

Participant ID

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Nickname

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Outcome Visit

01A	02A	03A	04A	05A	06A	07A	08A	09A	10A	11A
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Diabetes Prevention Program Outcomes Study
Q13 URINARY INCONTINENCE QUESTIONNAIRE

This self-administered form is completed at annual visits. The participant should complete the questionnaire on the following 2 pages. A clinic staff member must check that each question has been completed, once the participant finishes the questionnaire. Any blanks should be brought to the participant's attention with a request that the blank items be completed.

A. Participant Identification

1. Clinic number

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2. Participant number

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3. Nickname

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4. Date of randomization

month		day		year					

5. Sex Male

1

 Female

2

6. Outcome visit

01A	02A	03A	04A	05A	06A	07A	08A	09A	10A	11A
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 VISIT

7. Date of visit

month		day		year					

 ABVSTDT replaced with DAYSRAND

Identification code of person reviewing completed form	<table border="1"><tr><td></td><td></td><td></td></tr></table>				Form entered in computer? <table border="1"><tr><td></td></tr></table>	
FORMIN						

Participant ID

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Nickname

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Outcome Visit

01A	02A	03A	04A	05A	06A	07A	08A	09A	10A	11A
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B. Bladder Health Questions

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

ABBLDR Yes No

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 (ie. pyelonephritis)?

ABKIDNY Yes No

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?

APDAY

a. During the day?

b. During the night or after falling asleep?

ABPNGT

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 ONLY ONE

None..... ABLEAKP

Less than once per month.....

Once or more per month.....

One or more times per week.....

Everyday.....

Participant ID

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Nickname

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Outcome Visit

01A	02A	03A	04A	05A	06A	07A	08A	09A	10A	11A
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5. In the **past 7 days**, did you even leak a small amount of urine?

ABP7DY

Yes

No

IF YES,

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

ABPCGH

Times in the **past 7 days**

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

ABPBTH

Times in the **past 7 days**

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

ABPURG

Times in the **past 7 days**