

My Health - Part B: C. Urinary History

| | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PID: | <input style="width: 100%;" type="text"/> |
| Acrostic: | <input style="width: 100%;" type="text"/> |
| Visit: | <input style="width: 100%;" type="text"/> |
| Date Form Completed: | <input style="width: 100%;" type="text" value="mm/dd/yyyy"/> |
| Administration Type: | <div style="border: 1px solid black; padding: 2px;"> <input type="radio"/> (0) -- <input type="radio"/> (1) Self-administered <input type="radio"/> (2) Mailed <input type="radio"/> (3) Telephone <input type="radio"/> (4) Interviewer-administered <input type="radio"/> (5) Home <input type="radio"/> (6) Administered to Proxy </div> |
| Administered by: | <input style="width: 100%;" type="text" value="STAFF II"/> |
| Language: | <div style="border: 1px solid black; padding: 2px;"> <input type="radio"/> (1) English <input type="radio"/> (2) Spanish <input type="radio"/> (3) Navajo </div> |

The following questions are about your urinary or bladder habits. These questions may seem personal or embarrassing, but your answers are important for research on these common health issues.

1. In the past 12 months, have you been told by a doctor that you had an infection of your bladder (urinary tract infection) or kidneys?

| | | |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| {urinf12} {int 4} | <input type="radio"/> (0) -- <input type="radio"/> (1) 1 - Yes <input type="radio"/> (2) 2 - No <input type="radio"/> (3) 3 - I don't know if it was an infection of my bladder or of my kidneys | If Yes, |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|

- a. {urblinf} {int 4} **Number of bladder (urinary tract) infections in the last year**
- b. {urkdinf} {int 4} **Number of kidney infections in the last year**

2. In the past 7 days,, on average, how many times each day have you had to go to the bathroom to urinate?

During the day? {urday} {int 4} **times per day**

During the night after going to bed? {urnight} {int 4} **times per night**

3. Many people complain that they leak urine or wet themselves accidentally.

In the past 12 months, have you leaked even a small amount of urine?

| | |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| {urleak12} {int 4} | <input type="radio"/> (0) -- <input type="radio"/> (1) 1 - None <input type="radio"/> (2) 2 - Less than once a month <input type="radio"/> (3) 3 - One or more times per month <input type="radio"/> (4) 4 - One or more times per week <input type="radio"/> (5) 5 - Every day |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. Have you leaked even a small amount of urine or wet yourself in the past 7 days?

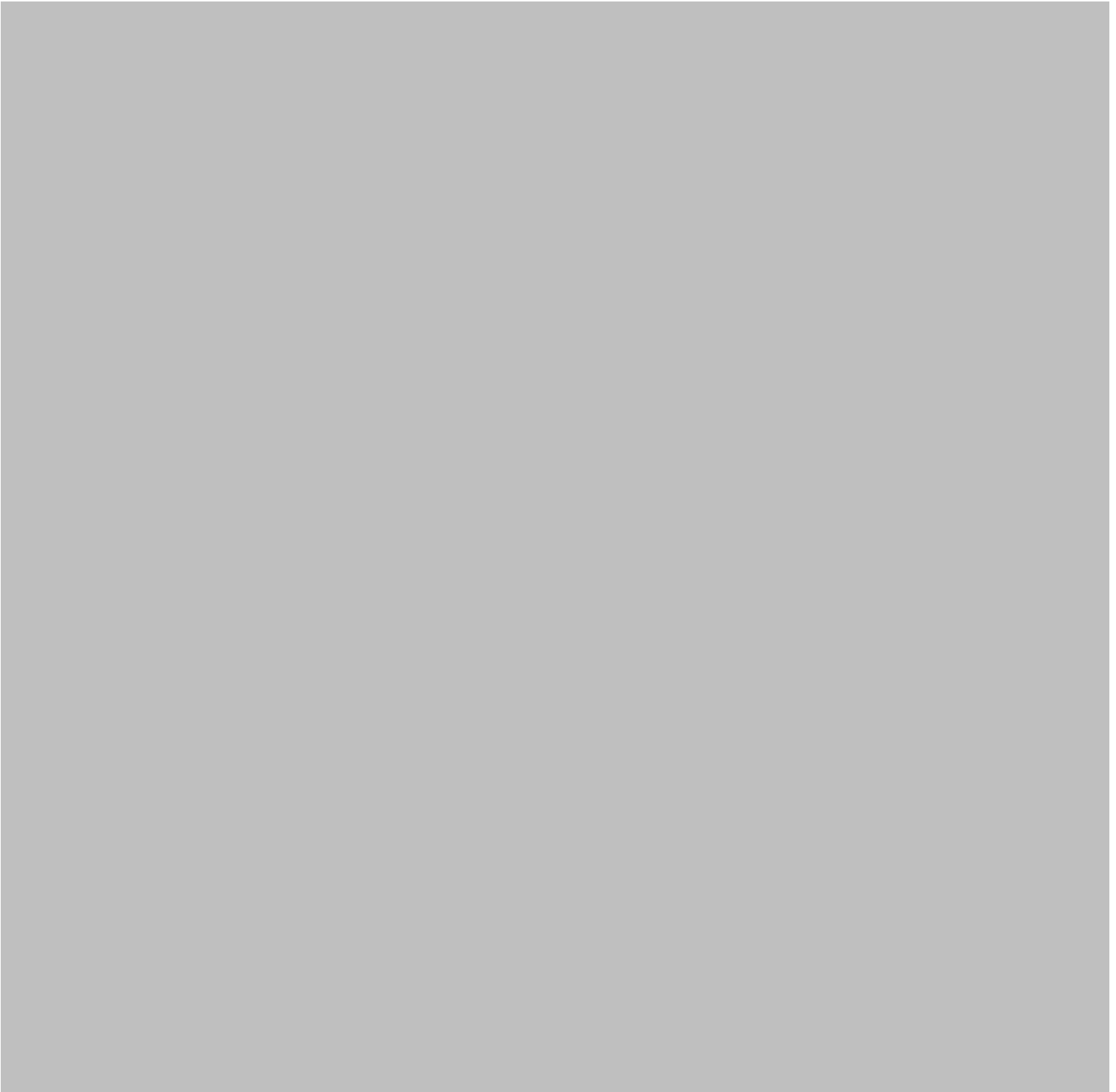
| | | |
|-------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| {urleak7} {int 4} | <input type="radio"/> (0) -- <input type="radio"/> (1) 1 - Yes <input type="radio"/> (2) 2 - No | If Yes, in the past 7 days, how many times did you leak urine with... |
|-------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|

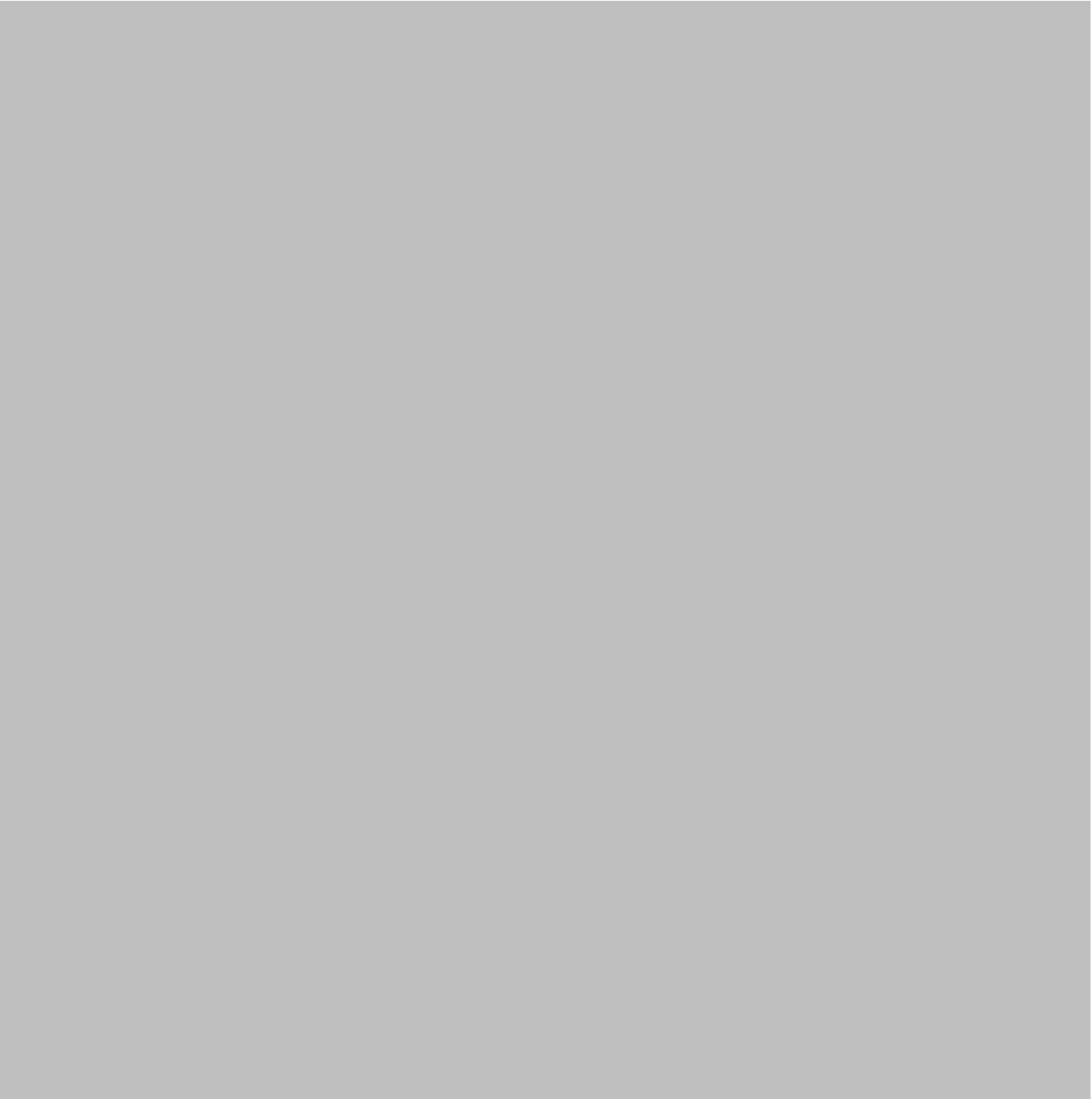
- {urcough} {int 4} a. **An activity like coughing, sneezing, lifting or exercise.** {urcghcnt} {int 4} **times in the last week**
- {ururge} {int 4} b. **An urge to urinate and couldn't get to the bathroom fast enough.** **times in the last week**
- {urother} {int 4} c. **Other reasons or Do not know.** {urothcnt} {int 4} **times in the last week**

MY HEALTH, PART B. ANNUAL

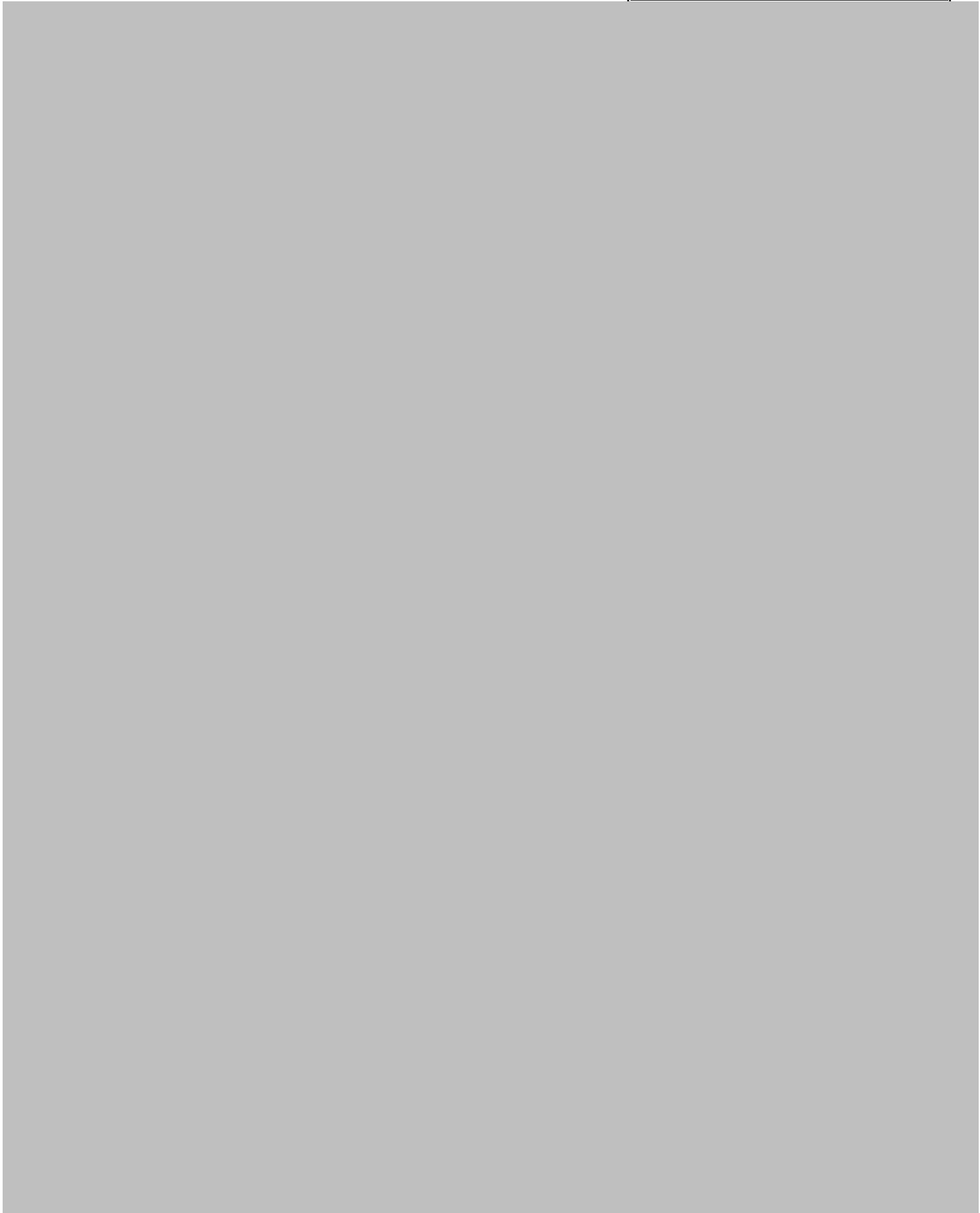
| | | | | | | | |
|---------------------|----------------------------------------------------|---------------------|----------------------|----------------------|----------------------|----------------------|--------------------------------|
| Patient ID | <input type="text" value="[affix ID label here]"/> | Date Form Completed | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | Month | Day | Year | | |
| Administration Type | <input type="text"/> | Visit Code | <input type="text"/> | <input type="text"/> | <input type="text"/> | Reviewed by | <input type="text"/> |
| | | | | | | Language | <input type="text" value="E"/> |













C. Urinary History

The following questions are about your urinary or bladder habits. These questions may seem personal or embarrassing, but your answers are important for research on these common health issues.

1. In the past 12 months, have you been told by a doctor that you had an infection of your bladder (urinary tract infection) or kidneys?

1 Yes →

a. Number of bladder (urinary tract) infections in the last year

2 No

b. Number of kidney infections in the last year

3 I don't know if it was an infection of my bladder or of my kidneys.

2. In the past 7 days, on average, how many times each day have you had to go to the bathroom to urinate:

a. during the day? times per day

b. during the night after going to bed? times per night

3. Many people complain that they leak urine or wet themselves accidentally. In the past 12 months, have you leaked even a small amount of urine? (Check one only)

1 None

2 Less than once per month

3 One or more times per month

4 One or more times per week

5 Every day

4. Have you leaked even a small amount of urine or wet yourself in the past 7 days?

1 Yes →

In the past 7 days, how many times did you leak urine with . . . (Mark all that apply)

2 No

a. An activity like coughing, sneezing, lifting, or exercise.

times in the last week

b. An urge to urinate and couldn't get to the bathroom fast enough.

times in the last week

c. Other reasons or don't know.

times in the last week

