

Participant ID

Nickname

Outcome Visit

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

2. Participant number

3. Nickname

4. Date of randomization

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year			

5. Sex

Male <sup>1</sup>

Female <sup>2</sup>

6. Outcome visit

VISIT

7. Date of visit

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year			

ABVSTDT  
replaced with  
DAYSRAND

FORMIN

Identification code of person reviewing completed form

Form entered in computer?

Participant ID

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Nickname

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Outcome Visit

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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?

ABPDAY

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.....	<input type="text" value="1"/>	ABLEAKP
Less than once per month.....	<input type="text" value="2"/>	
Once or more per month.....	<input type="text" value="3"/>	
One or more times per week.....	<input type="text" value="4"/>	
Everyday.....	<input type="text" value="5"/>	

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

ABP7DY

Yes 

1
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 No 

2
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**IF YES,**

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

ABPCGH

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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

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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

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Times in the **past 7 days**