

## Neuroimaging Self-Report Questionnaires

### A. ICIQ-UI Short Form

3

How often do you leak urine?

- 
- never
- about once a week or less often
- two or three times a week
- about once a day
- several times a day
- all the time

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	UrineLeakFreq	<p><i>Name:</i> UrineLeakFreq <i>SASFmt:</i> UrineLeakFreq</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>never</td> <td></td> </tr> <tr> <td>1</td> <td>about once a week or less often</td> <td></td> </tr> <tr> <td>2</td> <td>two or three times a week</td> <td></td> </tr> <tr> <td>3</td> <td>about once a day</td> <td></td> </tr> <tr> <td>4</td> <td>several times a day</td> <td></td> </tr> <tr> <td>5</td> <td>all the time</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	never		1	about once a week or less often		2	two or three times a week		3	about once a day		4	several times a day		5	all the time		SMALLINT		No range checks
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5	all the time																												

4

We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?

- 
- none
- a small amount
- a moderate amount
- a large amount

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UrineLeakAmount	<i>Name:</i> UrineLeakAmount <i>SASFmt:</i> UrineLeakAmount <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>none</td> <td></td> </tr> <tr> <td>1</td> <td>a small amount</td> <td></td> </tr> <tr> <td>2</td> <td>a moderate amount</td> <td></td> </tr> <tr> <td>3</td> <td>a large amount</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	none		1	a small amount		2	a moderate amount		3	a large amount		SMALLINT		No range checks
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Overall, how much does leaking urine interfere with your everyday life?

- 
- 0 (not at all)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (a great deal)

5

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	UrineLeakInterfere	<i>Name:</i> UrineLeakInterfere <i>SASFmt:</i> UrineLeakInterfere <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		SMALLINT		No range checks
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-1	--										

0	0 (not at all)	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10	10 (a great deal)	

When does urine leak? (Check all that apply)



- never - urine does not leak
- leaks before you can get to the bathroom
- leaks when you cough or sneeze
- leaks when you are asleep
- leaks when you are physically active/exercising
- leaks when you have finished urinating and are dressed
- leaks for no obvious reason
- leaks all the time

6

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	UrineLeakWhen	<p>Name: UrineLeakWhen <i>SASFmt:</i> UrineLeakWhen</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>never - urine does not leak</td> <td></td> </tr> <tr> <td>2</td> <td>leaks before you can get to the bathroom</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	never - urine does not leak		2	leaks before you can get to the bathroom		NVARCHAR	250	No range checks
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	3	leaks when you cough or sneeze			
	4	leaks when you are asleep			
	5	leaks when you are physically active/exercising			
	6	leaks when you have finished urinating and are dressed			
	7	leaks for no obvious reason			
	8	leaks all the time			

B. ICIQ-OAB

0 | Overactive bladder

How many times do you urinate during the day?

3a

- 
- 1 to 6 times
- 7 to 8 times
- 9 to 10 times
- 11 to 12 times
- 13 or more times

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	UrinateFreqDay	<i>Name:</i> UrinateFreqDay <i>SASFmt:</i> UrinateFreqDay <table border="1" data-bbox="526 1675 1055 1984"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>1 to 6 times</td> <td></td> </tr> <tr> <td>1</td> <td>7 to 8 times</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	1 to 6 times		1	7 to 8 times					SMALLINT		No range checks
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		2	9 to 10 times			
		3	11 to 12 times			
		4	13 or more times			

How much does this bother you?

- 
- 0 (not at all)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (a great deal)

3b

#	Field Name	Lookup Set	Type	Length	Range Checks																																	
1	UrinateBotherDay	<i>Name:</i> UrineLeakInterfere <i>SASFmt:</i> UrineLeakInterfere <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>0</td><td>0 (not at all)</td><td></td></tr> <tr><td>1</td><td>1</td><td></td></tr> <tr><td>2</td><td>2</td><td></td></tr> <tr><td>3</td><td>3</td><td></td></tr> <tr><td>4</td><td>4</td><td></td></tr> <tr><td>5</td><td>5</td><td></td></tr> <tr><td>6</td><td>6</td><td></td></tr> <tr><td>7</td><td>7</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (not at all)		1	1		2	2		3	3		4	4		5	5		6	6		7	7					SMALLINT		No range checks
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	8	8			
	9	9			
	10	10 (a great deal)			

During the night, how many times do you have to get up to urinate, on average?

4a

- 
- none
- one
- two
- three
- four or more

#	Field Name	Lookup Set	Type	Length	Range Checks																					
1	UrinateFreqNight	<p><i>Name:</i> UrinateFreqNight <i>SASFmt:</i> UrinateFreqNight</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>none</td> <td></td> </tr> <tr> <td>1</td> <td>one</td> <td></td> </tr> <tr> <td>2</td> <td>two</td> <td></td> </tr> <tr> <td>3</td> <td>three</td> <td></td> </tr> <tr> <td>4</td> <td>four or more</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	none		1	one		2	two		3	three		4	four or more		SMALLINT		No range checks
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4b

How much does this bother you?

- 
- 0 (not at all)
- 1
- 2
- 3
- 4
- 5
- 6
- 7

- 8
- 9
- 10 (a great deal)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	UrinateBotherNight	<i>Name: UrineLeakInterfere SASFmt:</i> UrineLeakInterfere <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>0</td><td>0 (not at all)</td><td></td></tr> <tr><td>1</td><td>1</td><td></td></tr> <tr><td>2</td><td>2</td><td></td></tr> <tr><td>3</td><td>3</td><td></td></tr> <tr><td>4</td><td>4</td><td></td></tr> <tr><td>5</td><td>5</td><td></td></tr> <tr><td>6</td><td>6</td><td></td></tr> <tr><td>7</td><td>7</td><td></td></tr> <tr><td>8</td><td>8</td><td></td></tr> <tr><td>9</td><td>9</td><td></td></tr> <tr><td>10</td><td>10 (a great deal)</td><td></td></tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (not at all)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (a great deal)		SMALLINT		No range checks
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5a

Do you have to rush to the toilet to urinate?

- 
- never
- occasionally
- sometimes
- most of the time
- all of the time

#	Field Name	Lookup Set	Type	Length	Range Checks
1	UrinateRush	<i>Name: NeverToAllTime SASFmt:</i>	SMALLINT		No range

NeverToAllTime				checks
Val	Text	Culture Suppression		
-1	--			
0	never			
1	occasionally			
2	sometimes			
3	most of the time			
4	all of the time			

How much does this bother you?

- 
- 0 (not at all)
- 1
- 2
- 3
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5b

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	UrinateRushBother	<i>Name:</i> UrineLeakInterfere <i>SASFmt:</i> UrineLeakInterfere <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (not at all)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	0 (not at all)		1	1		2	2		SMALLINT		No range checks
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	5	5			
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	10	10 (a great deal)			

6a

Does urine leak before you can get to the toilet?

- 
- never
- occasionally
- sometimes
- most of the time
- all of the time

#	Field Name	Lookup Set	Type	Length	Range Checks																					
1	LeakBeforeToilet	<p><i>Name: NeverToAllTime SASFmt: NeverToAllTime</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>0</td><td>never</td><td></td></tr> <tr><td>1</td><td>occasionally</td><td></td></tr> <tr><td>2</td><td>sometimes</td><td></td></tr> <tr><td>3</td><td>most of the time</td><td></td></tr> <tr><td>4</td><td>all of the time</td><td></td></tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	never		1	occasionally		2	sometimes		3	most of the time		4	all of the time		SMALLINT		No range checks
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6b

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1	LeakBeforeBother	<p><i>Name:</i> UrineLeakInterfere <i>SASFmt:</i> UrineLeakInterfere</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>0</td><td>0 (not at all)</td><td></td></tr> <tr><td>1</td><td>1</td><td></td></tr> <tr><td>2</td><td>2</td><td></td></tr> <tr><td>3</td><td>3</td><td></td></tr> <tr><td>4</td><td>4</td><td></td></tr> <tr><td>5</td><td>5</td><td></td></tr> <tr><td>6</td><td>6</td><td></td></tr> <tr><td>7</td><td>7</td><td></td></tr> <tr><td>8</td><td>8</td><td></td></tr> <tr><td>9</td><td>9</td><td></td></tr> <tr><td>10</td><td>10 (a great deal)</td><td></td></tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (not at all)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (a great deal)		SMALLINT		No range checks
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0 | Do you experience, and if so, how much are you bothered by:

1

Frequent urination?

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	UDIFreqUrine	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
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-1	--																		
0	No																		
1	Yes																		

1a

If yes, how much does it bother you?

- 
- Not at all
- Slightly
- Moderately
- Greatly

#	Field Name	Lookup Set			Type	Length	Range Checks																		
1	UDIFreqUrineBother	<i>Name: UDIBotherLevel SASFmt: UDIBotherLevel</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Slightly</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Greatly</td> <td></td> </tr> </tbody> </table>			Val	Text	Culture Suppression	-1	--		0	Not at all		1	Slightly		2	Moderately		3	Greatly		SMALLINT		No range checks
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2 | Urine leakage related to the feeling of urgency?

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	UDILeakUrgency	<p><i>Name: YesNo SASFmt: YesNo</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
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-1	--																
0	No																
1	Yes																

2a | If yes, how much does it bother you?

- 
- Not at all
- Slightly
- Moderately
- Greatly

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1	UDILeakUrgencyBother	<p><i>Name: UDIBotherLevel SASFmt: UDIBotherLevel</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Slightly</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Greatly</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	Not at all		1	Slightly		2	Moderately		3	Greatly		SMALLINT		No range checks
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3	Greatly																						

3 | Urine leakage related to physical activity, coughing or sneezing?

-

- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	UDILeakAct	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
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0	No																
1	Yes																

3a

If yes, how much does it bother you?

- 
- Not at all
- Slightly
- Moderately
- Greatly

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3	Greatly																						

4

Small amounts of urine leakage (drops)?

- 
- No
- Yes

--	--	--	--	--

#	Field Name	Lookup Set	Type	Length	Range Checks	
1	UDIDrops	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

4a

If yes, how much does it bother you?

- 
- Not at all
- Slightly
- Moderately
- Greatly

#	Field Name	Lookup Set	Type	Length	Range Checks	
1	UDIDropsBother	<i>Name: UDIBotherLevel SASFmt: UDIBotherLevel</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	Not at all			
		1	Slightly			
		2	Moderately			
		3	Greatly			

5

Difficulty emptying your bladder?

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks
1	UDIEmpty	<i>Name: YesNo SASFmt: YesNo</i>	SMALLINT		No range checks

	Val	Text	Culture Suppression			
	-1	--				
	0	No				
	1	Yes				

5a

If yes, how much does it bother you?

- 
- Not at all
- Slightly
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- Greatly

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UDIEmptyBother	<i>Name:</i> UDIBotherLevel <i>SASFmt:</i> UDIBotherLevel <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Slightly</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Greatly</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	Not at all		1	Slightly		2	Moderately		3	Greatly		SMALLINT		No range checks
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0	Not at all																						
1	Slightly																						
2	Moderately																						
3	Greatly																						

6

Pain or discomfort in the lower abdominal or genital area?

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks									
1	UDIPain	<i>Name:</i> YesNo <i>SASFmt:</i> YesNo <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		SMALLINT		No range checks
Val	Text	Culture Suppression												
-1	--													
0	No													

		1	Yes			
--	--	---	-----	--	--	--

6a

If yes, how much does it bother you?

- 
- Not at all
- Slightly
- Moderately
- Greatly

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UDIPainBother	<i>Name:</i> UDIBotherLevel <i>SASFmt:</i> UDIBotherLevel <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Slightly</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Greatly</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	Not at all		1	Slightly		2	Moderately		3	Greatly		SMALLINT		No range checks
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D. Incontinence Impact Questionnaire - Short Form

0 | Has urine leakage affected your:

1

Ability to do household chores (cooking, housecleaning, laundry)?

- 
- Not at all
- Slightly
- Moderately
- Greatly

#	Field Name	Lookup Set	Type	Length	Range Checks
1	IIQChores	<i>Name:</i> UDIBotherLevel <i>SASFmt:</i> UDIBotherLevel	SMALLINT		No range checks



		Val	Text	Culture Suppression			
		-1	--				
		0	Not at all				
		1	Slightly				
		2	Moderately				
		3	Greatly				

2

Physical recreation such as walking, swimming, or other exercise?

- 
- Not at all
- Slightly
- Moderately
- Greatly

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	IIQRecreation	<i>Name: UDIBOtherLevel SASFmt:</i> UDIBOtherLevel <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Slightly</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Greatly</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	Not at all		1	Slightly		2	Moderately		3	Greatly		SMALLINT		No range checks
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0	Not at all																						
1	Slightly																						
2	Moderately																						
3	Greatly																						

3

Entertainment activities (movies, concerts, etc.)?

- 
- Not at all
- Slightly
- Moderately
- Greatly

#	Field Name	Lookup Set	Type	Length	Range Checks

1	IIQEntertain	<i>Name: UDIBotherLevel SASFmt:</i> UDIBotherLevel	SMALLINT	No range checks																		
		<table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Slightly</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Greatly</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	Not at all		1	Slightly		2	Moderately		3	Greatly			
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0	Not at all																					
1	Slightly																					
2	Moderately																					
3	Greatly																					

4

Ability to travel by car or bus more than 30 minutes from home?

- 
- Not at all
- Slightly
- Moderately
- Greatly

#	Field Name	Lookup Set	Type	Length	Range Checks																	
1	IIQTravel	<i>Name: UDIBotherLevel SASFmt:</i> UDIBotherLevel	SMALLINT		No range checks																	
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0	Not at all																					
1	Slightly																					
2	Moderately																					
3	Greatly																					

5

Participation in social activities outside your home?

- 
- Not at all
- Slightly
- Moderately
- Greatly

--	--	--	--	--

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	IIQSocial	<i>Name: UDIBotherLevel SASFmt:</i> UDIBotherLevel  <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Slightly</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Greatly</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	Not at all		1	Slightly		2	Moderately		3	Greatly		SMALLINT		No range checks
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6

Emotional health (nervousness, depression, etc.)?

- 
- Not at all
- Slightly
- Moderately
- Greatly

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	IIQEmotional	<i>Name: UDIBotherLevel SASFmt:</i> UDIBotherLevel  <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Slightly</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Greatly</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	Not at all		1	Slightly		2	Moderately		3	Greatly		SMALLINT		No range checks
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1	Slightly																						
2	Moderately																						
3	Greatly																						

7

Feeling frustrated?

- 
- Not at all
- Slightly
- Moderately

- Greatly

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	IIQFrustrated	<i>Name:</i> UDIBOtherLevel <i>SASFmt:</i> UDIBOtherLevel <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Slightly</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Greatly</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	Not at all		1	Slightly		2	Moderately		3	Greatly		SMALLINT		No range checks
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1	Slightly																						
2	Moderately																						
3	Greatly																						

E. OAB-q Short Form Symptom Bother

0 | During the past 4 weeks, how bothered were you by...

An uncomfortable urge to urinate

- 
- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal
- A very great deal

1

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	OABUrgeUrine	<i>Name:</i> OABBother <i>SASFmt:</i> OABBother <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little bit</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Not at all		2	A little bit		SMALLINT		No range checks
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-1	--																
1	Not at all																
2	A little bit																

		3	Somewhat			
		4	Quite a bit			
		5	A great deal			
		6	A very great deal			

2

A sudden urge to urinate with little or no warning

- 
- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal
- A very great deal

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	OABUrineNoWarn	<p><i>Name:</i> OABBother <i>SASFmt:</i> OABBother</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little bit</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>5</td> <td>A great deal</td> <td></td> </tr> <tr> <td>6</td> <td>A very great deal</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Not at all		2	A little bit		3	Somewhat		4	Quite a bit		5	A great deal		6	A very great deal		SMALLINT		No range checks
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5	A great deal																												
6	A very great deal																												

3

Accidental loss of small amounts of urine

- 
- Not at all
- A little bit
- Somewhat

- Quite a bit
- A great deal
- A very great deal

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	OABSmallLoss	<i>Name: OABBother SASFmt:</i> OABBother  <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little bit</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>5</td> <td>A great deal</td> <td></td> </tr> <tr> <td>6</td> <td>A very great deal</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Not at all		2	A little bit		3	Somewhat		4	Quite a bit		5	A great deal		6	A very great deal		SMALLINT		No range checks
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5	A great deal																												
6	A very great deal																												

Nighttime urination

- 
- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal
- A very great deal

4

#	Field Name	Lookup Set	Type	Length	Range Checks									
1	OABNightUrine	<i>Name: OABBother SASFmt:</i> OABBother  <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--					SMALLINT		No range checks
Val	Text	Culture Suppression												
-1	--													

		1	Not at all			
		2	A little bit			
		3	Somewhat			
		4	Quite a bit			
		5	A great deal			
		6	A very great deal			

5

Waking up at night because you had to urinate

- 
- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal
- A very great deal

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	OABWakeUp	<p><i>Name:</i> OABBother <i>SASFmt:</i> OABBother</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little bit</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>5</td> <td>A great deal</td> <td></td> </tr> <tr> <td>6</td> <td>A very great deal</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	Not at all		2	A little bit		3	Somewhat		4	Quite a bit		5	A great deal		6	A very great deal		SMALLINT		No range checks
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4	Quite a bit																												
5	A great deal																												
6	A very great deal																												

6

Urine loss associated with a strong desire to urinate

- 
- Not at all

- A little bit
- Somewhat
- Quite a bit
- A great deal
- A very great deal

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	OABDesire	<i>Name:</i> OABBother <i>SASFmt:</i> OABBother <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little bit</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>5</td> <td>A great deal</td> <td></td> </tr> <tr> <td>6</td> <td>A very great deal</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Not at all		2	A little bit		3	Somewhat		4	Quite a bit		5	A great deal		6	A very great deal		SMALLINT		No range checks
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5	A great deal																												
6	A very great deal																												

0 | During the past 4 weeks, how often have your bladder symptoms ...

Caused you to plan "escape routes" to toilets in public places?

- 
- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

1

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	OABEscapeRoute	<i>Name:</i> OABNoneToAllTime <i>SASFmt:</i> OABNoneToAllTime <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression				SMALLINT		No range checks
Val	Text	Culture Suppression									



	Val	Text	Culture Suppression		
	-1	--			
	1	None of the time			
	2	A little of the time			
	3	Some of the time			
	4	A good bit of the time			
	5	Most of the time			
	6	All of the time			

Made you feel like there is something wrong with you?

- 
- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

2

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	OABFeelWrong	<i>Name:</i> OABNoneToAllTime <i>SASFmt:</i> OABNoneToAllTime	SMALLINT		No range checks															
		<table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>None of the time</td> <td></td> </tr> <tr> <td>2</td> <td>A little of the time</td> <td></td> </tr> <tr> <td>3</td> <td>Some of the time</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	None of the time		2	A little of the time		3	Some of the time				
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3	Some of the time																			

		4	A good bit of the time			
		5	Most of the time			
		6	All of the time			

3

Interfered with your ability to get a good night's rest?

- 
- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	OABInterfereRest	<p><i>Name: OABNoneToAllTime SASFmt: OABNoneToAllTime</i></p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>None of the time</td> <td></td> </tr> <tr> <td>2</td> <td>A little of the time</td> <td></td> </tr> <tr> <td>3</td> <td>Some of the time</td> <td></td> </tr> <tr> <td>4</td> <td>A good bit of the time</td> <td></td> </tr> <tr> <td>5</td> <td>Most of the time</td> <td></td> </tr> <tr> <td>6</td> <td>All of the time</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	None of the time		2	A little of the time		3	Some of the time		4	A good bit of the time		5	Most of the time		6	All of the time		SMALLINT		No range checks
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4	A good bit of the time																												
5	Most of the time																												
6	All of the time																												

4

Made you frustrated or annoyed about the amount of time you spend in the toilet?

-

- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	OABTimeToilet	<p><i>Name:</i> OABNoneToAllTime <i>SASFmt:</i> OABNoneToAllTime</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>None of the time</td> <td></td> </tr> <tr> <td>2</td> <td>A little of the time</td> <td></td> </tr> <tr> <td>3</td> <td>Some of the time</td> <td></td> </tr> <tr> <td>4</td> <td>A good bit of the time</td> <td></td> </tr> <tr> <td>5</td> <td>Most of the time</td> <td></td> </tr> <tr> <td>6</td> <td>All of the time</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	None of the time		2	A little of the time		3	Some of the time		4	A good bit of the time		5	Most of the time		6	All of the time		SMALLINT		No range checks
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5	Most of the time																												
6	All of the time																												

Made you avoid activities away from toilets (i.e., walks, running, hiking)?

- 
- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

5

#	Field Name	Lookup Set	Type	Length	Range Checks
1	OABAvoidAct	<i>Name:</i> OABNoneToAllTime <i>SASFmt:</i>	SMALLINT		No

OABNoneToAllTime			range checks
Val	Text	Culture Suppression	
-1	--		
1	None of the time		
2	A little of the time		
3	Some of the time		
4	A good bit of the time		
5	Most of the time		
6	All of the time		

6

Awakened you during sleep?

- 
- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	OABAwaken	<i>Name:</i> OABNoneToAllTime <i>SASFmt:</i> OABNoneToAllTime <table border="1" data-bbox="483 1522 1065 2018"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>None of the time</td> <td></td> </tr> <tr> <td>2</td> <td>A little of the time</td> <td></td> </tr> <tr> <td>3</td> <td>Some of the time</td> <td></td> </tr> <tr> <td>4</td> <td>A good bit of the time</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	None of the time		2	A little of the time		3	Some of the time		4	A good bit of the time		SMALLINT		No range checks
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2	A little of the time																						
3	Some of the time																						
4	A good bit of the time																						

		5	Most of the time		
		6	All of the time		

7

Caused you to reduce your physical activities (exercising, sports, etc.)?

- 
- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	OABReducePhy	<p><i>Name:</i> OABNoneToAllTime <i>SASFmt:</i> OABNoneToAllTime</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>None of the time</td> <td></td> </tr> <tr> <td>2</td> <td>A little of the time</td> <td></td> </tr> <tr> <td>3</td> <td>Some of the time</td> <td></td> </tr> <tr> <td>4</td> <td>A good bit of the time</td> <td></td> </tr> <tr> <td>5</td> <td>Most of the time</td> <td></td> </tr> <tr> <td>6</td> <td>All of the time</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	None of the time		2	A little of the time		3	Some of the time		4	A good bit of the time		5	Most of the time		6	All of the time		SMALLINT		No range checks
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5	Most of the time																												
6	All of the time																												

8

Caused you to have problems with your partner or spouse?

- 
- None of the time
- A little of the time
- Some of the time

- A good bit of the time
- Most of the time
- All of the time

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	OABPartner	<i>Name: OABNoneToAllTime SASFmt:</i> OABNoneToAllTime <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>None of the time</td> <td></td> </tr> <tr> <td>2</td> <td>A little of the time</td> <td></td> </tr> <tr> <td>3</td> <td>Some of the time</td> <td></td> </tr> <tr> <td>4</td> <td>A good bit of the time</td> <td></td> </tr> <tr> <td>5</td> <td>Most of the time</td> <td></td> </tr> <tr> <td>6</td> <td>All of the time</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	None of the time		2	A little of the time		3	Some of the time		4	A good bit of the time		5	Most of the time		6	All of the time		SMALLINT		No range checks
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5	Most of the time																												
6	All of the time																												

Made you uncomfortable while travelling with others because of needing to stop to go to the toilet?

- 
- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

9

#	Field Name	Lookup Set	Type	Length	Range Checks									
1	OABTravel	<i>Name: OABNoneToAllTime SASFmt:</i> OABNoneToAllTime <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--					SMALLINT		No range checks
Val	Text	Culture Suppression												
-1	--													

	1	None of the time			
	2	A little of the time			
	3	Some of the time			
	4	A good bit of the time			
	5	Most of the time			
	6	All of the time			

10

Affected your relationships with family and friends?

- 
- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	OABFamily	<p><i>Name:</i> OABNoneToAllTime <i>SASFmt:</i> OABNoneToAllTime</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>None of the time</td> <td></td> </tr> <tr> <td>2</td> <td>A little of the time</td> <td></td> </tr> <tr> <td>3</td> <td>Some of the time</td> <td></td> </tr> <tr> <td>4</td> <td>A good bit of the time</td> <td></td> </tr> <tr> <td>5</td> <td>Most of the time</td> <td></td> </tr> <tr> <td>6</td> <td>All of the time</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	None of the time		2	A little of the time		3	Some of the time		4	A good bit of the time		5	Most of the time		6	All of the time		SMALLINT		No range checks
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6	All of the time																												

11

Interfered with getting the amount of sleep you needed?

- 
- None of the time

- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	OABSleep	<i>Name:</i> OABNoneToAllTime <i>SASFmt:</i> OABNoneToAllTime <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>None of the time</td> <td></td> </tr> <tr> <td>2</td> <td>A little of the time</td> <td></td> </tr> <tr> <td>3</td> <td>Some of the time</td> <td></td> </tr> <tr> <td>4</td> <td>A good bit of the time</td> <td></td> </tr> <tr> <td>5</td> <td>Most of the time</td> <td></td> </tr> <tr> <td>6</td> <td>All of the time</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	None of the time		2	A little of the time		3	Some of the time		4	A good bit of the time		5	Most of the time		6	All of the time		SMALLINT		No range checks
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6	All of the time																												

12

Caused you embarrassment?

- 
- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	OABEmbarrass	<i>Name:</i> OABNoneToAllTime <i>SASFmt:</i> OABNoneToAllTime <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression				SMALLINT		No range checks
Val	Text	Culture Suppression									



		-1	--			
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		2	A little of the time			
		3	Some of the time			
		4	A good bit of the time			
		5	Most of the time			
		6	All of the time			

13

Caused you to locate the closest toilet as soon as you arrive at a place you have never been?

- 
- None of the time
- A little of the time
- Some of the time
- A good bit of the time
- Most of the time
- All of the time

#	Field Name	Lookup Set	Type	Length	Range Checks																					
1	OABLocateToilet	<i>Name:</i> OABNoneToAllTime <i>SASFmt:</i> OABNoneToAllTime <table border="1" style="margin-top: 10px;"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>None of the time</td> <td></td> </tr> <tr> <td>2</td> <td>A little of the time</td> <td></td> </tr> <tr> <td>3</td> <td>Some of the time</td> <td></td> </tr> <tr> <td>4</td> <td>A good bit of the time</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	None of the time		2	A little of the time		3	Some of the time		4	A good bit of the time					SMALLINT		No range checks
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4	A good bit of the time																									

		5	Most of the time			
		6	All of the time			

F. PSPS-Q (Ever)

- 0 How would you rate your general health in the last 12 months?
- - Excellent
  - Good
  - Fair
  - Poor

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	PSGenHealth	<i>Name: ExceToPoor SASFmt: ExceToPoor</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Excellent</td> <td></td> </tr> <tr> <td>2</td> <td>Good</td> <td></td> </tr> <tr> <td>3</td> <td>Fair</td> <td></td> </tr> <tr> <td>4</td> <td>Poor</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	Excellent		2	Good		3	Fair		4	Poor		SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
1	Excellent																						
2	Good																						
3	Fair																						
4	Poor																						

0 For the following symptom list, we would like to know if you have ever had a lot of trouble with the symptom and, if so, please indicate whether the symptom started before the age of 30. Please also indicate whether you have been bothered by the symptom in the last month.

0 Ever:

- 1 Headaches
- - No
  - Yes

#	Field Name	Lookup Set	Type	Length	Range Checks

1	EvHeadaches	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

- 2
- Feeling generally sickly
- - No
  - Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvGenSickly	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

- 3
- Blindness
- - No
  - Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvBlindness	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

- 4
- Paralysis
-

- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvParalysis	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

5

Numbness or tingling

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvNumbness	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

6

Inability to speak

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvCantSpeak	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				

		1	Yes			
--	--	---	-----	--	--	--

7

Fits, convulsions, seizures

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvFits	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

8

Unconsciousness

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvUnconscious	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

9

Amnesia (periods of time without memory)

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvAmnesia	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks

		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

10

Deafness

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvDeafness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

11

Hallucinations (e.g., seeing visions, hearing voices)

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvHallucination	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
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0	No																		
1	Yes																		

12

Difficulty urinating

-

- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvDiffUrinate	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

13

Trouble walking

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvTroubleWalk	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

14

Any (other) unusual spells

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks						
1	EvOtherSpell	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		SMALLINT		No range checks
Val	Text	Culture Suppression											
-1	--												

		0	No			
		1	Yes			

14

If yes, describe:

#	Field Name	Lookup Set	Type	Length	Range Checks
1	EvOtherSpellOS		NVARCHAR	250	No range checks

15

Fatigue (not just due to exercise)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvFatigue	<p><i>Name: YesNo SASFmt: YesNo</i></p> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

16

Lump in throat or inability to swallow

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvLumpThroat	<p><i>Name: YesNo SASFmt: YesNo</i></p> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																



17

Fainting spells

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvFainting	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

18

Blurred vision (not just due to needing glasses)

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvBlurredVision	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

19

Unexplained weakness of body or limbs

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvWeakBody	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks

		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

20

Painful urination

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvPainfulUrine	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

21

Breathing difficulty

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvBreathDiff	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
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-1	--																		
0	No																		
1	Yes																		

22

Palpitation or irregular heartbeat

- 
- No

Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvPalpitation	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

23

Anxiety attacks

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvAnxiety	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

24

Chest pain

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvChestPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

25

Dizziness (without fainting)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvDizziness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

26

Lack of appetite

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvLackAppetite	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

27

Unintentional weight loss

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvWeightLoss	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

28

Marked fluctuations in weight

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvFluctWeight	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

29

Nausea

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvNausea	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

30

Vomiting

-

- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvVomit	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

31

Inability to tolerate several kinds of food

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvTolerateFood	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

32

Diarrhea

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvDiarrhea	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				

		0	No			
		1	Yes			

33

Constipation

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvConstipation	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

34

Abdominal pain

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvAbdomenPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

35

Bloating of stomach or abdomen

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvBloatStomach	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

36

Painful menstruation

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvPainMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

37

Irregular menstrual periods

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks									
1	EvIrregularMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		SMALLINT		No range checks
Val	Text	Culture Suppression												
-1	--													
0	No													



		1	Yes			
--	--	---	-----	--	--	--

38

Skipped or stopped menstrual periods (don't count menopause)

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvSKipMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

39

Excessive bleeding with menstrual periods

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvExBleedMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

40

Loss of interest in sex

- 
- No
- Yes

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

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvLostSexInterest	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

41

Frigidity or impotence

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvFrigidity	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

42

Painful sexual intercourse

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvPainSex	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

43

Other difficulties with sex or sex organs

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks																
1	EvSexOtherDiff	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td colspan="2">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td colspan="2"></td> </tr> <tr> <td>0</td> <td>No</td> <td colspan="2"></td> </tr> <tr> <td>1</td> <td>Yes</td> <td colspan="2"></td> </tr> </table>			Val	Text	Culture Suppression		-1	--			0	No			1	Yes			SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
0	No																						
1	Yes																						

43

If yes, describe:

#	Field Name	Lookup Set	Type	Length	Range Checks
1	EvSexOtherDiffOS		NVARCHAR	250	No range checks

44

Vomiting all 9 months of pregnancy or hospitalized for vomiting during pregnancy

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks																
1	EvVomitPreg	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td colspan="2">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td colspan="2"></td> </tr> <tr> <td>0</td> <td>No</td> <td colspan="2"></td> </tr> <tr> <td>1</td> <td>Yes</td> <td colspan="2"></td> </tr> </table>			Val	Text	Culture Suppression		-1	--			0	No			1	Yes			SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
0	No																						
1	Yes																						

45

Back pain

-

- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvBackPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

46

Joint pain without swelling or redness, in more than one joint

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvJointPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

47

Painful extremities (limbs, hands, feet - not counting joints)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks									
1	EvPainLimbs	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		SMALLINT		No range checks
Val	Text	Culture Suppression												
-1	--													
0	No													

		1	Yes			
--	--	---	-----	--	--	--

48

Burning pains of the sexual organs, mouth, or rectum

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvBurningPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

49

Other bodily pains

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvOtherPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

49

If yes, describe:

#	Field Name	Lookup Set	Type	Length	Range Checks
1	EvOtherPainOS		NVARCHAR	250	No range checks

50

Nervousness

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvNervousness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

51

Fears

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	EvFears	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

52

Depressed feelings

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	EvDepress	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression				SMALLINT		No range checks
Val	Text	Culture Suppression									

		-1	--			
		0	No			
		1	Yes			

53

Need to quit working or inability to carry on regular duties due to feeling sick

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvQuitWork	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

54

Crying easily

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvCryEasily	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

55

Feeling life is hopeless

- 
- No
- Yes

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

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvHopeless	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

56

Thinking a good deal about dying

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvThinkDie	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

57

Wanting to die

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvWantDie	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				



Thinking of suicide

- No  
 Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvThinkSuicide	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

Suicide attempt

- No  
 Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	EvSuicideAttempt	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

G. PSPS-Q (Before age 30)
---------------------------

For the following symptom list, we would like to know if you have ever had a lot of trouble with the symptom and, if so, please indicate whether the symptom started before the age of 30. Please also indicate whether you have been bothered by the symptom in the last month.

Before age 30:

Headaches

1

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4Headaches	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

2

Feeling generally sickly

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4GenSickly	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

3

Blindness

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks									
1	B4Blindness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--					SMALLINT		No range checks
Val	Text	Culture Suppression												
-1	--													

		0	No			
		1	Yes			

4

Paralysis

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4Paralysis	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

5

Numbness or tingling

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4Numbness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

6

Inability to speak

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks

1	B4CantSpeak	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

7

Fits, convulsions, seizures

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	B4Fits	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

8

Unconsciousness

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	B4Unconscious	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

9

Amnesia (periods of time without memory)

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	B4Amnesia	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

10

Deafness

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	B4Deafness	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

11

Hallucinations (e.g., seeing visions, hearing voices)

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	B4Hallucination	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				

		0	No			
		1	Yes			

- 12
- Difficulty urinating
- - No
  - Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4DiffUrinat	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

- 13
- Trouble walking
- - No
  - Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4TroubleWalk	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

- 14
- Any (other) unusual spells
- - No
  - Yes

#	Field Name	Lookup Set	Type	Length	Range Checks	
1	B4OtherSpell	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

15

Fatigue (not just due to exercise)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks	
1	B4Fatigue	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

16

Lump in throat or inability to swallow

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks	
1	B4LumpThroat	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

17

Fainting spells

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4Fainting	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

18

Blurred vision (not just due to needing glasses)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4BlurredVision	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

19

Unexplained weakness of body or limbs

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	B4WeakBody	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression				SMALLINT		No range checks
Val	Text	Culture Suppression									



	Val	Text	Culture Suppression			
	-1	--				
	0	No				
	1	Yes				

20

Painful urination

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4PainfulUrine	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

21

Breathing difficulty

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4BreathDiff	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

22

Palpitation or irregular heartbeat

- 
- No

Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4Palpitation	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"><thead><tr><th>Val</th><th>Text</th><th>Culture Suppression</th></tr></thead><tbody><tr><td>-1</td><td>--</td><td></td></tr><tr><td>0</td><td>No</td><td></td></tr><tr><td>1</td><td>Yes</td><td></td></tr></tbody></table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

23

Anxiety attacks

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4Anxiety	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"><thead><tr><th>Val</th><th>Text</th><th>Culture Suppression</th></tr></thead><tbody><tr><td>-1</td><td>--</td><td></td></tr><tr><td>0</td><td>No</td><td></td></tr><tr><td>1</td><td>Yes</td><td></td></tr></tbody></table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

24

Chest pain

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4ChestPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"><thead><tr><th>Val</th><th>Text</th><th>Culture Suppression</th></tr></thead><tbody><tr><td>-1</td><td>--</td><td></td></tr><tr><td>0</td><td>No</td><td></td></tr><tr><td>1</td><td>Yes</td><td></td></tr></tbody></table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

25

Dizziness (without fainting)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4Dizziness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

26

Lack of appetite

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4LackAppetite	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

27

Unintentional weight loss

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4WeightLoss	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

28

Marked fluctuations in weight

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4FluctWeight	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

29

Nausea

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4Nausea	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

30

Vomiting

-

- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	B4Vomit	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

31

Inability to tolerate several kinds of food

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	B4TolerateFood	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

32

Diarrhea

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	B4Diarrhea	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				

		0	No			
		1	Yes			

33

Constipation

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4Constipation	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

34

Abdominal pain

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4AbdomenPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

35

Bloating of stomach or abdomen

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4BloatStomach	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

36

Painful menstruation

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4PainMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

37

Irregular menstrual periods

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	B4IrregularMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		SMALLINT		No range checks
Val	Text	Culture Suppression									
-1	--										

		0	No			
		1	Yes			

38

Skipped or stopped menstrual periods (don't count menopause)

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4SKipMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

39

Excessive bleeding with menstrual periods

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4ExBleedMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

40

Loss of interest in sex

- 
- No
- Yes



#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4LostSexInterest	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

41

Frigidity or impotence

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4Frigidity	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

42

Painful sexual intercourse

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4PainSex	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

43

Other difficulties with sex or sex organs

- No  
 Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4SexOtherDiff	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

44

Vomiting all 9 months of pregnancy or hospitalized for vomiting during pregnancy

- No  
 Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4VomitPreg	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

45

Back pain

- No  
 Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4BackPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

	Val	Text	Culture Suppression			
	-1	--				
	0	No				
	1	Yes				

46

Joint pain without swelling or redness, in more than one joint

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4JointPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

47

Painful extremities (limbs, hands, feet - not counting joints)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4PainLimbs	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

48

Burning pains of the sexual organs, mouth, or rectum

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4BurningPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

49

Other bodily pains

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4OtherPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

50

Nervousness

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	B4Nervousness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

51

Fears

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4Fears	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

52

Depressed feelings

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4Depress	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

53

Need to quit working or inability to carry on regular duties due to feeling sick

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks						
1	B4QuitWork	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Val	Text	Culture Suppression				SMALLINT		No range checks
Val	Text	Culture Suppression											

		-1	--		
		0	No		
		1	Yes		

54

Crying easily

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4CryEasily	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

55

Feeling life is hopeless

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	B4Hopeless	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

56

Thinking a good deal about dying

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks	
1	B4ThinkDie	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

57

Wanting to die

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks	
1	B4WantDie	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

58

Thinking of suicide

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks	
1	B4ThinkSuicide	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

59

Suicide attempt

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks																
1	B4SuicideAttempt	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td colspan="2">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td colspan="2"></td> </tr> <tr> <td>0</td> <td>No</td> <td colspan="2"></td> </tr> <tr> <td>1</td> <td>Yes</td> <td colspan="2"></td> </tr> </table>			Val	Text	Culture Suppression		-1	--			0	No			1	Yes			SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
0	No																						
1	Yes																						

H. PSPS-Q (Last month)

0

For the following symptom list, we would like to know if you have ever had a lot of trouble with the symptom and, if so, please indicate whether the symptom started before the age of 30. Please also indicate whether you have been bothered by the symptom in the last month.

0

Last month:

1

Headaches

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks																
1	LMHeadaches	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td colspan="2">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td colspan="2"></td> </tr> <tr> <td>0</td> <td>No</td> <td colspan="2"></td> </tr> <tr> <td>1</td> <td>Yes</td> <td colspan="2"></td> </tr> </table>			Val	Text	Culture Suppression		-1	--			0	No			1	Yes			SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
0	No																						
1	Yes																						



2 | Feeling generally sickly

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMGenSickly	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

3 | Blindness

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMBlindness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

4 | Paralysis

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	LMParalysis	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Val	Text	Culture Suppression				SMALLINT		No range checks
Val	Text	Culture Suppression									

		-1	--				
		0	No				
		1	Yes				

5

Numbness or tingling

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMNumbness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

6

Inability to speak

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMCantSpeak	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

7

Fits, convulsions, seizures

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMFits	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

8

Unconsciousness

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMUnconscious	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

9

Amnesia (periods of time without memory)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMAmnesia	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

10

Deafness

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMDeafness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

11

Hallucinations (e.g., seeing visions, hearing voices)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMHallucination	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

12

Difficulty urinating

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks
1	LMDiffUrinat	<i>Name: YesNo SASFmt: YesNo</i>	SMALLINT		No range

					checks
		Val	Text	Culture Suppression	
		-1	--		
		0	No		
		1	Yes		

13

Trouble walking

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMTroubleWalk	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

14

Any (other) unusual spells

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMOtherSpell	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

15

Fatigue (not just due to exercise)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMFatigue	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

16

Lump in throat or inability to swallow

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMLumpThroat	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

17

Fainting spells

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	LMFainting	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression				SMALLINT		No range checks
Val	Text	Culture Suppression									

		-1	--			
		0	No			
		1	Yes			

18

Blurred vision (not just due to needing glasses)

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMBlurredVision	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

19

Unexplained weakness of body or limbs

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMWeakBody	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

20

Painful urination

- 
- No

Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMPainfulUrine	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

21

Breathing difficulty

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMBreathDiff	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

22

Palpitation or irregular heartbeat

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	LMPalpitation	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		SMALLINT		No range checks
Val	Text	Culture Suppression									
-1	--										



		0	No			
		1	Yes			

23

Anxiety attacks

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMAnxiety	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

24

Chest pain

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMChestPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

25

Dizziness (without fainting)

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks

1	LMDizziness	<i>Name: YesNo SASFmt: YesNo</i>	SMALLINT	No range checks												
		<table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes			
Val	Text	Culture Suppression														
-1	--															
0	No															
1	Yes															

26

Lack of appetite

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMLackAppetite	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

27

Unintentional weight loss

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMWeightLoss	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

28

Marked fluctuations in weight

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks																
1	LMFluctWeight	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td colspan="2">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td colspan="2"></td> </tr> <tr> <td>0</td> <td>No</td> <td colspan="2"></td> </tr> <tr> <td>1</td> <td>Yes</td> <td colspan="2"></td> </tr> </table>			Val	Text	Culture Suppression		-1	--			0	No			1	Yes			SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
0	No																						
1	Yes																						

29

Nausea

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks																
1	LMNausea	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td colspan="2">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td colspan="2"></td> </tr> <tr> <td>0</td> <td>No</td> <td colspan="2"></td> </tr> <tr> <td>1</td> <td>Yes</td> <td colspan="2"></td> </tr> </table>			Val	Text	Culture Suppression		-1	--			0	No			1	Yes			SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
0	No																						
1	Yes																						

30

Vomiting

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks				
1	LMVomit	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td colspan="2">Culture Suppression</td> </tr> </table>			Val	Text	Culture Suppression		SMALLINT		No range checks
Val	Text	Culture Suppression									

		-1	--		
		0	No		
		1	Yes		

31

Inability to tolerate several kinds of food

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMTolerateFood	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

32

Diarrhea

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMDiarrhea	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

33

Constipation

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMConstipation	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

34

Abdominal pain

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMAbdomenPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

35

Bloating of stomach or abdomen

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	LMBloatStomach	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression				SMALLINT		No range checks
Val	Text	Culture Suppression									

		-1	--			
		0	No			
		1	Yes			

36

Painful menstruation

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMPainMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

37

Irregular menstrual periods

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMIrregularMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

38

Skipped or stopped menstrual periods (don't count menopause)

- 
- No

Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMSKipMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"><thead><tr><th>Val</th><th>Text</th><th>Culture Suppression</th></tr></thead><tbody><tr><td>-1</td><td>--</td><td></td></tr><tr><td>0</td><td>No</td><td></td></tr><tr><td>1</td><td>Yes</td><td></td></tr></tbody></table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

39

Excessive bleeding with menstrual periods

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMExBleedMenstr	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"><thead><tr><th>Val</th><th>Text</th><th>Culture Suppression</th></tr></thead><tbody><tr><td>-1</td><td>--</td><td></td></tr><tr><td>0</td><td>No</td><td></td></tr><tr><td>1</td><td>Yes</td><td></td></tr></tbody></table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

40

Loss of interest in sex

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	LMLostSexInterest	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"><thead><tr><th>Val</th><th>Text</th><th>Culture Suppression</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr></tbody></table>	Val	Text	Culture Suppression				SMALLINT		No range checks
Val	Text	Culture Suppression									

		-1	--			
		0	No			
		1	Yes			

41

Frigidity or impotence

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMFrigidity	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

42

Painful sexual intercourse

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMPainSex	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

43

Other difficulties with sex or sex organs

- 
- No
- Yes

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



#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMSexOtherDiff	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

44

Vomiting all 9 months of pregnancy or hospitalized for vomiting during pregnancy

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMVomitPreg	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

45

Back pain

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMBackPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No					SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																

		1	Yes			
--	--	---	-----	--	--	--

46

Joint pain without swelling or redness, in more than one joint

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMJointPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

47

Painful extremities (limbs, hands, feet - not counting joints)

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMPainLimbs	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

48

Burning pains of the sexual organs, mouth, or rectum

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks
1	LMBurningPain	<i>Name: YesNo SASFmt: YesNo</i>	SMALLINT		No range

					checks
	Val	Text	Culture Suppression		
	-1	--			
	0	No			
	1	Yes			

49

Other bodily pains

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMOtherPain	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

50

Nervousness

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMNervousness	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

51

Fears

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMFears	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

52

Depressed feelings

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMDepress	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

53

Need to quit working or inability to carry on regular duties due to feeling sick

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks									
1	LMQuitWork	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--					SMALLINT		No range checks
Val	Text	Culture Suppression														
-1	--															

		0	No				
		1	Yes				

54

Crying easily

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMCryEasily	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

55

Feeling life is hopeless

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	LMHopeless	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression																	
-1	--																		
0	No																		
1	Yes																		

56

Thinking a good deal about dying

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks

1	LMThinkDie	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			

57

Wanting to die

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	LMWantDie	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

58

Thinking of suicide

- 
- No
- Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	LMThinkSuicide	<i>Name: YesNo SASFmt: YesNo</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				

Suicide attempt

- 
- No
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	LMSuicideAttempt	<i>Name: YesNo SASFmt: YesNo</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
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0	No																
1	Yes																

## I. Brief Pain Inventory (Short Form)

Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

1

- 
- Yes
- No

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	PainOther	<i>Name: NoYes SASFmt: NoYes</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Yes		0	No		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
1	Yes																
0	No																

3

Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

- 
- 0 (No Pain)
- 1
- 2

- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Pain as bad as you can imagine)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	PainWorst24h	<p><i>Name: Pain0To10 SASFmt: Pain0To10</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (No Pain)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>10 (Pain as bad as you can imagine)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (No Pain)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Pain as bad as you can imagine)		SMALLINT		No range checks
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8	8																																											
9	9																																											
10	10 (Pain as bad as you can imagine)																																											

4 Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours.

- 
- 0 (No Pain)
- 1
- 2
- 3



- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Pain as bad as you can imagine)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	PainLeast24h	<p><i>Name: Pain0To10 SASFmt: Pain0To10</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (No Pain)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>10 (Pain as bad as you can imagine)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (No Pain)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Pain as bad as you can imagine)		SMALLINT		No range checks
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9	9																																											
10	10 (Pain as bad as you can imagine)																																											

5 Please rate your pain by circling the one number that best describes your pain on the average.

- 
- 0 (No Pain)
- 1
- 2
- 3
- 4
- 5

- 6
- 7
- 8
- 9
- 10 (Pain as bad as you can imagine)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	PainAvg	<p>Name: Pain0To10 SASFmt: Pain0To10</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>0</td><td>0 (No Pain)</td><td></td></tr> <tr><td>1</td><td>1</td><td></td></tr> <tr><td>2</td><td>2</td><td></td></tr> <tr><td>3</td><td>3</td><td></td></tr> <tr><td>4</td><td>4</td><td></td></tr> <tr><td>5</td><td>5</td><td></td></tr> <tr><td>6</td><td>6</td><td></td></tr> <tr><td>7</td><td>7</td><td></td></tr> <tr><td>8</td><td>8</td><td></td></tr> <tr><td>9</td><td>9</td><td></td></tr> <tr><td>10</td><td>10 (Pain as bad as you can imagine)</td><td></td></tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (No Pain)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Pain as bad as you can imagine)		SMALLINT		No range checks
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9	9																																											
10	10 (Pain as bad as you can imagine)																																											

6 Please rate your pain by circling the one number that tells how much pain you have right now.

- 
- 0 (No Pain)
- 1
- 2
- 3
- 4
- 5
- 6
- 7

- 8
- 9
- 10 (Pain as bad as you can imagine)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	PainNow	<i>Name: Pain0To10 SASFmt: Pain0To10</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>0</td><td>0 (No Pain)</td><td></td></tr> <tr><td>1</td><td>1</td><td></td></tr> <tr><td>2</td><td>2</td><td></td></tr> <tr><td>3</td><td>3</td><td></td></tr> <tr><td>4</td><td>4</td><td></td></tr> <tr><td>5</td><td>5</td><td></td></tr> <tr><td>6</td><td>6</td><td></td></tr> <tr><td>7</td><td>7</td><td></td></tr> <tr><td>8</td><td>8</td><td></td></tr> <tr><td>9</td><td>9</td><td></td></tr> <tr><td>10</td><td>10 (Pain as bad as you can imagine)</td><td></td></tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (No Pain)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Pain as bad as you can imagine)		SMALLINT		No range checks
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9	9																																											
10	10 (Pain as bad as you can imagine)																																											

7

What treatments or medications are you receiving for your pain?

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PainMed		NVARCHAR	1000	No range checks

8

In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

- 
- 0% (No Relief)
- 10%

- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100% (Complete Relief)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	PainMedRelief	<p><i>Name:</i> PainRelief <i>SASFmt:</i> PainRelief</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0% (No Relief)</td> <td></td> </tr> <tr> <td>1</td> <td>10%</td> <td></td> </tr> <tr> <td>2</td> <td>20%</td> <td></td> </tr> <tr> <td>3</td> <td>30%</td> <td></td> </tr> <tr> <td>4</td> <td>40%</td> <td></td> </tr> <tr> <td>5</td> <td>50%</td> <td></td> </tr> <tr> <td>6</td> <td>60%</td> <td></td> </tr> <tr> <td>7</td> <td>70%</td> <td></td> </tr> <tr> <td>8</td> <td>80%</td> <td></td> </tr> <tr> <td>9</td> <td>90%</td> <td></td> </tr> <tr> <td>10</td> <td>100% (Complete Relief)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0% (No Relief)		1	10%		2	20%		3	30%		4	40%		5	50%		6	60%		7	70%		8	80%		9	90%		10	100% (Complete Relief)		SMALLINT		No range checks
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7	70%																																											
8	80%																																											
9	90%																																											
10	100% (Complete Relief)																																											

9 | Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

A | General Activity

- 
- 0 (Does not Interfere)
- 1

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Completely Interferes)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	InterfereGeneralAct	<p><i>Name:</i> PainInterfere <i>SASFmt:</i> PainInterfere</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Does not Interfere)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>10 (Completely Interferes)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Does not Interfere)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Completely Interferes)		SMALLINT		No range checks
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B

Mood

- 
- 0 (Does not Interfere)
- 1

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Completely Interferes)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	InterfereMood	<p><i>Name:</i> PainInterfere <i>SASFmt:</i> PainInterfere</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Does not Interfere)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>10 (Completely Interferes)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Does not Interfere)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Completely Interferes)		SMALLINT		No range checks
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10	10 (Completely Interferes)																																											

C Walking Ability

- 
- 0 (Does not Interfere)
- 1

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Completely Interferes)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	InterfereWalk	<p><i>Name:</i> PainInterfere <i>SASFmt:</i> PainInterfere</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Does not Interfere)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>10 (Completely Interferes)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Does not Interfere)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Completely Interferes)		SMALLINT		No range checks
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D Normal Work (includes both work outside the home and housework)

- 
- 0 (Does not Interfere)
- 1

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Completely Interferes)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	InterfereWork	<p><i>Name:</i> PainInterfere <i>SASFmt:</i> PainInterfere</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Does not Interfere)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>10 (Completely Interferes)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Does not Interfere)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Completely Interferes)		SMALLINT		No range checks
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E Relations with other people

- 
- 0 (Does not Interfere)
- 1



- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Completely Interferes)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	InterfereRelation	<p><i>Name:</i> PainInterfere <i>SASFmt:</i> PainInterfere</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Does not Interfere)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>10 (Completely Interferes)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Does not Interfere)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Completely Interferes)		SMALLINT		No range checks
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F

Sleep

- 
- 0 (Does not Interfere)
- 1

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Completely Interferes)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	InterfereSleep	<p><i>Name:</i> PainInterfere <i>SASFmt:</i> PainInterfere</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Does not Interfere)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>10 (Completely Interferes)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Does not Interfere)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Completely Interferes)		SMALLINT		No range checks
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G | Enjoyment of life

- 
- 0 (Does not Interfere)
- 1

- 2
- 3
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- 6
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- 8
- 9
- 10 (Completely Interferes)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	InterfereEnjoyLife	<p><i>Name:</i> PainInterfere <i>SASFmt:</i> PainInterfere</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Does not Interfere)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6</td> <td></td> </tr> <tr> <td>7</td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>9</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td>10 (Completely Interferes)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Does not Interfere)		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10 (Completely Interferes)		SMALLINT		No range checks
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J. Hyperacusis Questionnaire

0 | Are you or have you been exposed to noise?

-

- Yes
- No

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	HQNoiseExpose	<i>Name: NoYes SASFmt: NoYes</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	Yes		0	No		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
1	Yes																
0	No																

Do you tolerate noise less well as compared to a few years ago?

0

- 
- Yes
- No

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	HQNoiseTolerate	<i>Name: NoYes SASFmt: NoYes</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	Yes		0	No		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
1	Yes																
0	No																

Have you ever had hearing problems?

0

- 
- Yes
- No

#	Field Name	Lookup Set	Type	Length	Range Checks			
1	HQHearProblem	<i>Name: NoYes SASFmt: NoYes</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture</td> </tr> </table>	Val	Text	Culture	SMALLINT		No range checks
Val	Text	Culture						

			Suppression		
	-1	--			
	1	Yes			
	0	No			

0

If so, of what kind?

#	Field Name	Lookup Set	Type	Length	Range Checks
1	HQHearProbSpecify		NVARCHAR	250	No range checks

1

Do you ever use earplugs or earmuffs to reduce your noise perception? (Do not consider the use of hearing protection during abnormally high noise exposure situations.)

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	HQEarplugs	<p><i>Name: NoALot SASFmt: NoALot</i></p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Yes, a lot</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		3	Yes, a lot		SMALLINT		No range checks
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0	No																						
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2	Yes, quite a lot																						
3	Yes, a lot																						

2

Do you find it harder to ignore sounds around you in everyday situations?

- 
- No
- Yes, a little

- Yes, quite a lot
- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	HQIgnoreSound	<i>Name: NoALot SASFmt: NoALot</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Yes, a lot</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		3	Yes, a lot		SMALLINT		No range checks
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2	Yes, quite a lot																						
3	Yes, a lot																						

Do you have trouble reading in a noisy or loud environment?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

3

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	HQReading	<i>Name: NoALot SASFmt: NoALot</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Yes, a lot</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		3	Yes, a lot		SMALLINT		No range checks
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0	No																						
1	Yes, a little																						
2	Yes, quite a lot																						
3	Yes, a lot																						

4

Do you have trouble concentrating in noisy surroundings?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	HQConcentrate	<p><i>Name: NoALot SASFmt: NoALot</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Yes, a lot</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		3	Yes, a lot		SMALLINT		No range checks
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2	Yes, quite a lot																						
3	Yes, a lot																						

5

Do you have difficulty listening to conversations in noisy places?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	HQListen	<p><i>Name: NoALot SASFmt: NoALot</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a		SMALLINT		No range checks
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1	Yes, a little																			
2	Yes, quite a																			

		lot			
	3	Yes, a lot			

6

Has anyone you know ever told you that you tolerate noise or certain kinds of sound badly?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	HQOtherTell	<i>Name: NoALot SASFmt: NoALot</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Yes, a lot</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		3	Yes, a lot		SMALLINT		No range checks
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1	Yes, a little																						
2	Yes, quite a lot																						
3	Yes, a lot																						

7

Are you particularly sensitive to or bothered by street noise?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	HQStreetNoise	<i>Name: NoALot SASFmt: NoALot</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		SMALLINT		No range checks
Val	Text	Culture Suppression									
-1	--										



	0	No			
	1	Yes, a little			
	2	Yes, quite a lot			
	3	Yes, a lot			

8

Do you find the noise unpleasant in certain social situations (e.g., night clubs, pubs or bars, concerts, firework displays, cocktail receptions)?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	HQSocialSituation	<p><i>Name: NoALot SASFmt: NoALot</i></p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Yes, a lot</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		3	Yes, a lot		SMALLINT		No range checks
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9

When someone suggests doing something (going out, to the cinema, to a concert, etc.), do you immediately think about the noise you are going to have to put up with?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks
1	HQSuggestion		SMALLINT		No range

	<i>Name: NoALot SASFmt: NoALot</i>			checks
	Val	Text	Culture Suppression	
	-1	--		
	0	No		
	1	Yes, a little		
	2	Yes, quite a lot		
	3	Yes, a lot		

10

Do you ever turn down an invitation or not go out because of the noise you would have to face?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	HQInvitation	<i>Name: NoALot SASFmt: NoALot</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Yes, a lot</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		3	Yes, a lot		SMALLINT		No range checks
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3	Yes, a lot																						

11

Do noises or particular sounds bother you more in a quiet place than in a slightly noisy room?

- 
- No
- Yes, a little
- Yes, quite a lot

- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	HQMoreInQuiet	<i>Name: NoALot SASFmt: NoALot</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Yes, a lot</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		3	Yes, a lot		SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
0	No																						
1	Yes, a little																						
2	Yes, quite a lot																						
3	Yes, a lot																						

Do stress and tiredness reduce your ability to concentrate in noise?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

12

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	HQStressTired	<i>Name: NoALot SASFmt: NoALot</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Yes, a lot</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		3	Yes, a lot		SMALLINT		No range checks
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-1	--																						
0	No																						
1	Yes, a little																						
2	Yes, quite a lot																						
3	Yes, a lot																						

13

Are you less able to concentrate in noise towards the end of the day?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	HQEndOfDay	<i>Name: NoALot SASFmt: NoALot</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Yes, a lot</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		3	Yes, a lot		SMALLINT		No range checks
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-1	--																						
0	No																						
1	Yes, a little																						
2	Yes, quite a lot																						
3	Yes, a lot																						

Do noise and certain sounds cause you stress and irritation?

- 
- No
- Yes, a little
- Yes, quite a lot
- Yes, a lot

14

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	HQStressIrritation	<i>Name: NoALot SASFmt: NoALot</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes, a little</td> <td></td> </tr> <tr> <td>2</td> <td>Yes, quite a lot</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes, a little		2	Yes, quite a lot		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes, a little																			
2	Yes, quite a lot																			

## K. MAPP II CHOIR Body Map

0 Select each area on the body map where you have had pain or tenderness over the past 7 days:

## Front

- 
- 1
- 2
- 3
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## Rear

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#	Field Name	Lookup Set	Type	Length	Range Checks																																																																					
1	MAPPFront	<i>Name: MAPPFront SASFmt: MAPPFront</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>1</td><td>1</td><td></td></tr> <tr><td>2</td><td>2</td><td></td></tr> <tr><td>3</td><td>3</td><td></td></tr> <tr><td>4</td><td>4</td><td></td></tr> <tr><td>5</td><td>5</td><td></td></tr> <tr><td>6</td><td>6</td><td></td></tr> <tr><td>7</td><td>7</td><td></td></tr> <tr><td>8</td><td>8</td><td></td></tr> <tr><td>9</td><td>9</td><td></td></tr> <tr><td>10</td><td>10</td><td></td></tr> <tr><td>11</td><td>11</td><td></td></tr> <tr><td>12</td><td>12</td><td></td></tr> <tr><td>13</td><td>13</td><td></td></tr> <tr><td>14</td><td>14</td><td></td></tr> <tr><td>15</td><td>15</td><td></td></tr> <tr><td>16</td><td>16</td><td></td></tr> <tr><td>17</td><td>17</td><td></td></tr> <tr><td>18</td><td>18</td><td></td></tr> <tr><td>19</td><td>19</td><td></td></tr> <tr><td>20</td><td>20</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	1		2	2		3	3		4	4		5	5		6	6		7	7		8	8		9	9		10	10		11	11		12	12		13	13		14	14		15	15		16	16		17	17		18	18		19	19		20	20					NVARCHAR	250	No range checks
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2 MAPPRear

*Name:* MAPPRear *SASFmt:*  
MAPPRear

NVARCHAR

250

No range checks

Val	Text	Culture Suppression
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75	75	



		76	76				
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L. Urgency Catastrophizing Scale

0 | When I feel urgency ...

It is terrible, and I feel it's never going to get any better.

1

- 
- 0 (Never do that)
- 1
- 2
- 3 (Sometimes do that)
- 4
- 5
- 6 (Always do that)

#	Field Name	Lookup Set	Type	Length	Range Checks																											
1	UCSTerrible	<p><i>Name:</i> NeverToAlways <i>SASFmt:</i> NeverToAlways</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Never do that)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3 (Sometimes do that)</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6 (Always do that)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Never do that)		1	1		2	2		3	3 (Sometimes do that)		4	4		5	5		6	6 (Always do that)		SMALLINT		No range checks
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3	3 (Sometimes do that)																															
4	4																															
5	5																															
6	6 (Always do that)																															

2 | It is awful, and I feel that it overwhelms me.

-

- 0 (Never do that)
- 1
- 2
- 3 (Sometimes do that)
- 4
- 5
- 6 (Always do that)

#	Field Name	Lookup Set	Type	Length	Range Checks																											
1	UCSAwful	<i>Name: NeverToAlways SASFmt:</i> NeverToAlways <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Never do that)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3 (Sometimes do that)</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6 (Always do that)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Never do that)		1	1		2	2		3	3 (Sometimes do that)		4	4		5	5		6	6 (Always do that)		SMALLINT		No range checks
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5	5																															
6	6 (Always do that)																															

I feel my life isn't worth living.

- 
- 0 (Never do that)
- 1
- 2
- 3 (Sometimes do that)
- 4
- 5
- 6 (Always do that)

3

#	Field Name	Lookup Set	Type	Length	Range Checks

1	UCSLiving	<i>Name:</i> NeverToAlways <i>SASFmt:</i> NeverToAlways	SMALLINT	No range checks																											
		<table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Never do that)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3 (Sometimes do that)</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6 (Always do that)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Never do that)		1	1		2	2		3	3 (Sometimes do that)		4	4		5	5		6	6 (Always do that)			
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3	3 (Sometimes do that)																														
4	4																														
5	5																														
6	6 (Always do that)																														

I worry all the time about whether it will end.

- 
- 0 (Never do that)
- 1
- 2
- 3 (Sometimes do that)
- 4
- 5
- 6 (Always do that)

4

#	Field Name	Lookup Set	Type	Length	Range Checks														
1	UCSWorry	<i>Name:</i> NeverToAlways <i>SASFmt:</i> NeverToAlways	SMALLINT		No range checks														
		<table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Never do that)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Never do that)		1	1						
Val	Text	Culture Suppression																	
-1	--																		
0	0 (Never do that)																		
1	1																		

		2	2			
		3	3 (Sometimes do that)			
		4	4			
		5	5			
		6	6 (Always do that)			

I feel I can't stand it anymore.

- 
- 0 (Never do that)
- 1
- 2
- 3 (Sometimes do that)
- 4
- 5
- 6 (Always do that)

5

#	Field Name	Lookup Set	Type	Length	Range Checks																											
1	UCSSStand	<p><i>Name:</i> NeverToAlways <i>SASFmt:</i> NeverToAlways</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Never do that)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3 (Sometimes do that)</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6 (Always do that)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Never do that)		1	1		2	2		3	3 (Sometimes do that)		4	4		5	5		6	6 (Always do that)		SMALLINT		No range checks
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3	3 (Sometimes do that)																															
4	4																															
5	5																															
6	6 (Always do that)																															

6

I feel like I can't go on.

- 
- 0 (Never do that)
- 1
- 2
- 3 (Sometimes do that)
- 4
- 5
- 6 (Always do that)

#	Field Name	Lookup Set	Type	Length	Range Checks																											
1	UCSGoOn	<p><i>Name:</i> NeverToAlways <i>SASFmt:</i> NeverToAlways</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Never do that)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3 (Sometimes do that)</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6 (Always do that)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Never do that)		1	1		2	2		3	3 (Sometimes do that)		4	4		5	5		6	6 (Always do that)		SMALLINT		No range checks
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4	4																															
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6	6 (Always do that)																															

7

Based on all the things you do to cope or deal with your urinary urgency, on an average day, how much control do you feel you have over it?

- 
- 0 (Never do that)
- 1
- 2
- 3 (Sometimes do that)
- 4
- 5
- 6 (Always do that)

#	Field Name	Lookup Set	Type	Length	Range Checks																											
1	UCSControl	<i>Name: NeverToAlways SASFmt:</i> NeverToAlways <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (Never do that)</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3 (Sometimes do that)</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td>6</td> <td>6 (Always do that)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (Never do that)		1	1		2	2		3	3 (Sometimes do that)		4	4		5	5		6	6 (Always do that)		SMALLINT		No range checks
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6	6 (Always do that)																															

Based on all the things you do to cope, or deal with your urinary urgency, on an average day, how much are you able to decrease it?

- 
- 0 (Can't decrease it at all)
- 1
- 2
- 3 (Can decrease it somewhat)
- 4
- 5
- 6 (Can decrease it completely)

8

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	UCSDDecrease	<i>Name: UCSDDecrease SASFmt:</i> UCSDDecrease <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		SMALLINT		No range checks
Val	Text	Culture Suppression									
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0	0 (Can't decrease it at all)	
1	1	
2	2	
3	3 (Can decrease it somewhat)	
4	4	
5	5	
6	6 (Can decrease it completely)	

M. Complex Medical Symptoms Inventory

0 If you have had any of these symptoms for at least three (3) months in the past year, please mark the appropriate box. If you had a symptom for three (3) months at any other time in your life, then mark the appropriate box.

Muscle or joint pain

- 1  3 months during the last year (12 months)  
 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMMusclePain	<p><i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

2 Morning stiffness

- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMMorningStiff	<p><i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Muscle spasms

3

- 
- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMMuscleSpasm	<p><i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

4

Persistent fatigue not relieved with rest

- 
- 3 months during the last year (12 months)



3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMFatigue	<p><i>Name: ThreeMonths SASFmt:</i> ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Extreme fatigue following exercise or mild exertion



5

3 months during the last year (12 months)

3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMFatigueExercise	<p><i>Name: ThreeMonths SASFmt:</i> ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

6

Recurrent fevers



3 months during the last year (12 months)

3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMFever	<p>Name: ThreeMonths SASFmt: ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Dry eyes



3 months during the last year (12 months)

3 months during your lifetime

7

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMDryEyes	<p>Name: ThreeMonths SASFmt: ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Dry mouth



3 months during the last year (12 months)

3 months during your lifetime

8

#	Field Name	Lookup Set	Type	Length	Range Checks
---	------------	------------	------	--------	--------------

1	CMDryMouth	<i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths		NVARCHAR	250	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		1	3 months during the last year (12 months)			
		2	3 months during your lifetime			

Fingers turn blue and/or white in the cold

9



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set		Type	Length	Range Checks	
1	CMFingerBlue	<i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths		NVARCHAR	250	No range checks	
		Val	Text				Culture Suppression
		-1	--				
		1	3 months during the last year (12 months)				
		2	3 months during your lifetime				

Numbness or tingling in arms or legs

10



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set		Type	Length	Range Checks
1	CMNumbness	<i>Name:</i> ThreeMonths <i>SASFmt:</i>		NVARCHAR	250	No

		ThreeMonths			range checks
	Val	Text	Culture Suppression		
	-1	--			
	1	3 months during the last year (12 months)			
	2	3 months during your lifetime			

11

Shortness of breath during normal activity



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMSHORTBREATH	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

12

Impaired memory, concentration or attention



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks
1	CMIMPAIRMEMORY	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths	NVARCHAR	250	No range

					checks
		Val	Text	Culture Suppression	
		-1	--		
		1	3 months during the last year (12 months)		
		2	3 months during your lifetime		

13 Chest pain

- 
- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMChestPain	<i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

14 Palpitations

- 
- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks
1	CMPalpitation	<i>Name:</i> ThreeMonths <i>SASFmt:</i>	NVARCHAR	250	No range

		ThreeMonths			checks
	Val	Text	Culture Suppression		
	-1	--			
	1	3 months during the last year (12 months)			
	2	3 months during your lifetime			

- 15 Rapid heart rate
- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMRapidHeart	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

- 16 Heartburn
- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks
1	CMHeartBurn	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths	NVARCHAR	250	No range

					checks
	Val	Text	Culture Suppression		
	-1	--			
	1	3 months during the last year (12 months)			
	2	3 months during your lifetime			

Vomiting

17



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMVomit	<i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Nausea

18



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	CMNausea	<i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Val	Text	Culture Suppression				NVARCHAR	250	No range checks
Val	Text	Culture Suppression									

		-1	--			
		1	3 months during the last year (12 months)			
		2	3 months during your lifetime			

19

Abdominal pain or discomfort



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMAbdomenPain	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

20

Problems with balance



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	CMBalance	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Val	Text	Culture Suppression				NVARCHAR	250	No range checks
Val	Text	Culture Suppression									



		-1	--			
		1	3 months during the last year (12 months)			
		2	3 months during your lifetime			

21

Dizziness



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set			Type	Length	Range Checks												
1	CMDizziness	<i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression																	
-1	--																		
1	3 months during the last year (12 months)																		
2	3 months during your lifetime																		

22

Ringling in ears



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set			Type	Length	Range Checks									
1	CMRingingEar	<i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		1	3 months during		NVARCHAR	250	No range checks
Val	Text	Culture Suppression														
-1	--															
1	3 months during															

		the last year (12 months)			
	2	3 months during your lifetime			

23

Ear pain



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMEarPain	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

24

Sensation of ear blockage or fullness



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMEarBlock	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during																

		your lifetime			
--	--	---------------	--	--	--

25

Sinus pressure



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMSinusPressure	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Val</td> <td style="width: 40%;">Text</td> <td style="width: 50%;">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

26

Pelvic/bladder discomfort (pain or pressure)



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMPelvixPain	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Val</td> <td style="width: 40%;">Text</td> <td style="width: 50%;">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Urinary urgency

27

- 3 months during the last year (12 months)  
 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMUrineUrgency	<p><i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Urinary frequency, >8/day during waking hours

28

- 3 months during the last year (12 months)  
 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMUrineFreq	<p><i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Frequent nocturia (nighttime urination), 3/night

 3 months during the last year (12 months) 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMFreqNocturia	<p><i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Sensation of bladder fullness after urination

 3 months during the last year (12 months) 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMBladderFull	<p><i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Jaw and/or face pain



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMFacePain	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Temple pain



- 3 months during the last year (12 months)
- 3 months during your lifetime

32

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMTemplePain	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

33

Pulsating and/or one-sided headache pain or migraines



- 3 months during the last year (12 months)

3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMMigraines	<p><i>Name: ThreeMonths SASFmt: ThreeMonths</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Pressing/tightening headache pain or tension headaches

34



3 months during the last year (12 months)

3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMPressHeadache	<p><i>Name: ThreeMonths SASFmt: ThreeMonths</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

35

Sensitivity to certain chemicals, such as perfumes, laundry detergents, gasoline and others



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set			Type	Length	Range Checks
1	CMChemical	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths			NVARCHAR	250	No range checks
		Val	Text	Culture Suppression			
		-1	--				
		1	3 months during the last year (12 months)				
		2	3 months during your lifetime				

Sensitivity to sound

36



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set			Type	Length	Range Checks
1	CMSensitiveSound	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths			NVARCHAR	250	No range checks
		Val	Text	Culture Suppression			
		-1	--				
		1	3 months during the last year (12 months)				
		2	3 months during your lifetime				

37

Sensitivity to odors





- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMSensitiveOdor	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths  <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Body feeling tender



38

- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMBodyTender	<i>Name: ThreeMonths SASFmt:</i> ThreeMonths  <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

Frequent sensitivity to bright lights



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMSensitiveLight	<p><i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

FEMALES ONLY:

Constant burning or raw feeling at the opening of vagina



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMBurnVagina	<p><i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during																

		your lifetime			
--	--	---------------	--	--	--

Itching at opening of vagina

41



- 3 months during the last year (12 months)
- 3 months during your lifetime

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	CMItchVagina	<p><i>Name:</i> ThreeMonths <i>SASFmt:</i> ThreeMonths</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>3 months during the last year (12 months)</td> <td></td> </tr> <tr> <td>2</td> <td>3 months during your lifetime</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	3 months during the last year (12 months)		2	3 months during your lifetime		NVARCHAR	250	No range checks
Val	Text	Culture Suppression															
-1	--																
1	3 months during the last year (12 months)																
2	3 months during your lifetime																

N. Symptom Severity Index

1 Using the following scale, indicate for each item your severity over the past week by checking the appropriate box.

Fatigue

1a

- 
- 0 (No Problem)
- 1 (Slight or Mild)
- 2 (Moderate)
- 3 (Severe)

#	Field Name	Lookup Set	Type	Length	Range Checks			
1	SSFatigue	<p><i>Name:</i> NoProbSevere <i>SASFmt:</i> NoProbSevere</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture</td> </tr> </table>	Val	Text	Culture	SMALLINT		No range checks
Val	Text	Culture						

		Suppression		
-1	--			
0	0 (No Problem)			
1	1 (Slight or Mild)			
2	2 (Moderate)			
3	3 (Severe)			

1b

Trouble thinking or remembering

- 
- 0 (No Problem)
- 1 (Slight or Mild)
- 2 (Moderate)
- 3 (Severe)

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	SSRemember	<i>Name:</i> NoProbSevere <i>SASFmt:</i> NoProbSevere <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (No Problem)</td> <td></td> </tr> <tr> <td>1</td> <td>1 (Slight or Mild)</td> <td></td> </tr> <tr> <td>2</td> <td>2 (Moderate)</td> <td></td> </tr> <tr> <td>3</td> <td>3 (Severe)</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	0 (No Problem)		1	1 (Slight or Mild)		2	2 (Moderate)		3	3 (Severe)		SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
0	0 (No Problem)																						
1	1 (Slight or Mild)																						
2	2 (Moderate)																						
3	3 (Severe)																						

1c

Waking up tired (unrefreshed)

- 
- 0 (No Problem)
- 1 (Slight or Mild)
- 2 (Moderate)
- 3 (Severe)

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	SSWakeupTired	<i>Name: NoProbSevere SASFmt: NoProbSevere</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0 (No Problem)</td> <td></td> </tr> <tr> <td>1</td> <td>1 (Slight or Mild)</td> <td></td> </tr> <tr> <td>2</td> <td>2 (Moderate)</td> <td></td> </tr> <tr> <td>3</td> <td>3 (Severe)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	0 (No Problem)		1	1 (Slight or Mild)		2	2 (Moderate)		3	3 (Severe)		SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
0	0 (No Problem)																						
1	1 (Slight or Mild)																						
2	2 (Moderate)																						
3	3 (Severe)																						

2

Have your problems with these symptoms been present for 3 months or more?

- 
- Yes
- No

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	SS3months	<i>Name: NoYes SASFmt: NoYes</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Yes		0	No		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
1	Yes																
0	No																

3

During the past 6 months have you had any of the following symptoms?

3a

Pain or cramps in lower abdomen

- 
- Yes
- No

#	Field Name	Lookup Set	Type	Length	Range
---	------------	------------	------	--------	-------

							<b>Checks</b>	
1	SSPainAbdomen	<i>Name: NoYes SASFmt: NoYes</i>			SMALLINT			No range checks
		Val	Text	Culture Suppression				
		-1	--					
		1	Yes					
		0	No					

3b

Depression

- 
- Yes
- No

#	Field Name	Lookup Set			Type	Length	Range Checks
1	SSDepression	<i>Name: NoYes SASFmt: NoYes</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		1	Yes				
		0	No				

3c

Headache

- 
- Yes
- No

#	Field Name	Lookup Set			Type	Length	Range Checks
1	SSHeadache	<i>Name: NoYes SASFmt: NoYes</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		1	Yes				
		0	No				

4

Do you have a disorder that would otherwise explain your pain?

- 
- Yes
- No

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	SSDisorder	<i>Name: NoYes SASFmt: NoYes</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Yes		0	No		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
1	Yes																
0	No																

O. Questionnaire Complete

O1

Questionnaire Complete

- 
- Yes

#	Field Name	Lookup Set	Type	Length	Range Checks									
1	CenterComplete	<i>Name: QuestComp SASFmt: QuestComp</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression												
-1	--													
1	Yes													

O2

Complete Date

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	CompleteDate		DATETIME		No range checks