

Diabetes Prevention Program URINARY INCONTINENCE QUESTIONNAIRE

This self-administered form is completed by all 3-arm and troglitazone participants at their next visit.

Part I / IDENTIFICATION

A. Participant Identification

1. Clinic number

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 CLINIC

2. Participant number

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 PATID

3. Participant's initials

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 INITS

firstlast

4. Participant's date of birth

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 DOB

monthdayyear

5. Participant's sex

Male SEX

Female

B. Visit Information

1. Date of visit

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 ABVSTDT

monthdayyear

2. Week of visit

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 ABVSTWK

3. Outcome visit

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 VISIT

4. End of Study

Yes ABEOS

No

C. Instructions For Administration

The participant should complete the questionnaire on the following pages. When the participant finishes the questionnaire, a clinic staff member must be sure each question has been completed. Blanks should be brought to the participant's attention, with a request to try to complete the blank items.

Initials of person reviewing completed form

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firstlast

Form entered in computer?

Participant's initials

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first last

Date of birth

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month day year

Date of visit

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month day year

D. Bladder Health Questions

1. In the **past 12 months**, has the doctor told you that you had an infection of your bladder (i.e. cystitis, urinary tract infection, UTI)?

Yes

No

ABBLADR

If YES,

a. Number of bladder infections in the **past 12 months**

ABNMBLD

2. In the **past 12 months**, has the doctor told you that you had an infection of the kidneys (i.e. pyelonephritis)?

Yes

No

ABKIDNY

If YES,

a. Number of kidney infections in the **past 12 months**

ABNMKID

3. During the **past 7 days**, how many times, on average, each day have you had to go to the bathroom to empty your bladder?

a. During the day?

ABPDAY

times per day

b. During the night after falling asleep?

ABPNGT

times per night

4. Many people complain that they leak urine. In the **past 12 months**, how often have you leaked even a small amount of urine? (**Check one box only**)

None

Less than once per month

APLEAKP

Once or more per month

One or more times per week

Every day

Participant's initials

first		last	

Date of birth

month	day	year

Date of visit

month	day	year

5. In the **past 7 days** did you leak even a small amount of urine?

Yes
 1

No
 2

ABP7DY

If YES,

a. How many times, on average, did you leak during activities like coughing, sneezing, lifting, or exercise?

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times in the **past 7 days**

ABPCGH

b. How many times, on average, did you leak urine with an urge to urinate and could not get to the bathroom fast enough?

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times in the **past 7 days**

ABPBTH

c. How many times, on average, did you leak urine for other reasons (without an urge to urinate or without an activity)?

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times in the **past 7 days**

ABPURG