	Char	3	$3.	$3.	F267: C22a. Symptom code
60	CHORES	Num	8	X415F.	3.	F267: C23. Prolapse affected ability to do household chores?
61	REPAIR	Num	8	X415F.	3.	F267: C24. Prolapse affected ability to do usual repair work in home?
62	SHOPPING	Num	8	X415F.	3.	F267: C25. Prolapse affected shopping activities?
63	HOBBIES	Num	8	X415F.	3.	F267: C26. Prolapse affected hobbies and pastime activities?
64	PHYS_ACT	Num	8	X415F.	3.	F267: C27. Prolapse affected physical recreational activities?
65	ENTER_ACT	Num	8	X415F.	3.	F267: C28. Prolapse affected entertainment activities?
66	TRAV_LESS_20	Num	8	X415F.	3.	F267: C29. Prolapse affected ability to travel by car less than 20 min?
67	TRAV_GRT_20	Num	8	X415F.	3.	F267: C30. Prolapse affected ability to travel by car more than 20 min?
68	GOING_PLACE	Num	8	X415F.	3.	F267: C31. Prolapse affected going to places without restrooms?
69	VACATION	Num	8	X415F.	3.	F267: C32. Prolapse affected going on vacation?
70	CHURCH	Num	8	X415F.	3.	F267: C33. Prolapse affected church or temple attendance?
71	VOL_ACT	Num	8	X415F.	3.	F267: C34. Prolapse affected volunteer activitites?
72	WORK_OUT	Num	8	X415F.	3.	F267: C35. Prolapse affected employment outside the home?
73	VISIT_FRNDS	Num	8	X415F.	3.	F267: C36. Prolapse affected having friend visit you in your home?
74	SOC_ACT	Num	8	X415F.	3.	F267: C37. Prolapse affected participation in social activities?
75	FRIENDS	Num	8	X415F.	3.	F267: C38. Prolapse affected relationships with friends?

Num	Variable	Type	Len	Format	Informat	Label
76	FAMILY	Num	8	X415F.	3.	F267: C39. Prolapse affected relationships with family?
77	HAVE_SEX	Num	8	X415F.	3.	F267: C40. Prolapse affected ability to have sexual relations?
78	WAY_DRESS	Num	8	X415F.	3.	F267: C41. Prolapse affected the way you dress?
79	EMO_HEALTH	Num	8	X415F.	3.	F267: C42. Prolapse affected emotional health?
80	PHYS_HEALTH	Num	8	X415F.	3.	F267: C43. Prolapse affected physical health?
81	SLEEP	Num	8	X415F.	3.	F267: C44. Prolapse affected sleep?
82	ODOR_RTRCT	Num	8	X415F.	3.	F267: C45. How much does fear of odor restrict your activities?
83	EMBAR_RTRCT	Num	8	X415F.	3.	F267: C46. How much does fear of embarrassment restrict activities?
84	NERVOUS	Num	8	X415F.	3.	F267: C47. Prolapse cause you nervousness or anxiety?
85	FEAR	Num	8	X415F.	3.	F267: C48. Prolapse cause you fear?
86	FRUSTRATION	Num	8	X415F.	3.	F267: C49. Prolapse cause you frustration?
87	ANGER	Num	8	X415F.	3.	F267: C50. Prolapse cause you anger?
88	DEPRESS	Num	8	X415F.	3.	F267: C51. Prolapse cause you depression?
89	EMBARRASS	Num	8	X415F.	3.	F267: C52. Prolapse cause you ebarrassment?
90	LINERS	Num	8	X682F.	3.	F267: D1. Pantyliners or minipads
91	MAXIPADS	Num	8	X682F.	3.	F267: D2. Maxipads such as Kotex or Modess
92	INCONT_PADS	Num	8	X682F.	3.	F267: D3. Incontinence Pads such as Serenity or Poise
93	DIAPERS	Num	8	X682F.	3.	F267: D4. Diapers such as Depends or Attends
94	URETH_PADS	Num	8	X682F.	3.	F267: D5. Urethral pads such as Impress or Femassist
95	TOILET_PAP	Num	8	X682F.	3.	F267: D6. Toilet paper - number of changes
96	PAP_TOWEL	Num	8	X682F.	3.	F267: D7. Paper towels - number of sheets
97	OTHER_PROD	Num	8	X682F.	3.	F267: D8. Other
98	LAUNDRY	Num	8	X408F.	3.	F267: D9. How many loads of wash because of urine leakage?
99	DC_PANTS	Num	8	X408F.	3.	F267: D10. Dry clean pants because of urine leakage
100	DC_SKIRT	Num	8	X408F.	3.	F267: D11. Dry clean skirt because of urine leakage
101	DC_DRESS	Num	8	X409F.	3.	F267: D12. Dry clean dress because of urine leakage
102	DC_SUIT	Num	8	X409F.	3.	F267: D13. Dry clean suit because of urine leakage
103	DC_OTHER	Num	8	X409F.	3.	F267: D14. Dry clean other because of urine leakage
104	LIMIT_EMPLOY	Num	8	X655F.	3.	F267: D15. Did leakage of urine limit your years of employment?
105	AGE_STOP	Num	8	X682F.	3.	F267: D15a. How old were you when you stopped employment?
106	SALARY_STOP	Num	8	X682F.	9.2	F267: D15b. What was your yearly salary when you stopped working?
107	SEE_NEWS	Num	8	X438F.	3.	F267: E1. See well enough to read ordinary newsprint?
108	SEE_FRIEND	Num	8	X438F.	3.	F267: E2. See well enough to recognize friend across street?
109	HEAR_GROUP	Num	8	X435F.	3.	F267: E3. Hear what was said in group conversation?
110	HEAR_QUIET	Num	8	X435F.	3.	F267: E4. Hear what was said in conversation with one other person?
111	UNDER_STRANG	Num	8	X432F.	3.	F267: E5. Understood when speaking your own language with strangers?
112	UNDER_FRIEND	Num	8	X432F.	3.	F267: E6. Understood when speaking your own language with friends?
113	FEELING_1	Num	8	X505F.	3.	F267: E7. Feeling during the past week?
114	DISCOMFORT_1	Num	8	X495F.	3.	F267: E8. Pain and discomfort experienced during past week?

Num	Variable	Type	Len	Format	Informat	Label
115	WALK	Num	8	X441F.	3.	F267: E9. Ability to walk during past week?
116	HANDS_FINGER	Num	8	X499F.	3.	F267: E10. Ability to use your hands and fingers during the past week?
117	REMEMBER	Num	8	X436F.	3.	F267: E11. Ability to remember things during the past week?
118	THINK_SOLVE	Num	8	X439F.	3.	F267: E12. Ability to think and solve problems during the past week?
119	BASIC_ACT	Num	8	X485F.	3.	F267: E13. Ability to perform basic activities during the past week?
120	FEELING_2	Num	8	X502F.	3.	F267: E14. Which one best describes how you have been feeling?
121	DISCOMFORT_2	Num	8	X497F.	3.	F267: E15. Which one best describes pain or discomfort you experienced?
122	HEALTH_RATE	Num	8	X491F.	3.	F267: E16. How would you rate your health during the past week?
123	COMPLETION	Num	8	X456F.	3.	F267: E17. How did you complete the questionnaire?
124	WHO_COMP	Num	8	X556F.	3.	F267: E17a. Who completed questionnaire?
125	LEAK_QUART	Num	8	X417F.	3.	F267: F1. How much would you pay to reduce urine leakage by 25%?
126	LEAK_HALF	Num	8	X417F.	3.	F267: F2. How much would you pay to reduce urine leakage by 50%?
127	LEAK_3_QUART	Num	8	X417F.	3.	F267: F3. How much would you pay to reduce urine leakage by 75%
128	NO_LEAK	Num	8	X417F.	3.	F267: F4. How much would you pay to cure urine leakage entirely?
129	URIN_QUART	Num	8	X417F.	3.	F267: F5. How much would you pay to reduce need to urinate by 25%?
130	URIN_HALF	Num	8	X417F.	3.	F267: F6. How much would you pay to reduce need to urinate by 50%?
131	PERS_INCOME	Num	8	X403F.	3.	F267: F7. Which best represents your total personal income?
132	HH_INCOME	Num	8	X403F.	3.	F267: F8. Which best represents your total household income?
133	distrib_dys	Num	8			f267: A3. Form Distributed: days from Randomization
134	start_dys	Num	8			f267: A6. Date you are starting to fill out this Survey: days from Randomization

Data Set Name: f280.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	LAST_VISIT	Char	4	$4.	$4.	F280: A4. Patient's Last Study Visit
3	FINAL_STATUS	Num	8	FSTATNEW.	3.	F280: B1. What was the patient's final study status
4	FORMSTAT_ID	Num	8	7.	7.	FORMSTAT_ID
5	DESTATUS	Char	1	$1.	$1.	DESTATUS
6	comp_dys	Num	8			F280: A2. Date form completed: days from Randomization
7	LOST_dys	Num	8			F280: B2. Patient lost to follow-up, date last study data collected:days from Randomization
8	WDRAW_dys	Num	8			F280: B3a. Date last study data collected: days from Randomization
9	OTHER_dys	Num	8			F280: B4. For administrative decision, date last study data collected: days from Randomization
10	CONS_WDRAW_dys	Num	8			F280: B3. Patient who withdrew consent, date consent withdrawn: days from Randomization

Data Set Name: *f288.sas7bdat*

Num	Variable	Type	Len	Format	Informat	Label
1	AID	Num	8			Subject ID
2	INT_MODE	Num	8	X600F.	3.	F288: A5. Mode:
3	OVER_B_COND	Num	8	X504F.	3.	F288: B1. I expect my overall bladder condition will
4	FIN_B_COND	Num	8	X642F.	3.	F288: B2. When I finish the study, I expect my condition will be
5	distr_days	Num	8			F288:A3.Date form Distribution: Days since randomization
6	start_days	Num	8			F288: A6. date your are starting to fill out this survey--Days since randomization