

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

--	--

 CLINIC

2. Participant number

--	--	--	--	--	--

 PATID

3. Participant's initials

--	--	--	--

 INITS

first last

4. Participant's date of birth

--	--	--

 DOB

month day year

5. Participant's sex

Male SEX

Female

B. Visit Information

1. Date of visit

--	--	--

 ABVSTDT
replaced with
DAYSRAND

month day year

2. Week of visit

--	--	--

 ABVSTWK

3. Outcome visit

--	--	--

 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

--	--	--	--

first last

Form entered in computer?

Participant's initials

first		last	

Date of birth

month	day	year	

Date of visit

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	
<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	ABBLDR

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	
<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	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**)

1	None	ABLEAKP
---	------	---------

2	Less than once per month	
---	--------------------------	--

3	Once or more per month	
---	------------------------	--

4	One or more times per week	
---	----------------------------	--

5	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?

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?

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)?

times in the **past 7 days**

ABPURG