



SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

- A1. STUDY ID #:
- A2. VISIT # BASELINE SCREENING SCR _____
- A3. DATE INTERVIEW COMPLETED: _____ / _____ / _____
MONTH DAY YEAR
- A4. INTERVIEWER INITIALS: _____
- A5. CONSENT OBTAINED? YES..... 1
 NO 2

INSTRUCTIONS: First, we need to confirm that you are eligible to participate in the study. I will start with a series of general questions about you, such as your race, marital status, education and other things like that and then we'll cover questions about your health and health habits, life-style and medical conditions. Then, if you are still eligible for the study, we will ask you to complete a few other questionnaires. Some of the questions I will ask you today are of a personal and sensitive nature, but are necessary to determine if you are eligible for the study. Let's begin...

SECTION B: SOCIODEMOGRAPHIC INFORMATION

- B1. Do you consider your ethnicity to be Hispanic or Latino? YES..... 1 NO..... 2
- B2. For this question on racial background, you may select one or more choices from this list that I'll read. Do you consider yourself to be
- B2g. IF MORE THAN ONE, ASK: Which do you consider to be your **primary** racial background?

(READ AND CODE ALL RACE CHOICES)

	YES	NO	
a. White, Caucasian,	1	2	} → 1 2 3 4 5 99
b. Black, African American,	1	2	
c. Asian,	1	2	
d. Native Hawaiian, Pacific Islander,	1	2	
e. American Indian or Alaskan Native.....	1	2	
f. WAS ANY OTHER MENTIONED?	1 ↓	2	

SPECIFY: _____

B3. What is the highest grade or year of school that you have completed?

- LESS THAN HIGH SCHOOL 1
- COMPLETED HIGH SCHOOL OR GED 2
- SOME COLLEGE/ASSOCIATE DEGREE 3
- COMPLETED 4 YEARS OF COLLEGE 4
- GRADUATE/PROFESSIONAL DEGREE 5

B4. What is your current marital status?

- Married 1
- Separated 2
- Living as married 3
- Divorced 4
- Widowed 5
- Single, never married 6 → **SKIP TO B7**
- OTHER 99 → **SPECIFY:** _____

B5. Next, we have some questions about employment, including self-employment and any full or part-time work. This does not include unpaid or volunteer work. Have you ever worked?

- YES 1
- NO 2 → **SKIP TO B6**

B5a. What type of work did you do or which occupation did you hold for the longest period of time? (**PROBE:** What do you consider your occupation to be?)

SPECIFY: _____

B5b. NAM-POWERS OCCUPATION SCORE: _____

B6. Has your spouse / partner ever worked? OR (Did your spouse / partner ever work?) This includes self-employment.

YES..... 1

NO..... 2 → SKIP TO B8

B6a. What type of work did your spouse /partner do or what occupation did your spouse /partner hold for the longest period of time? (PROBE: What occupation does your spouse/partner consider himself / herself?)

SPECIFY: _____

B6b. NAM-POWERS OCCUPATION SCORE: _____ → SKIP TO B8

B7. Next, we have some questions about employment, including self-employment and any full or part-time work. This does not include unpaid or volunteer work. Have you ever worked?

YES..... 1

NO..... 2 → SKIP TO B8

B7a. What type of work did you do or which occupation did you hold for the longest period of time? (PROBE: What do you consider your occupation to be?)

SPECIFY: _____

B7b. NAM-POWERS OCCUPATION SCORE: _____

B8. Do you have health insurance or health care benefits that pay for any portion of your prescription medications?

- YES..... 1
- NO..... 2 → SKIP TO C1
- I DON'T KNOW -8 → SKIP TO C1

B9. Do you need to pay a **deductible** *before* your health insurance or health care benefits pays for any portion of your *prescription medications*?

- YES..... 1
- NO..... 2 → SKIP TO B10
- I DON'T KNOW -8 → SKIP TO B10

B9a. What is the amount of the **deductible** you must pay before your health insurance or health care benefits pays for any portion of your *prescription medications*?

\$ _____ . _____

B10. Do you have a **copayment** for each *prescription medication*?

- YES..... 1
- NO..... 2 → SKIP TO B11
- I DON'T KNOW -8 → SKIP TO B11

B10a. If you have a **copayment** for your *prescription medications*, **what is your copayment for each type of medication?**

i. GENERIC MEDICATION \$ _____ . _____

ii. BRAND NAME FORMULARY MEDICATION (ALSO CALLED "RECOMMENDED" OR "COVERED" AND IS ON YOUR INSURANCE COMPANY'S FORMULARY OR PREFERRED DRUG LIST)..... \$ _____ . _____

iii. BRAND NAME NON-FORMULARY MEDICATION (MEDICATION THAT IS NOT ON YOUR INSURANCE COMPANY'S FORMULARY OR PREFERRED DRUG LIST) \$ _____ . _____ →SKIP TO C1

I HAVE A COPAYMENT BUT DON'T KNOW WHAT IT IS..... -8 →SKIP TO C1

SECTION C: MESA PART I: URGE INCONTINENCE

These next questions ask about symptoms you may have related to urine leakage. For each question that I ask, please tell me the response that best represents how frequently you experience the symptom.

PART I URGE SYMPTOMS	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
C1. Some women receive very little warning and suddenly find that they are losing, or are about to lose urine beyond their control. How often does this happen to you? (Would you say....)	0	1	2	3
C2. If you can't find a toilet or find that the toilet is occupied, and you have an urge to urinate, how often do you end up losing urine or wetting yourself? (Would you say....)	0	1	2	3
C3. Do you lose urine when you suddenly have the feeling that your bladder is very full?	0	1	2	3
C4. Does washing your hands cause you to lose urine?	0	1	2	3
C5. Does cold weather cause you to lose urine?	0	1	2	3
C6. Does drinking cold beverages cause you to lose urine?	0	1	2	3
<i>COLUMN TOTALS AND GRAND TOTAL*</i>				

*IF ANY PART I ITEMS ARE MISSING, CONTACT THE BCC AFTER FORM 201 IS COMPLETED.

C7. How old were you when these problems began? _____ years old

C8. Have you had these types of problems with urine leakage for 3 months or more?

YES..... 1 NO..... 2 → **INELIGIBLE***

***THE PATIENT MAY BE ELIGIBLE AT A LATER DATE.**

C9. **URGE SYMPTOMS SCORE** (GRAND TOTAL OF PART I COLUMN SCORES: C1-C6) _____ / **18**

C10. **URGE INDEX** (USE LOOK-UP TABLE BELOW.) _____ %

URGE SYMPTOMS INDEX LOOK-UP TABLE				
1/18 = 6%	5/18 = 28%	9/18 = 50%	13/18 = 72%	17/18 = 94%
2/18 = 11%	6/18 = 33%	10/18 = 56%	14/18 = 78%	18/18 = 100%
3/18 = 17%	7/18 = 39%	11/18 = 61%	15/18 = 83%	
4/18 = 22%	8/18 = 44%	12/18 = 67%	16/18 = 89%	

SECTION D: MESA PART II: STRESS INCONTINENCE

Now, tell me the response that best represents how frequently you experience each of **these** symptoms.

PART II: STRESS SYMPTOMS	Never	Rarely	Sometimes	Often
D1. Does coughing gently cause you to lose urine? (Would you say..)	0	1	2	3
D2. Does coughing hard cause you to lose urine? (Would you say...)	0	1	2	3
D3. Does sneezing cause you to lose urine?	0	1	2	3
D4. Does lifting things cause you to lose urine?	0	1	2	3
D5. Does bending cause you to lose urine?	0	1	2	3
D6. Does laughing cause you to lose urine?	0	1	2	3
D7. Does walking briskly or jogging cause you to lose urine?	0	1	2	3
D8. Does straining, if you are constipated, cause you to lose urine?	0	1	2	3
D9. Does getting up from a sitting to a standing position cause you to lose urine?	0	1	2	3
<i>COLUMN TOTALS AND GRAND TOTAL*</i>				

*IF ANY PART II ITEMS ARE MISSING, CONTACT THE BCC AFTER FORM 201 IS COMPLETED.

D10. **STRESS SYMPTOMS SCORE** (GRAND TOTAL OF PART II COLUMN SCORES: D1-D9) _____ / 27

D11. **STRESS INDEX** (USE LOOK-UP TABLE BELOW.) _____ %

STRESS SYMPTOMS INDEX LOOK-UP TABLE						
1/27 = 4%	5/27 = 19%	9/27 = 33%	13/27 = 48%	17/27 = 63%	21/27 = 78%	25/27 = 93%
2/27 = 7%	6/27 = 22%	10/27 = 37%	14/27 = 52%	18/27 = 67%	22/27 = 81%	26/27 = 96%
3/27 = 11%	7/27 = 26%	11/27 = 41%	15/27 = 56%	19/27 = 70%	23/27 = 85%	27/27 = 100%
4/27 = 15%	8/27 = 30%	12/27 = 44%	16/27 = 59%	20/27 = 74%	24/27 = 89%	

MESA WORKSHEET	
URGE INDEX (FROM C10)	STRESS INDEX (FROM D11)

D12. DO THE INDEX SCORES INDICATE PREDOMINANT URGE INCONTINENCE?

*IF ANY MESA SYMPTOM ITEMS ARE MISSING FROM PART I OR II, DO NOT CODE D12. CONTACT THE BCC AFTER FORM 201 IS COMPLETED.

YES, URGE INDEX > STRESS INDEX 1

NO, URGE INDEX ≤ STRESS INDEX 2 → **INELIGIBLE**

D13. Do you continually leak urine or find yourself always damp?

- YES 1 → INELIGIBLE
- NO 2

D14. During the last 7 days, how many times did you accidentally leak urine...

- a. ...when you were performing some physical activity such as coughing, sneezing, lifting or exercise?..... _____ times in the last 7 days
- b. ...when you had the urge or the feeling that you needed to empty your bladder but you couldn't get to the toilet fast enough?..... _____ times in the last 7 days

SECTION E: PREGNANCY AND FUTURE AVAILABILITY

E1. Are you physically able to become pregnant?

- YES..... 1
- NO..... 2 → SKIP TO E5

E2. Are you currently pregnant or do you intend to become pregnant in the next 8 months?

- YES 1 → INELIGIBLE*; SKIP TO E9
- NO 2

***THE PATIENT MAY BE ELIGIBLE AT A LATER DATE.**

E3. Do you agree to use a medically accepted form of birth control (such as intrauterine device [IUD], oral or injectable contraceptives, implant, barrier device, sterilization, abstinence, or sex with a vasectomized male partner) for the duration of the study?

- YES..... 1
- NO..... 2 → INELIGIBLE

E4. Have you been pregnant for 20 or more weeks within the past 6 months?

YES..... 1 → INELIGIBLE*

NO 2

*THE PATIENT MAY BE ELIGIBLE AT A LATER DATE.

E5. Have you ever been pregnant? YES..... 1

NO 2 → SKIP TO E9

E6. How many times have you been pregnant? _____

E7. How many of these pregnancies were vaginal deliveries? _____ →If 0, SKIP TO E9

E8. What was the weight of your largest baby delivered vaginally?

WEIGHT IN POUNDS / OUNCES: _____ LBS / _____ OZ

OR

WEIGHT IN GRAMS: _____ GMS

E9. SCHEDULE/AVAILABILITY: WILL THE PATIENT BE AVAILABLE FOR THE REQUIRED 8 MONTH FOLLOW-UP PERIOD? ASK,

Are you planning to move away from the area or be out of the area for an extended period of time in the next year or so? [PROBE: Are you planning to move out of this area or do you regularly go (south in the winter / north in the summer) for several months?]

NO, NOT MOVING, WILL BE AVAILABLE 1

YES, MOVING OUT OF TOWN OR AWAY OFTEN, WILL NOT BE AVAILABLE FOR FOLLOW-UP VISITS 2 → INELIGIBLE

SECTION F: OTHER MEDICAL HISTORY

F1. We've found that many women who experience urinary incontinence also experience bowel incontinence. These last few questions ask about any symptoms of bowel incontinence you may have.

Do you have to strain to have a bowel movement? YES..... 1
NO..... 2 → SKIP TO F2

F1a. How **often** do you have to strain to have a bowel movement? Would you say...

Less than or equal to 25% of the time? 1
More than 25% of the time? 2

F2. Do you have leaking or loss of control of gas? YES 1
NO 2 → SKIP TO F3

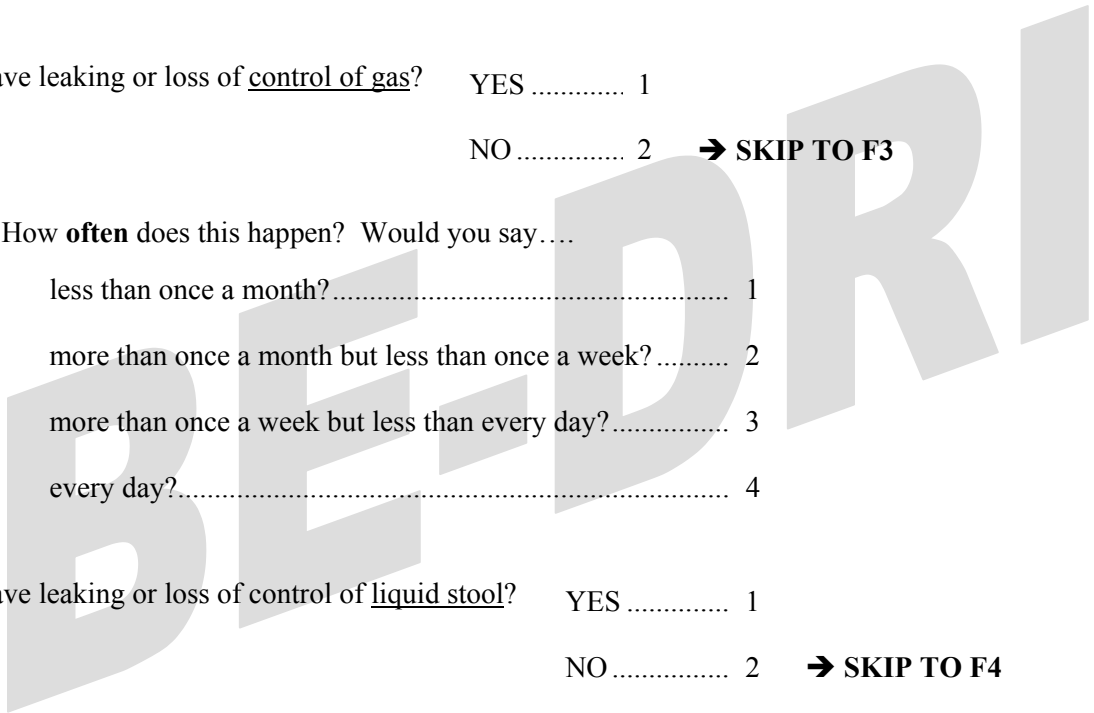
F2a. How **often** does this happen? Would you say....

less than once a month?..... 1
more than once a month but less than once a week? 2
more than once a week but less than every day?..... 3
every day?..... 4

F3. Do you have leaking or loss of control of liquid stool? YES 1
NO 2 → SKIP TO F4

F3a. How **often** does this happen? Would you say....

less than once a month?..... 1
more than once a month but less than once a week? 2
more than once a week but less than every day?..... 3
every day?..... 4

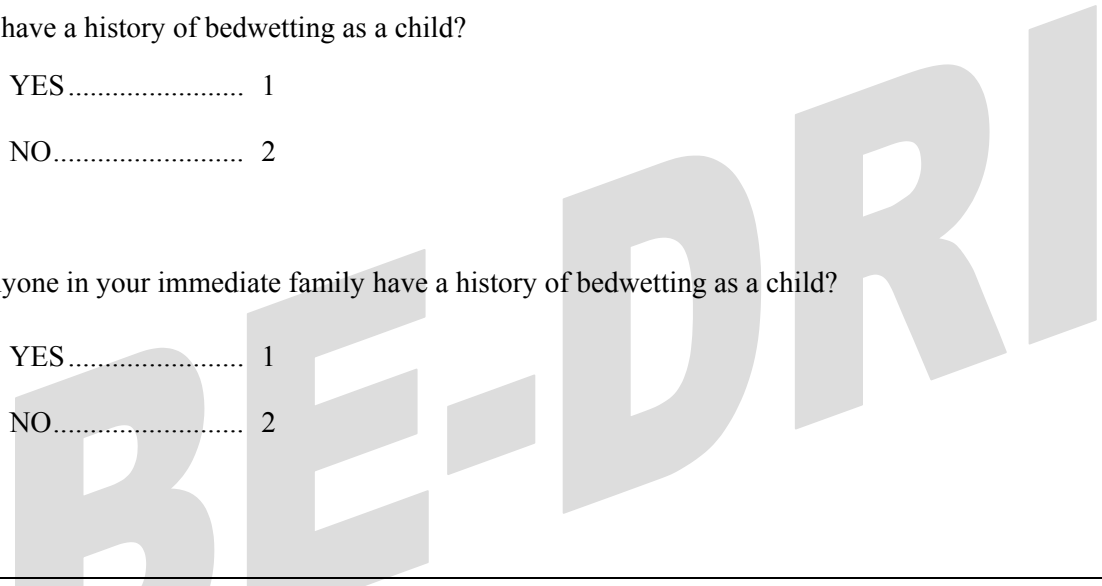


F4. Do you have leaking or loss of control of solid stool? YES 1
NO..... 2 → **SKIP TO F5**

F4a. How **often** does this happen? Would you say....
less than once a month?..... 1
more than once a month but less than once a week?..... 2
more than once a week but less than every day?..... 3
every day? 4

F5. Do you have a history of bedwetting as a child?
YES 1
NO..... 2

F6. Does anyone in your immediate family have a history of bedwetting as a child?
YES 1
NO..... 2



SECTION G: ELIGIBILITY SUMMARY

G1. DOES THE PATIENT MEET ALL ELIGIBILITY CRITERIA AS REQUIRED IN THIS FORM?
(REVIEW CODES TO ITEMS C8, D12, D13, E2, E3, E4, AND E9)

YES 1 → **CONTINUE SCREENING**
NO 2 → **INELIGIBLE; END SCREENING**