Neuroimaging Self-Report Questionnaires

A. ICIQ-UI Short Form

How often do you leak urine?	How	often	do	you	leak	urine?
------------------------------	-----	-------	----	-----	------	--------

O --

3

never

about once a week or less often

• two or three times a week

about once a day

o several times a day

all the time

#	Field Name		Lookup Set	Туре	Length	Range Checks		
	Ur Vi		Name: UrineLeakFreq SASFmt: UrineLeakFreq					
		Val Lext	Culture Suppression					
		-1					No	
		0	never					
1			1	about once a week or less often		SMALLINT		range checks
		two or three times a week						
		3	about once a day					
		4	several times a day					
		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)?

O --

o none

a small amount

a moderate amount

a large amount

5

#	Field Name	Lookup Set			Туре	Length	Range Checks	
	1 UrineLeakAmount		e: UrineLeakAn eLeakAmount	nount SASFmt:				
			Val	Text	Culture Suppression			
		-1					No	
1		0	none		SMALLINT		range	
			1	a small amount				checks
		2	a moderate amount					
		3	a large amount					

Overall, how much does leaking urine interfere with your everyday life?

- O --
- 0 (not at all)
- \bigcirc 2
- \bigcirc 3
- \bigcirc 4
- \bigcirc 5
- \cup 0
- (C
- 0 10 (a great deal)

#	Field Name		Looku	Туре	Length	Range Checks	
1	UrineLeakInterfere	1 (0111)	e: UrineLeakIr eLeakInterfere	iterfere SASFmt:	SMALLINT		No range checks
		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)		

	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
6	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

#	Field Name		Lookup Se	Туре	Length	Range Checks	
1	UrineLeakWhen	1 100110	e: UrineLeakWhen & LeakWhen & LeakWhen	NVARCHAR	250	No range checks	
		Val	Text Culture Suppression				
		-1					
		1	never - urine does not leak				
		2	leaks before you can get to the bathroom				

	^ 11	eaks when you cough or sneeze		
	4 11	eaks when you are asleep		
	5 a	eaks when you are physically active/exercising		
	6 h	eaks when you nave finished are lressed		
	/ 11	eaks for no bvious reason		
[8	8 16	eaks all the time		

B. ICIQ-OAB

0 Overactive bladder

How many times do you urinate during the day?

O --

3a

1 to 6 times

7 to 8 times

9 to 10 times

11 to 12 times

13 or more times

#	Field Name		Looku	p Set	Туре	Length	Range Checks
1	UrinateFreqDay		e: UrinateFreqD ateFreqDay	SMALLINT		No range checks	
		Val	Text	Culture Suppression			
		-1					
		0	1 to 6 times				
		1	1 7 to 8 times				

	2	9 to 10 times		
3	4	11 to 12 times		
	4	13 or more times		

How much does this bother you?

O --

0 (not at all)

0 1

0 2

 \bigcirc 3

0 4

O 5

0 6

0 7

O 8

0 9

0 10 (a great deal)

#	Field Name		Looku	Туре	Length	Range Checks	
1	UrinateBotherDay	Name: UrineLeakInterfere SASFmt: UrineLeakInterfere			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					
		0	0 (not at all)				
		1	1				
		2	2				
		3	3				
		4	4				
		5	5				
		6	6				
		7	7				

3b

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?

O --

o none

one one

4a

o two

three

o four or more

#	Field Name	Lookup Set			Туре	Length	Range Checks
	UrinateFreqNight		e: UrinateFred ateFreqNight	qNight <i>SASFmt</i> :			
		Val	Text	Culture Suppression			
		-1					No
1		0	none		SMALLINT		range
		1	one				checks
		2	two				
		3	three				
		4	four or more				

4b How much does this bother you'

O --

0 (not at all)

0 2

0 4

_ 5

8

 \bigcirc \bigcirc

0 10 (a great deal)

#	Field Name		Looku	Type	Length	Range Checks	
			e: UrineLeakIı eLeakInterfere	nterfere SASFmt:			
		Val	Text	Culture Suppression	SMALLINT		
		-1					
	UrinateBotherNight	0	0 (not at all)				
		1	1				
		2	2				No
1		3	3				range
		4	4				checks
		5	5				
		6	6				
		7	7				
		8	8				
		9	9				
		10	10 (a great deal)				

Do you have to rush to the toilet to urinate?

O --

5a

never

occasionally

osometimes

o most of the time

all of the time

1	#	Field Name	Lookup Set	Туре	Length	Range Checks
	1	UrinateRush	Name: NeverToAllTime SASFmt:	SMALLINT		No range

	Neve	rToAllTime			checks
		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?

O --

0 (not at all)

0 1

 \bigcirc 2

0 3

0 7

9

0 10 (a great deal)

#	Field Name		Looku	p Set	Туре	Length	Range Checks
1	UrinateRushBother	1 , 00,,,,,	e: UrineLeakIr eLeakInterfere	nterfere SASFmt:	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					
		0	0 (not at all)				
		1	1				
		2	2				

5b

3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10 (a great deal)		

Does urine leak before you can get to the toilet?

O --

6a

o never

occasionally

sometimes

o most of the time

all of the time

#	Field Name		Looku	Туре	Length	Range Checks	
			e: NeverToAllT erToAllTime	ime SASFmt:			
		Val	Text	Culture Suppression	SMALLINT		
		-1					
1		0	never				No range
		1	occasionally				checks
		2	sometimes				
		3	most of the time				
		4	all of the time				

How much does this bother you?

6b

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

#	Field Name		Looku	Type	Length	Range Checks	
			e: UrineLeakIn eLeakInterfere	terfere SASFmt:			
		Val	Text	Culture Suppression			
		-1					
		0	0 (not at all)				
		1	1				
		2	2				No
1	LeakBeforeBother	3	3		SMALLINT		range
		4	4				checks
		5	5				
		6	6				
		7	7				
		8	8				
		9	9				
		10	10 (a great deal)				

Frequent urination?

O _

O No

O Yes

#	Field Name		Ι	Lookup Set	Type	Length	Range Checks
1	UDIFreqUrine	Val	: Yesh Text No	No SASFmt: YesNo Culture Suppression	SMALLINT		No range checks
		1	Yes				

If yes, how much does it bother you?

O --

Not at all

Slightly

Moderately

Greatly

#	Field Name		Looku	p Set	Туре	Length	Range Checks
	1 UDIFreqUrineBother		e: UDIBother BotherLevel	Level SASFmt:			
		Val	Text	Culture Suppression			N
1		-1			SMALLINT		No range
		0	Not at all				checks
		1	Slightly				
		2	Moderately				
		3	Greatly				

1a

#	Field Name		L	ookup Set	Туре	Length	Range Checks
1 11		Name: YesNo SASFmt: YesNo					
	LIDIIl-Li	Val	Text	Culture Suppression	CMALLINIT		No range
	UDILeakUrgency	-1			SMALLINT		checks
		0	No				
		1	Yes				

- 2a Not at all
 Slightly
 Moderately
 Greatly

#	Field Name		Lookup	Set	Туре	Length	Range Checks
	UDILeakUrgencyBother	Name: UDIBotherLevel SASFmt: UDIBotherLevel					
		Val	Text	Culture Suppression	SMALLINT		No range
1		-1					
		0	Not at all				checks
		1	Slightly				
		2	Moderately				
		3	Greatly				

Urine leakage related to physical activity, coughing or sneezing?

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks	
	UDILeakAct	Nam	e: Yesl	No SASFmt: YesNo				
		Val	Text	Culture Suppression			No range checks	
1		-1			SMALLINT			
		0	No					
		1	Yes					

If yes, how much does it bother you?

O --

3a

O Not at all

Slightly

Moderately

Greatly

#	Field Name		Looki	ıp Set	Туре	Length	Range Checks
		Name: UDIBotherLevel SASFmt: UDIBotherLevel					
		Val	Text	Culture Suppression			N
1	UDILeakActBother	ILeakActBother -1			SMALLINT		No range
		0	Not at all				checks
		1	Slightly				
		2	Moderately				
		3	Greatly				

Smal	l amounts	of urine	leakage ((drops)	٤'(
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O -

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks	
		Name	e: Yesl	No SASFmt: YesNo				
		Val	Text	Culture Suppression				
1	UDIDrops	-1			SMALLINT		No range checks	
		0	No					
		1	Yes					

O --

O Not at all

Slightly

Moderately

Greatly

#	Field Name		Look	kup Set	Туре	Length	Range Checks
			e: UDIBother BotherLevel	Level SASFmt:			No range checks
		Val	Text	Culture Suppression			
1	UDIDropsBother	-1			SMALLINT		
		0	Not at all				
		1	Slightly				
		2	Moderately				
		3	Greatly				

Difficulty emptying your bladder?

O _

O No

O Yes

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

Val	Text	Culture Suppression		
-1				
0	No			
1	Yes			

O --

5a

O Not at all

Slightly

Moderately

Greatly

#	Field Name		Look	sup Set	Туре	Length	Range Checks
			e: UDIBother BotherLevel	Level SASFmt:			
		Val	Text	Culture Suppression			27
1	UDIEmptyBother	-1			SMALLINT		No range
		0	Not at all				checks
		1	Slightly				
		2	Moderately				
	3		Greatly				

Pain or discomfort in the lower abdominal or genital area?

O --

O No

O Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	UDIPain	Name: YesNo SASFmt: YesNo			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					
		0	No				

1			ĺ	
	1	Yes		

O --

Not at all

Slightly

Moderately

Greatly

#	Field Name		Loo	kup Set	Туре	Length	Range Checks
		Name: UDIBotherLevel SASFmt: UDIBotherLevel					
		Val	Text	Culture Suppression			N
1	UDIPainBother	-1			SMALLINT		No range
		0	Not at all				checks
		1	Slightly				
		2	Moderately				
		3	Greatly				

D. Incontinence Impact Questionnaire - Short Form

0 Has urine leakage affected your:

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

O __

1

Not at all

Slightly

Moderately

Greatly

#	Field Name	Lookup Set	Туре	Length	Range Checks
	IIQChores	Name: UDIBotherLevel SASFmt: UDIBotherLevel	SMALLINT		No range checks

6a

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

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

O --

Not at all

Slightly

Moderately

Greatly

#	Field Name		Loo	kup Set	Туре	Length	Range Checks
			e: UDIBother BotherLevel				
		Val	Text	Culture Suppression			
1	IIQRecreation	-1			SMALLINT		No
1	nqkecreation	0	Not at all		SWALLINI		range checks
		1	Slightly				
		2	Moderately				
		3	Greatly				

Entertainment activities (movies, concerts, etc.)?

O -

3

O Not at all

Slightly

Moderately

Greatly

#	Field Name	Lookup Set	Туре	Length	Range Checks

1	IIQEntertain		e: UDIBother BotherLevel	Level SASFmt:	SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1				
		0	Not at all			
		1	Slightly			
		2	Moderately			
		3	Greatly			

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

O --

Not at all

Slightly

Moderately

Greatly

#	Field Name		Lo	okup Set		Туре	Length	Range Checks
	ПОТ1	Name: UDIBotherLevel UDIBotherLevel		Level SASFmt:				
		Val	Text	Culture Suppression				No range checks
1		-1				SMALLINT		
1	IIQTravel	0	Not at all			SMALLINI		
		1	Slightly					
		2	Moderately					
		3	Greatly					

Partici	pation	in social	activities	outside	your	home?
---------	--------	-----------	------------	---------	------	-------

O --

Not at all

Slightly

Moderately

Greatly

#	Field Name		Lo	okup Set		Туре	Length	Range Checks
		Name: UDIBotherLevel SASFmt: UDIBotherLevel						
	HOG : 1	Val	Text	Culture Suppression				No range checks
1		-1				SMALLINT		
1	IIQSocial	0	Not at all					
		1	Slightly					
		2 Moderate						
		3	Greatly					

Emotional health (nervousness, depression, etc.)?

O --

Not at all

Slightly

Moderately

Greatly

#	Field Name		Loo	kup Set	Туре	Length	Range Checks
		Name: UDIBotherLevel SASFmt: UDIBotherLevel					
		Val	Text	Culture Suppression			
1	HOE1	-1			SMALLINT		No range
1	IIQEmotional	0	Not at all			checks	
		1	Slightly				
		2	Moderately				
		3	Greatly				

Not at all

Slightly

Moderately

#	Field Name		Loo	kup Set	Type	Length	Range Checks
			e: UDIBother BotherLevel	Level SASFmt:			No range checks
	HOE 1	Val	Text	Culture Suppression			
1		-1			SMALLINT		
1	IIQFrustrated	0	Not at all		SMALLINI		
		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

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

#	Field Name		Lookuj	p Set	Туре	Length	Range Checks
1	OABUrgeUrine		e: OABBother & Bother	SASFmt:	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		

A sudden urge to urinate with little or no warning

O --

Not at all

A little bit

Somewhat

O Quite a bit

A great deal

O A very great deal

#	Field Name		Lookuj	p Set	Type	Length	Range Checks
			e: OABBother BBother	SASFmt:			
		Val	Text	Culture Suppression			
		-1					
1	OABUrineNoWarn	1	Not at all		SMALLINT		No range checks
1	OABOHIIENO Warii	2	A little bit				
		3	Somewhat				
		4	Quite a bit				
		5	A great deal				
		6	A very great deal				

3	}	Accid	lental	loss	of	small	amount	ts of	urine

O __

Not at all

A little bit

Somewhat

A great deal

A very great deal

#	Field Name		Looku	Туре	Length	Range Checks	
			e: OABBother & Bother	SASFmt:	SMALLINT		No range checks
		Val	Text	Culture Suppression			
	OABSmallLoss	-1					
1		1	Not at all				
I	OADSIIIaiiLoss	2	A little bit				
		3	Somewhat				
		4	Quite a bit				
		5	A great deal				
		6	A very great deal				

* T* .	•		. •
N ₁ g	httime	urin	ation

Nightti --

Not at all

A little bit

Somewhat

O Quite a bit

A great deal

O A very great deal

#	Field Name		Lookuj	o Set	Туре	Length	Range Checks
1	OABNightUrine		e: OABBother & Bother	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		

Waking up at night because you had to urinate

O --

Not at all

O A little bit

Somewhat

O Quite a bit

A great deal

O A very great deal

#	Field Name		Looku	p Set	Туре	Length	Range Checks
			e: OABBother S Bother	SASFmt:	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					
1		1	Not at all				
1	OABWakeUp	2	A little bit				
		3	Somewhat				
		4	Quite a bit				
		5	A great deal				
		6	A very great deal				

Urine loss associated with a strong desire to urinate

O __

6

O Not at all

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

#	Field Name		Looku	p Set	Туре	Length	Range Checks
	OABDesire		e: OABBother St Bother	ASFmt:	SMALLINT		
		Val	Text	Culture Suppression			No range checks
		-1					
1		1	Not at all				
1	OADDesire	2	A little bit				
		3	Somewhat				
		4	Quite a bit				
		5	A great deal				
		6	A very great deal				

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

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

O ---

0

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

#	Field Name	Lookup Set	Туре	Length	Range Checks
1	OABEscapeRoute	Name: OABNoneToAllTime SASFmt: OABNoneToAllTime	SMALLINT		No range checks

_
1

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?

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

#	Field Name		Lookup S	Туре	Length	Range Checks	
1	OABFeelWrong		e: OABNoneToAll NoneToAllTime	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		

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

O -

3

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			Туре	Length	Range Checks
			e: OABNoneToA BNoneToAllTime	IlTime SASFmt:			
		Val	Text	Culture Suppression			
		-1					
		1	None of the time				No range checks
1	OABInterfereRest	2	A little of the time		SMALLINT		
		3	Some of the time				
		4	A good bit of the time				
		5	Most of the time				
		6	All of the time				

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

O --

- 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	Туре	Length	Range Checks	
			ne: OABNoneToAllTime SASFmt: BNoneToAllTime				
		Val	Text	Culture Suppression			
		-1					
		1	None of the time				No
1	OABTimeToilet	2	A little of the time		SMALLINT		range checks
		3	Some of the time				
		4	A good bit of the time				
		5	Most of the time				
		6	All of the time				

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

- O --
- 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	Туре	Length	Range Checks
1	OABAvoidAct	Name: OABNoneToAllTime SASFmt:	SMALLINT		No

OAB	NoneToAllTime			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			

Awakened you during sleep?

O --

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	Туре	Length	Range Checks	
1	OABAwaken	1 (00110	e: OABNoneToAllT NoneToAllTime	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		

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

O --

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	Type	Length	Range Checks	
			e: OABNoneToAl BNoneToAllTime	lTime SASFmt:			
		Val	Text	Culture Suppression			
		-1					No range checks
		1	None of the time				
1	OABReducePhy	2	A little of the time		SMALLINT		
		3	Some of the time				
		4	A good bit of the time				
		5	Most of the time				
		6	All of the time				

Caused you to have problems with your partner or spouse?

8

None of the time

A little of the time

Some of the time

Most of the time

All of the time

#	Field Name		Lookup S	Set	Туре	Length	Range Checks
			e: OABNoneToAllT NoneToAllTime				
		Val	Text	Culture Suppression	SMALLINT		
		-1					No range checks
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 uncomfortable while travelling with others because of needing to stop to go to the toilet?

O --

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	Туре	Length	Range Checks	
1	OABTravel		e: OABNoneToAllTi NoneToAllTime	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		

Affected your relationships with family and friends?

O --

O 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 S	Set	Туре	Length	Range Checks
	OABFamily		e: OABNoneToAllT NoneToAllTime				
		Val	Text	Culture Suppression	SMALLINT		
		-1					
1		1	None of the time				No range checks
1		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				

Interfered with getting the amount of sleep you needed?

O -

11

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	Туре	Length	Range Checks
			e: OABNoneToAllTi BNoneToAllTime				
		Val	Text	Culture Suppression			
		-1					
1		1	None of the time		SMALLINT		No range checks
		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				

Caused you embarrassment?

- O __
- 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 S	Set	Туре	Length	Range Checks
1	OABEmbarrass		e: OABNoneToAll NoneToAllTime	Time SASFmt:	SMALLINT		No range checks
		Val	Text	Culture Suppression			

13

-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		

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

- O _
- 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		e: OABNoneToA NoneToAllTime	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		

F. PSPS-Q (Ever)

How would you rate your general health in the last 12 months?

O __

Excellent

O Good

Fair

O Poor

#	Field Name		Loc	okup Set	Туре	Length	Range Checks	
			e: ExceToPe ToPoor	oor SASFmt:				
		Val	Text	Culture Suppression				
1	PSGenHealth	-1			SMALLINT		No range checks	
		1	Excellent				CHECKS	
		2	Good					
		3	Fair					
		4	Poor					

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:

Headaches

O -

Nc

Yes

#	Field Name	Lookup Set	Type	Length	Range Checks

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

Feeling generally sickly

O __

2

3

O No

O Yes

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

Blindness

O __

O No

O Yes

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

O Yes

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

Numbness or tingling

0 --

5

O No

O Yes

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

Inability to speak

O ---

O No

O Yes

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
1	EvCantSpeak	Name: YesNo SASFmt: YesNo			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					
		0	No				

Fits, convulsions, seizures

O _

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvFits	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Unconsciousness

O --

No

O Yes

#	Field Name	Lookup Set			Туре	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	EvUnconscious	Val	Text	Culture Suppression	SMALLINT		No range
1	EVUICONSCIOUS	-1			SWIALLINI		checks
		0	No				
		1	Yes				

Amnesia (periods of time without memory)

O _

No

O Yes

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

	Val	Text	Culture Suppression
	-1		
	0	No	
	1	Yes	

Deafness

O -

O No

O Ye

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvDeafness	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

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

O No

O Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	Evilally singtion	Val	Text	Culture Suppression	SMALLINT		No range
1	EvHallucination	-1			SWALLINI		checks
		0	No				
		1	Yes				

Difficu	lty	urına	tıng
---------	-----	-------	------

O Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvDiffUrinate	Val T		No SASFmt: YesNo Culture Suppression	SMALLINT		No range checks
		1 Y	Yes				

Trouble walking

O --

○ **N**T

Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	EvTroubleWalk	Val	Text	Culture Suppression	SMALLINT		No range
	Ev Houble walk	-1			SWIALLINI		checks
		0	No				
		1	Yes				

Any (other) unusual spells

∪ No

Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
1	EvOtherSpell	Name: YesNo SASFmt: YesNo			SMALLINT		No range checks
		Val Text Culture Suppression					
		-1					

0 No	
1 Yes	

If yes, describe:

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

Fatigue (not just due to exercise)

O _

15

16

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvFatigue	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Lump in throat or inability to swallow

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
1	EvLumpThroat	Val	Text	Culture Suppression	SMALLINT		No range
	Eveumpimoat	-1			SWIALLINI		checks
		0	No				
		1	Yes				

Fainting spells

-No
Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvFainting	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Blurred vision (not just due to needing glasses)

-
No
Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Name Val		No SASFmt: YesNo Culture			
1	EvBlurredVision	-1		Suppression	SMALLINT		No range checks
		0	No				
		1	Yes				

Unexplained weakness of body or limbs

#	Field Name	Lookup Set	Туре	Length	Range Checks
1	EvWeakBody	Name: YesNo SASFmt: YesNo	SMALLINT		No range checks

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

Painful urination

0 -

20

O No

O Yes

#	Field Name		I	ookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	EvPainfulUrine	Val	Text	Culture Suppression	SMALLINT		No range
	Evramulorine	-1			SMALLINI		checks
		0	No				
		1	Yes				

Breathing difficulty

O _-

21

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
		Val	Text	Culture Suppression			
1	EvBreathDiff	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Palpitation or irregular heartbeat

O -

O No

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvPalpitation	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Anxiety attacks

O --

O No

O Yes

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvAnxiety	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Chest pain

O __

O No

O Yes

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

24

Dizziness (without fainting)

O _

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvDizziness	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Lack of appetite

O -

O No

Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
	F-1 - 1- A 4:4-	Val	Text	Culture Suppression	CMALLINIT		No range
	EvLackAppetite	-1			SMALLINT		checks
		0	No				
		1	Yes				

Unintentional weight loss

No

Yes

#	Field Name	Lookup Set	Туре	Length	Range Checks
1	EvWeightLoss	Name: YesNo SASFmt: YesNo	SMALLINT		No range checks

Val	Text	Culture Suppression		
-1				
0	No			
1	Yes			

Marked fluctuations in weight

#	Field Name		Ι	Lookup Set	Type	Length	Range Checks
	EvFluctWeight		e: Yesî Text	No SASFmt: YesNo Culture			
1		vai Text	Suppression	SMALLINT		No range	
1		-1			SWALLINI		checks
		0	No				
		1	Yes				

\mathbf{N}	2	110	C f	20

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvNausea	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Vomiting

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvVomit	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Inability to tolerate several kinds of food

31

NoYes

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	EvTolerateFood	Val	Text	Culture Suppression	SMALLINT		No range
1	Evioleralerood	-1			SWIALLINI		checks
		0	No				
		1	Yes				

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	EvDiarrhea	Name	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Val Text Culture Suppression				
		-1					

0 No	
1 Yes	

Constipation

33

#	Field Name	Lookup Set			Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	ExConstinction	Val	Text	Culture Suppression	CMALLINIT		No range
	EvConstipation	-1			SMALLINT		checks
		0	No				
		1	Yes				

Abdominal pain

-
No

Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
	1 EvAbdomenPain	Name: YesNo SASFmt: YesNo					
1		Val	Text	Culture Suppression	SMALLINT		No range
1	EvAudomenram	-1			SMALLINI		checks
		0	No				
		1	Yes				

Bloating of stomach or abdomen

O No

#	Field Name	Lookup Set			Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo Culture			
1	EvBloatStomach	Val	Text	Suppression	SMALLINT	No range	
1	Evolutioniacii	-1			SWALLINI		checks
		0	No				
		1	Yes				

Painful menstruation

O --

O No

O Yes

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

Irregular menstrual periods

O --

∪ No

Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
1	EvIrregularMenstr	Nam	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					
		0	No				

36

ı	1	
		1 Yes

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

O --

O No

Yes

#	Field Name	I	Lookup Set	Type	Length	Range Checks
1	EvSKipMenstr	Name: Yesh Val Text -1 0 No 1 Yes	No SASFmt: YesNo Culture Suppression	SMALLINT		No range checks

Excessive bleeding with menstrual periods

O --

O No

O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
1	EvExBleedMenstr	Name Val		No SASFmt: YesNo Culture Suppression	CMALLINE		No range checks
1		-1			SMALLINT		
		0	No				
		1	Yes				

Loss of interest in sex

○ No

O Vec

#	Field Name		L	ookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	Evil actCovInterport		Text	Culture Suppression	SMALLINT		No range
1	EvLostSexInterest	-1			SMALLINI		checks
		0	No				
		1	Yes				

Frigidity or impotence

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	EvFrigidity	Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1		-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Painful sexual intercourse

O ---

O No

O Yes

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

41

Other difficulties with sex or sex organs

--

43

O Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
	EvSexOtherDiff	Name: YesNo SASFmt: YesNo					
1		Val	Text	Culture Suppression	SMALLINT		No range checks
1		-1					
		0	No				
		1	Yes				

	If yes, describe:
43	

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

37 '.' 11 0	.1 C	1 ', 1' 1 C	•,•	
Vomiting all 9	months of pregnancy	or hospitalized for	· vomiting c	luring pregnancy
0	1 5	1	0	01 0 1

O No

O Ye

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvVomitPreg	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

T 1	•
Back	10011
Dack	Dan
	I

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

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

NoYes

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvJointPain	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

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

#	Field Name		J	Lookup Set	Type	Length	Range Checks
1	EvPainLimbs	Name: YesNo SASFmt: YesNo			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					
		0	No				
I	[

Burning pains of the sexual organs, mouth, or rectum

O -

48

O No

O Yes

#	Field Name		L	Lookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	EvBurningPain	Val	Text	Culture Suppression	SMALLINT		No range
1	Evbuillingrain	-1			SWIALLINI		checks
		0	No				
		1	Yes				

Other bodily pains

O --

49

O No

O Yes

#	Field Name		J	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvOtherPain	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

If yes, describe:

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

O _

O No

O Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	EvNervousness	Val	ext	Culture Suppression	SMALLINT		No range
	Evinervousiless	-1			SWIALLINI		checks
		0 N	o				
		1 Ye	es				

Fears

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvFears	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Depressed feelings

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	EvDepress	Name:	YesN	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			

51

-1			
0	No		
1	Yes		

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

O --

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvQuitWork	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Crying easily

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvCryEasily	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Feeling life is hopeless

O No

O Yes

(

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvHopeless	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Thinking a good deal about dying

O --

56

57

O No

O Yes

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	1 EvThinkDie	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Wanting to die

O _

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	EvWantDie	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

ı

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	1 EvThinkSuicide	Nam	e: Yesl	No SASFmt: YesNo	SMALLINT		No range
1		Val	Text	Culture Suppression			
1	EvininkSuicide	-1					checks
		0	No				
		1	Yes				

Suicide	attempt
Suiciac	attempt

O __

O No

O Ye

#	Field Name		L	ookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	Every aid Attament	Val	Text	Culture Suppression	CMALLINIT		No range
1	EvSuicideAttempt	-1			SMALLINT		checks
		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.

0 Before age 30:

Headaches

O --

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Headaches	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Feeling generally sickly

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4GenSickly	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Blindness

O --

○ No

O Yes

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
1	B4Blindness	Name	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					

0	No		
1	Yes		

Paralysis

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Paralysis	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Numbness or tingling

O -

5

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Numbness	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Inability to speak

O ---

O No

O Yes

#	Field Name	Lookup Set	Type	Length	Range Checks

B4CantSpeak	Name	e: Yesl	No SASFmt: YesNo	SMALLINT	No range checks
	Val	Text	Culture Suppression		
	-1				
	0	No			
	1	Yes			
				1	

Fits, convulsions, seizures

NoYes

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

Unconsciousness

#	Field Name		I	ookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
1	B4Unconscious	Val	Text	Culture Suppression	CMALLINIT		No range
	B4Unconscious	-1			SMALLINT		checks
		0	No				
		1	Yes				

\bigcirc	
	No
	Yes

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Amnesia	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Deafness

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Deafness	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

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

O --

O No

O Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
1	B4Hallucination	Nam	Name: YesNo SASFmt: YesNo		SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					

10

0	No		
1	Yes		

Difficulty urinating

O -

12

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name		No SASFmt: YesNo Culture Suppression			No range
1	B4DiffUrinate	-1			SMALLINT		checks
		0	No				
		1	Yes				

Trouble walking

O _-

13

O No

O Yes

#	Field Name		I	ookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	D 4T1.1-W/-11-	Val	Text	Culture Suppression	CMALLINIT		No range
1	B4TroubleWalk	-1			SMALLINT		checks
		0	No				
		1	Yes				

Any (other) unusual spells

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4OtherSpell	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Fatigue (not just due to exercise)

-
No
Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Fatigue	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Lump in throat or inability to swallow

-
No
Yes

#	Field Name		L	Lookup Set	Type	Length	Range Checks
		Namo	e: Yesl	No SASFmt: YesNo			
1	D41 Th 4	Val	Text	Culture Suppression	CMALLINIT		No range
1	B4LumpThroat	-1			SMALLINT		checks
		0	No				
		1	Yes				

Fainting spells

7

N_o

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Fainting	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Blurred vision (not just due to needing glasses)

18

O No

O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
1	1 B4BlurredVision	Name Val	e: Yesl	No SASFmt: YesNo Culture Suppression	SMALLINT		No range
	D4DIumed vision	-1			SWALLINI		checks
		0	No				
		1	Yes				

Į	Jnexp	lained	weal	kness	of	body	or	lim	os
						5			

O No

O Ye

#	Field Name	Lookup Set	Type	Length	Range Checks
1	B4WeakBody	Name: YesNo SASFmt: YesNo	SMALLINT		No range checks

Val	Text	Culture Suppression		
-1				
0	No			
1	Yes			

Painful urination

O -

20

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	D4D-:	Val	Text	Culture Suppression	CMALLINIT		No range
	B4PainfulUrine	-1			SMALLINT		checks
		0	No				
		1	Yes				

Breathing difficulty

O --

21

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
		Val	Text	Culture Suppression			
1	B4BreathDiff	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Palpitation or irregular heartbeat

O -

O No

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
		Val	Text	Culture Suppression			
1	B4Palpitation	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Anxiety attacks

O __

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Anxiety	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Chest pain

O __

O No

O Ve

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	B4ChestPain	Name: YesNo SASFmt: YesNo			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	-1				
		0	No				
		1	Yes				

24

Dizziness (without fainting)

O -

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	B4Dizziness	Nam	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
1		-1					
		0	No				
		1	Yes				

Lack of appetite

O --

O No

O Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
	B4LackAppetite	Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression	CMALLINIT		No range
		-1			SMALLINT		checks
		0	No				
		1	Yes				

Unintentional weight loss

O -

27

O No

O Yes

#	Field Name	Lookup Set	Type	Length	Range Checks
1	B4WeightLoss	Name: YesNo SASFmt: YesNo	SMALLINT		No range checks

25

Val	Text	Culture Suppression		
-1				
0	No			
1	Yes	_		

Marked fluctuations in weight

O _

O No

O Yes

#	Field Name		Ι	Lookup Set	Type	Length	Range Checks
	B4FluctWeight	Name: YesNo SASFmt: YesNo					
1		Val	Text	Culture Suppression	SMALLINT		No range checks
		-1					
		0	No				
		1	Yes				

N	้วา	10	ea	

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
	B4Nausea	Val	Text	Culture Suppression	SMALLINT		No range checks
1		-1					
		0	No				
		1	Yes				

Vomiting

O --

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

Inability to tolerate several kinds of food

31

O -O No
O Yes

#	Field Name	Lookup Set			Type	Length	Range Checks
	B4TolerateFood	Name	e: Yesl	No SASFmt: YesNo			No range
1		Val	Text	Culture Suppression	SMALLINT		
1		-1			SWIALLINI		checks
		0	No				
		1	Yes				

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	B4Diarrhea	Name	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					

0 No	
1 Yes	

Constipation

O --

33

O No

Yes

#	Field Name		I	ookup Set	Type	Length	Range Checks
	B4Constipation	Name	e: Yesl	No SASFmt: YesNo			
1		Val	Text	Culture Suppression	CMALLINIT		No range
		-1			SMALLINT		checks
		0	No				
		1	Yes				

Abdominal pain

O --

No.

Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	B4AbdomenPain	Val	Text	Culture Suppression	SMALLINT		No range
	B4AbdomenPain	-1			SWALLINI		checks
		0	No				
		1	Yes				

Bloating of stomach or abdomen

O --

O No

O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
1	B4BloatStomach		e: Yesl Text	No SASFmt: YesNo Culture Suppression	SMALLINT		No range
1		-1			SWIALLINI		checks
		0	No				
		1	Yes				

Painful menstruation

O No

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	B4PainMenstr	Nam	e: Yesl	No SASFmt: YesNo			
1		Val	Text	Culture Suppression	SMALLINT		No range
1		-1			SWALLINI		checks
		0	No				
		1	Yes				

Irregular menstrual periods

-No

#	Field Name		L	ookup Set	Туре	Length	Range Checks
1	B4IrregularMenstr	Nam	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					

0 No		
1 Yes		

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

O --

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	B4SKipMenstr			No SASFmt: YesNo Culture			
1		Val Text	Text	Suppression	SMALLINT		No range
1		-1			SWIALLINI		checks
		0	No				
		1	Yes				

Excessive bleeding with menstrual periods

O --

O No

O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	B4ExBleedMenstr	Val	Text	Culture Suppression	SMALLINT		No range
	B4EXBIEEdivienstr	-1			SWIALLINI		checks
		0	No				
		1	Yes				

Loss of interest in sex

O -

No.

Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1 1	DAI ootSovIntonoot	Val	Text	Culture Suppression	CMALLINIT		No range
	B4LostSexInterest	-1			SMALLINT		checks
		0	No				
		1	Yes				

Frigidity or impotence

O -

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Frigidity	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Painful sexual intercourse

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	B4PainSex	Name	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	-1				
		0	No				
		1	Yes				

41

Other difficulties with sex or sex organs

O --

O No

O Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	B4SexOtherDiff	Val	Text	Culture Suppression	CMALLINIT		No range
	B4SexOmerDill	-1			SMALLINT		checks
		0	No				
		1	Yes				

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

O _

○ No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4VomitPreg	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Back pain

O -

O No

O Yes

#	Field Name	Lookup Set	Type	Length	Range Checks
1	B4BackPain	Name: YesNo SASFmt: YesNo	SMALLINT		No range checks

43

Val	Text	Culture Suppression		
-1				
0	No			
1	Yes			

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

O __

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	B4JointPain	Nam	e: Yesl	No <i>SASFmt:</i> YesNo			
		Val	Text	Culture Suppression			
1		-1			SMALLINT		No range checks
		0	No				
		1	Yes				

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

O -

No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4PainLimbs	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Burning pains of the sexual organs, mouth, or rectum

O No

O Vec

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Name:	: Yesl	No SASFmt: YesNo			
1	D4D	Val	Text	Culture Suppression	CMALLINIT		No range
1	B4BurningPain	-1 -			SMALLINT		checks
		0	No				
			Yes				

Other bodily pains

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	B4OtherPain	Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1		-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Nervousness

O ---

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	B4Nervousness	Name	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					
		0	No				
		1	Yes				

49

Fears

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Fears	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Depressed feelings

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Depress	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

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

-
No

Yes

#	Field Name	Lookup Set	Туре	Length	Range Checks
1	B4QuitWork	Name: YesNo SASFmt: YesNo	SMALLINT		No range checks
		Val Text Culture Suppression			

I				
	-1			
	0	No		
	1	Yes		

Crying easily

O --

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
	B4CryEasily	Val	Text	Culture Suppression			
1		-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Feeling life is hopeless

O --

55

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4Hopeless	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Thinking a good deal about dying

O -

O No

O Yes

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4ThinkDie	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Wanting to die

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	B4WantDie	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Thinking of suicide

O ---

O No

O Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	D4ThinleSpinide	Val	Text	Culture Suppression	SMALLINT		No range
1	B4ThinkSuicide	-1			SWIALLINI		checks
		0	No				
		1	Yes				

57

Suicide attempt
O -O No
O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
	B4SuicideAttempt	Name Val	e: Yesî Text	No SASFmt: YesNo Culture Suppression			No range checks
1		-1			SMALLINT		
		0	No				
		1	Yes				

H. PSPS-Q (Last month)

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	ı

Headaches

O --

∪ No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	LMHeadaches	Name Val		No SASFmt: YesNo Culture Suppression	SMALLINT		No range
		-1			SWINTELLINI		checks
		0	No				
		1	Yes				

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
	LMC - Ci-l-l-	Val	Text	Culture Suppression	CMALLINIT		N
1	LMGenSickly	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Blindness

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	LMBlindness	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Paralysis

0 -

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	LMParalysis	Name	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			

-1			
0	No		
1	Yes		

Numbness or tingling

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	I MNIl	Val	Text	Culture Suppression	CMALLINIT		N
	LMNumbness	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Inability to speak

O No

O Yes

#	Field Name		L	Lookup Set	Туре	Length	Range Checks
		Name:	YesN	No SASFmt: YesNo			
1	I MContSpeak	Val	Text	Culture Suppression	SMALLINT		No range
	LMCantSpeak	-1 -			SWIALLINI		checks
		0	No				
			Yes				

7 Fits, convulsions, seizures

O --

O No

O Yes

Unconsciousness

O _

O No

O Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	LMIL	Val	Text	Culture Suppression	CMALLINIT		No range
	LMUnconscious	-1			SMALLINT		checks
		0	No				
		1	Yes				

Amnesia (periods of time without memory)

O -

O No

O Yes

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

Deafness

10

○ No

Yes

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	LMDeafness	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

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

O No

O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
1	IMIL II- : -4	Name Val		No SASFmt: YesNo Culture Suppression	CMALLINIT.		No range
	LMHallucination	-1			SMALLINT		checks
		0	No				
		1	Yes				

Difficulty urinating

O -

No

O Ye

i	#	Field Name	Lookup Set	Type	Length	Range Checks
	1	LMDiffUrinate	Name: YesNo SASFmt: YesNo	SMALLINT		No range

					checks
	Val	Text	Culture Suppression		
	-1				
	0	No			
	1	Yes			

Trouble walking

O -

13

O No

O Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
	LMTroubleWalk	Name: YesNo SASFmt: YesNo					
1		Val	Text	Culture Suppression	SMALLINT		No range
		-1			SWALLINI		checks
		0	No				
		1	Yes				

Any (other) unusual spells

O No

O Ves

#	Field Name	I	Lookup Set	Туре	Length	Range Checks
1	LMOtherSpell	Val Text -1 0 No 1 Yes	No SASFmt: YesNo Culture Suppression	SMALLINT		No range checks

I

15	Fatigue (not just due to exercise)
	O
	O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	LMFatigue	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Lump in throat or inability to swallow

-
No

Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	I MI Thus 4	Val	Text	Culture Suppression	SMALLINT		No range
	LMLumpThroat	-1			SMALLINI		checks
		0	No				
		1	Yes				

Fainting spells

-
No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	LMFainting	Name	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
							ļ

-1			
0	No		
1	Yes		

Blurred vision (not just due to needing glasses)

#	Field Name		L	ookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
1	I MDI IV.	Val	Text	Culture Suppression			
	LMBlurredVision	-1					
		0	No				
		1	Yes				

Unexplained weakness of body or limbs

-
No

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

Painful urination

18

#	Field Name	Lookup Set			Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	LMPainfulUrine	Val	Text	Culture Suppression	SMALLINT		No range
	LiviPainiuiOrine	-1			SWIALLINI		checks
		0	No				
		1	Yes				

Breathing difficulty

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo			SMALLINT		No range
1	LMBreathDiff	Val Text Culture Suppression					
1	LIVIDICALIDIII	-1			SWALLINI		checks
		0	No				
		1	Yes				

Palpitation or irregular heartbeat

-
No
Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	LMPalpitation	Nam	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					

0	No		
1	Yes		

Anxiety attacks

O -

23

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	1 LMAnxiety	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Chest pain

O --

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	LMChestPain	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Dizziness (without fainting)

0 -

O No

Yes

#	Field Name	Lookup Set	Type	Length	Range Checks

1	LMDizziness	Name	e: Yesl	No SASFmt: YesNo	SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1				
		0	No			
		1	Yes			
					_	

Lack of appetite

O No

O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
	LMLackAppetite	Nam	e: Yesl	No <i>SASFmt</i> : YesNo	SMALLINT	1	
1		Val	Text	Culture Suppression			No range
		-1					checks
		0	No				
		1	Yes				

Unintentional weight loss

-No
Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
1	I MW.: -14I	Val	Text	Culture Suppression	CMALLINIT		No range
1	LMWeightLoss	-1			SMALLINT		checks
		0	No				
		1	Yes				

26

Marked fluctuations in weight

O --

O No

Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	LMFluctWeight	Val	Text	Culture Suppression	SMALLINT		No range
	Livir luct weight	-1			SWIALLINI		checks
		0	No				
		1	Yes				

Nausea

O --

No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	LMNausea	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Vomiting

O -

 \bigcirc No

O Yes

#	Field Name	Lookup Set	Туре	Length	Range Checks
1	LMVomit	Name: YesNo SASFmt: YesNo	SMALLINT		No range checks
		Val Text Culture Suppression			

-1			
0	No		
1	Yes		

Inability to tolerate several kinds of food

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	LMTolerateFood	Val	Text	Culture Suppression	SMALLINT		No range
		-1			SMALLINI		checks
		0	No				
		1	Yes				

-		
1)1	arrh	69

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	1 LMDiarrhea	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Constipation
O -O No 33

Length Range Checks Field Name **Lookup Set** Type Name: YesNo SASFmt: YesNo Culture Val | Text | Suppression No range 1 LMConstipation **SMALLINT** checks -1 0 No Yes

Abdominal pain

O --

O No

O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	I M A b dom on Doin	Val	Text	Culture Suppression	CMALLINIT		No range
	1 LMAbdomenPain	-1			SMALLINT		checks
		0	No				
		1	Yes				

Bloating of stomach or abdomen

O ---

35

O No

O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
1	LMBloatStomach	Name	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			

-1			
0	No		
1	Yes		

Painful menstruation

O _

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	LMPainMenstr	Namo	e: Yesl	No SASFmt: YesNo			No range
1		Val	Text	Culture Suppression	CMALL INT		
1	LiviPainivienstr	-1			SMALLINT		checks
		0	No				
		1	Yes				

Irregular menstrual periods

O _

O No

Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	I MIwa cula Manata	Val	Text	Culture Suppression	CMALLINIT		No range
1	LMIrregularMenstr	-1			SMALLINT		checks
		0	No				
		1	Yes				

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

O --

38

O No

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	I MSV in Monatu	Val	Text	Culture Suppression	SMALLINT		No range
	LMSKipMenstr	-1			SWIALLINI		checks
		0	No				
		1	Yes				

Excessive bleeding with menstrual periods

-
No
Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
1	LMExBleedMenstr		Name: YesNo SASFmt: YesNo Val Text Culture Suppression		SMALLINT		No range
		-1			SWALLINI		checks
		0	No				
		1	Yes				

Loss of interest in sex

-No
Yes

#	Field Name		Lo	ookup Set	Туре	Length	Range Checks
1	LMLostSexInterest	Name:	: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			

-1			
0	No		
1	Yes		

Frigidity or impotence

O -

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	LMFrigidity	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Painful sexual intercourse

O -

 2 | $_{0}$ N

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	LMPainSex	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Other difficulties with sex or sex organs

O ---

O No

43

O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
		Nam Val	e: Yes]	No SASFmt: YesNo Culture Suppression			No range
1	LMSexOtherDiff	-1			SMALLINT		checks
		0	No				
		1	Yes				

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

O No

O Yes

#	Field Name		Lookup Set	Туре	Length	Range Checks
1	LMVomitPreg	Name: Yes	Suppression	SMALLINT		No range checks

Back pain

∪ No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	LMBackPain	Nam	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					
		0	No				

Yes

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

O No Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	LMJointPain	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

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

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name: YesNo SASFmt: YesNo					
1	IMD. I. 1	Val	Text	Culture Suppression	CMALLINIT		No range
	LMPainLimbs	-1			SMALLINT		checks
		0	No				
		1	Yes				

Burning pains of the sexual organs, mouth, or rectum

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

				checks
Val	Text	Culture Suppression		
-1				
0	No			
1	Yes			

Other bodily pains

O -

49

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	LMOtherPain	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Nervousness

O --

O No

O Yes

#	Field Name		L	ookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	LMNamionaga	Val	Text	Culture Suppression	SMALLINT		No range
1	LMNervousness	-1			SWALLINI		checks
		0	No				
		1	Yes				

No

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1	LMFears	-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Depressed feelings

-No
Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	LMDepress	Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1		-1			SMALLINT		No range checks
		0	No				
		1	Yes				

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	Nam	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					

0 No		
1 Yes		

Crying easily

O _

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	LMCryEasily	Nam	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val	Text	Culture Suppression			
1		-1					
		0	No				
		1	Yes				

Feeling life is hopeless

O --

O No

O Yes

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
	LMHopeless	Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1		-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Thinking a good deal about dying

O -

56

O No

O Vec

#	Field Name	Lookup Set	Type	Length	Range Checks

]	LMThinkDie	Name	e: Yesl	No SASFmt: YesNo	SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1				
		0	No			
		1	Yes			
					4	<u> </u>

Wanting to die

O --

57

58

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	LMWantDie	Nam	e: Yesl	No SASFmt: YesNo			
		Val	Text	Culture Suppression			
1		-1			SMALLINT		No range checks
		0	No				
		1	Yes				

Thinking of suicide

O --

O No

O Yes

#	Field Name		L	ookup Set	Туре	Length	Range Checks
	LMThinkSuicide	Nam	e: Yesl	No SASFmt: YesNo			
1		Val	Text	Culture Suppression	SMALLINT		No range
1	LWITHIIKSUICIGE	-1			SWALLINI		checks
		0	No				
		1	Yes				

ı

#	Field Name		Lo	ookup Set	Туре	Length	Range Checks
		Nam	e: Yesl	No SASFmt: YesNo			
1	LMSuicideAttempt	Val	Text	Culture Suppression	CMALLINIT		No range
		-1			SMALLINT		checks
		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?

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: NoY	es SASFmt: NoYes			
	PainOther	Val	Text	Culture Suppression			
1		-1			SMALLINT		No range checks
		1	Yes				
		0	No				

Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 3 hours.

--0 (No Pain)

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

#	Field Name	Lookup Set		Туре	Length	Range Checks	
	PainWorst24h	Nam	e: Pain0To10 SASFmt:	1			
		Val	Text	Culture Suppression			
		-1					No range checks
		0	0 (No Pain)		SMALLINT		
		1	1				
		2	2				
1		3	3				
		4	4				
		5	5				
		6	6				
		7	7				
		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.
	O
	0 (No Pain)

2

O 3

O 4
O 5
O 6
O 7
O 8
O 9
0 10 (Pain as bad as you can imagine)

#	Field Name	Lookup Set		Туре	Length	Range Checks	
		Nam	e: Pain0To10 SASFmt: 1) SASFmt: Pain0To10			
		Val	Text	Culture Suppression			No range checks
	PainLeast24h	-1					
		0	0 (No Pain)		SMALLINT		
		1	1				
		2	2				
1		3	3				
		4	4				
		5	5				
		6	6				
		7	7				
		8	8				
		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.
	O
	0 (No Pain)
	O 1

O 6
O 7
O 8
O 9
0 10 (Pain as bad as you can imagine)

#	Field Name		Lookup Set	Туре	Length	Range Checks	
		Name: Pain0To10 SASFmt: Pain0To10					
		Val	Text	Culture Suppression			No range checks
	PainAvg	-1					
		0	0 (No Pain)		SMALLINT		
		1	1				
		2	2				
1		3	3				
		4	4				
		5	5				
		6	6				
		7	7				
		8	8				
		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.
	O
	O (No Pain)
	0 1
	O 2

0 10 (Pain as bad as you can imagine)

#	Field Name	Lookup Set			Type	Length	Range Checks
		Nam	e: Pain0To10 <i>SASFmt</i> : Pa	in0To10			
		Val	Text	Culture Suppression			
	PainNow	-1					No range checks
		0	0 (No Pain)		SMALLINT		
		1	1				
		2	2				
1		3	3				
		4	4				
		5	5				
		6	6				
		7	7				
		8	8				
		9	9				
		10	10 (Pain as bad as you can imagine)				

	What treatments or medications are you receiving for you	ır pain?
7		

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

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.

O --

8

0% (No Relief)

0 10%

\bigcirc	20%
\bigcirc	30%
\bigcirc	40%
\bigcirc	50%
\bigcirc	60%
\bigcirc	70%
\bigcirc	80%
\bigcirc	90%
	100% (Complete Police

#	Field Name		Lookup Set		Туре	Length	Range Checks
	PainMedRelief	Name: PainRelief SASFmt: PainRelief					
		Val	Text	Culture Suppression			No range checks
		-1			SMALLINT		
		0	0% (No Relief)				
		1	10%				
		2	20%				
1		3	30%				
		4	40%				
		5	50%				
		6	60%				
		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

O __

0 (Does not Interfere)

2
3
2
4

0 8

9

0 10 (Completely Interferes)

#	Field Name	Lookup Set			Туре	Length	Range Checks
			e: PainInterfere Santerfere	ASFmt:			
		Val	Text	Culture Suppression			
		-1					
		0	0 (Does not Interfere)				
		1	1				No
		2	2				
1	InterfereGeneralAct	3	3		SMALLINT		range checks
		4	4				
		5	5				
		6	6				
		7	7				
		8	8				
		9	9				
		10	10 (Completely Interferes)				

Mood

В

O --

0 (Does not Interfere)

	2
	3
\bigcirc	4
\bigcirc	5
	6
\bigcirc	7
	8

0 10 (Completely Interferes)

#	Field Name		Lookup So	Type	Length	Range Checks	
			e: PainInterfere SASI Interfere	Fmt:			
		Val	Text	Culture Suppression			
		-1					
		0	0 (Does not Interfere)				
		1	1				No
		2	2				
1	InterfereMood	erfereMood 3 3 SMALLIN	SMALLINT	[range checks		
		4	4				
			5	5			
		6	6				
		7	7				
		8	8				
		9	9				
		10	10 (Completely Interferes)				

Walking Ability C

0 (Does not Interfere)

O 2	
O 3	
0 4	
O 5	
O 6	
0 7	
0	

0 10 (Completely Interferes)

#	Field Name		Lookup S	Туре	Length	Range Checks	
			e: PainInterfere SASI Interfere	Fmt:			
		Val	Text	Culture Suppression			No range checks
		-1			SMALLINT		
		0	0 (Does not Interfere)				
		1	1				
		2	2				
1	InterfereWalk	3	3				
		4	4				
		5	5				
		6	6				
		7	7				
		8	8				
		9	9				
		10	10 (Completely Interferes)				

D	Normal Work (includes both work outside the home and housework)
---	---

0 (Does not Interfere)

2
3
4

0 7

0 0

0 10 (Completely Interferes)

#	Field Name		Lookup S	Type	Length	Range Checks								
			e: PainInterfere SASI Interfere	Fmt:			No range checks							
		Val	Text	Culture Suppression										
		-1												
		0	0 (Does not Interfere)		SMALLINT									
		1	1											
		2	2											
1	InterfereWork	3	3											
		4	4											
									5	5				
											6	6		
		7	7											
		8	8											
		9	9											
		10	10 (Completely Interferes)											

Relations with other people

O --

Е

0 (Does not Interfere)

1

5

0 0

0 8

9

0 10 (Completely Interferes)

#	Field Name		Lookup S	Set	Туре	Length	Range Checks
			e: PainInterfere SA Interfere	SFmt:			
		Val	Text	Culture Suppression			
		-1					No range checks
	1 InterfereRelation	0	0 (Does not Interfere)				
		1	1		SMALLINT		
		2	2				
1		3	3				
		4	4				
		5	5				
		6	6				
		7	7				
		8	8				
		9	9				
		10	10 (Completely Interferes)				_

F Sleep

O --

0 (Does not Interfere)

2
3
4
5
6
7
8

0 10 (Completely Interferes)

#	Field Name		Lookup S	et	Туре	Length	Range Checks
			e: PainInterfere SASI Interfere				
		Val	Text	Culture Suppression			
		-1					No range checks
		0	0 (Does not Interfere)				
		1	1				
		2	2		SMALLINT		
1	InterfereSleep	3	3				
		4	4				
		5	5				
		6	6				
		7	7				
		8	8				
		9	9				
		10	10 (Completely Interferes)				

G Enjoyment of life

O --

0 (Does not Interfere)

- 0 2
- 0 4
- 5
- 0 7
- 0 8
- **9**
- 0 10 (Completely Interferes)

#	Field Name		Lookup S	et	Туре	Length	Range Checks
		Name: PainInterfere SASFmt: PainInterfere					
		Val	Text	Culture Suppression			
		-1					
		0	0 (Does not Interfere)				No range checks
		1	1				
		2	2				
1	InterfereEnjoyLife	3	3		SMALLINT		
		4	4				
		5	5				
		6	6				
		7	7				
		8	8				
		9	9				
		10	10 (Completely Interferes)				

J. Hyperacusis Questionnaire

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

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

O __

O Yes

O No

#	Field Name		L	ookup Set	Туре	Length	Range Checks	
	HON: T.1	Name: NoYes SASFmt: NoYes						
1		Val	Text	Culture Suppression	CMALLINT		No range checks	
1	HQNoiseTolerate	-1			SMALLINT			
		1	Yes					
		0	No					

Have you ever had hearing problems?

O --

Yes

 \bigcirc No

#	Field Name	Lookup Set	Туре	Length	Range Checks
1	HQHearProblem	Name: NoYes SASFmt: NoYes	SMALLINT		No range checks
		Val Text Culture			

^

		Suppression		
-1				
1	Yes			
0	No			

If so, of what kind? 0

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

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.)

- Yes, a littleYes, quite a lot
- O Yes, a lot

#	Field Name		Looki	ıp Set	Туре	Length	Range Checks
		Nam	e: NoALot SAS	SFmt: NoALot			
		Val	Text	Culture Suppression			
		-1					No sos
1	HQEarplugs	0	No		SMALLINT		No range checks
		1	Yes, a little				
		2	Yes, quite a lot				
		3	Yes, a lot				

Do you find it harder to ignore sounds around you in everyday situations? 2

- O No
- Yes, a little

O Yes, a lot

#	Field Name		Looki	ıp Set	Туре	Length	Range Checks
		Name: NoALot SASFmt: NoALot					
		Val	Text	Culture Suppression	SMALLINT		
		-1					N
1	HQIgnoreSound	0	No				No range checks
		1	Yes, a little				
		2	Yes, quite a lot				
		3	Yes, a lot				

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

O ---

O No

O Yes, a little

• Yes, quite a lot

Yes, a lot

#	Field Name		Looki	ıp Set	Туре	Length	Range Checks
		Nam	e: NoALot SAS	SFmt: NoALot			
		Val	Text	Culture Suppression			
		-1					No manga
1	HQReading	0	No		SMALLINT		No range checks
		1	Yes, a little				
		2	Yes, quite a lot				
		3	Yes, a lot				

- Do you have trouble concentrating in noisy surroundings?

 No
 Yes, a little
 - O Yes, a lot

• Yes, quite a lot

#	Field Name		Looki	ıp Set	Туре	Length	Range Checks
		Nam	e: NoALot <i>SA</i>	SFmt: NoALot			
		Val	Text	Culture Suppression			
		-1					No sos
1	HQConcentrate	0	No		SMALLINT		No range checks
		1	Yes, a little				
		2	Yes, quite a lot				
		3	Yes, a lot				

Do you have difficulty listening to conversations in noisy places?

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

#	Field Name		Looki	ıp Set	Туре	Length	Range Checks
1	HQListen	Name	e: NoALot <i>SAS</i>	Fmt: NoALot	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1					
		0	No				
		1	Yes, a little				
		2	Yes, quite a				

	lot		
3	Yes, a lot		

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

O --

O No

Yes, a little

Yes, quite a lot

• Yes, a lot

#	Field Name		Looki	ıp Set	Туре	Length	Range Checks
		Nam	e: NoALot SAS	SFmt: NoALot			
		Val	Text	Culture Suppression			
		-1					No son co
1	HQOtherTell	0	No		SMALLINT		No range checks
		1	Yes, a little				
		2	Yes, quite a lot				
		3	Yes, a lot				

Are you particularly sensitive to or bothered by street noise?

O --

O No

Yes, a little

Yes, quite a lot

O Yes, a lot

#	Field Name		Lookı	ıp Set	Туре	Length	Range Checks
1	HQStreetNoise	Name	e: NoALot <i>SA</i>	SFmt: NoALot	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 you find the noise unpleasant in certain social situations (e.g., night clubs, pubs or bars, concerts, firework displays, cocktail receptions)?

O __

O No

Yes, a little

• Yes, quite a lot

• Yes, a lot

#	Field Name		Looku	ıp Set	Туре	Length	Range Checks
		Name	e: NoALot SA	ISFmt: NoALot			
		Val	Text	Culture Suppression			
		-1					No non go
1	HQSocialSituation	0	No		SMALLINT		No range checks
		1	Yes, a little				
		2	Yes, quite a lot				
		3	Yes, a lot				

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?

O --

O No

Yes, a little

Yes, quite a lot

Yes, a lot

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

1	Vame	e: NoALot SA	SFmt: NoALot	
	Val	Text	Culture Suppression	
	-1			
	0	No		
	1	Yes, a little		
	2	Yes, quite a lot		
ΙĪ	3	Yes a lot		

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

O No

10

Yes, a little

Yes, quite a lot

O Yes, a lot

#	Field Name		Look	up Set	Туре	Length	Range Checks
		Nam	e: NoALot SA	SFmt: NoALot			
		Val	Text	Culture Suppression			
		-1					No souss
1	HQInvitation	0	No		SMALLINT		No range checks
		1	Yes, a little				
		2	Yes, quite a lot				
		3	Yes, a lot				

11	Do noises or	particular soun	ds bother	you more in a c	quiet pl	lace than in a	a slightly noi	sy room?
----	--------------	-----------------	-----------	-----------------	----------	----------------	----------------	----------

O No

Yes, a little

• Yes, quite a lot

#	Field Name		Lookı	ıp Set	Туре	Length	Range Checks
		Name: NoALot SASFmt: NoALot					
		Val	Text	Culture Suppression			
		-1					N
1	HQMoreInQuiet	0	No		SMALLINT		No range checks
		1	Yes, a little				
		2	Yes, quite a lot				
		3	Yes, a lot				

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

- NoYes, a littleYes, quite a lotYes, a lot

#	Field Name		Looku	ıp Set	Туре	Length	Range Checks
		Nam	e: NoALot SA	SFmt: NoALot			
		Val	Text	Culture Suppression			
		-1					No souss
1	HQStressTired	0	No		SMALLINT		No range checks
		1	Yes, a little				
		2	Yes, quite a lot				
		3	Yes, a lot				

NoYes, a littleYes, quite a lotYes, a lot

#	Field Name		Looki	Туре	Length	Range Checks	
		Nam	e: NoALot SA	SFmt: NoALot			
		Val	Text	Culture Suppression			
		-1					No rongo
1	HQEndOfDay	0	No		SMALLINT		No range checks
		1	Yes, a little				
		2	Yes, quite a lot				
		3	Yes, a lot				

Do noise and certain sounds cause you stress and irritation?

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

#	Field Name	Lookup Set			Туре	Length	Range Checks
1	HQStressIrritation	Name: NoALot SASFmt: NoALot			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

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

Sel	ect each area c
Fro	nt
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u hav	e i	had	pa
R	ea	r	
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		72	

35	□ 73
36	7 4
37	75
38	76

#	Field Name			Lookup Set	Туре	Length	Range Checks
1	MAPPFront		e: MA PPFron	PPFront <i>SASFmt</i> :	NVARCHAR	250	No range checks
		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				
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		28	28				
		29	29				
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		33	33				
		34	34				
		35	35				
		36	36				
		37	37				
		38	38				
2 1	MAPPRear		e: MA PPRear	PPRear SASFmt:	NVARCHAR	250	No range checks
		Val	Text	Culture Suppression			
		-1					
		39	39				
		40	40				
		41	41				
		42	42				
		43	43				
		44	44				

11	ایا	I	ı	ı	İ
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75	75				

	=	
76	76	

L. Urgency Catastrophizing Scale

0 When I feel urgency ...

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

- O -
- 0 (Never do that)
- 0 1
- O 2

1

- 3 (Sometimes do that)
- 0 4
- 5
- 6 (Always do that)

#	Field Name		Lookup	Set	Туре	Length	Range Checks
	UCSTerrible		e: NeverToAlways rToAlways	SASFmt:			
		Val	Text	Culture Suppression			No range
		-1					
		0	0 (Never do that)				
1		e 1	1		SMALLINT		
		2	2				checks
		3	3 (Sometimes do that)				
		4	4				
		5	5				
		6	6 (Always do that)				

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	Туре	Length	Range Checks	
			e: NeverToAlways a erToAlways	SASFmt:			No range checks	
		Val	Text	Culture Suppression				
		-1						
		0	0 (Never do that)					
1	UCSAwful	1	1		SMALLINT			
		2	2					
			3	3 (Sometimes do that)				
		4	4					
		5	5					
		6	6 (Always do that)					

I feel my life isn't worth living.

O ---

0 (Never do that)

 \bigcirc

 \bigcirc 2

3

○ 3 (Sometimes do that)

1

0 5

6 (Always do that)

#	Field Name	Lookup Set	Туре	Length	Range Checks

1	UCSLiving		e: NeverToAlways / erToAlways	SASFmt:	SMALLINT	No range checks
		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 worry all the time about whether it will end.

O --

0 (Never do that)

0 1

2

○ 3 (Sometimes do that)

0 4

5

6 (Always do that)

#	Field Name		Lookup	Set	Туре	Length	Range Checks
1	UCSWorry		e: NeverToAlways a erToAlways	SASFmt:	SMALLINT		No range checks
		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.

- O --
- 0 (Never do that)
- 0 1
- O 2

5

- 3 (Sometimes do that)
- 0 4
- O 5
- 6 (Always do that)

#	Field Name		Lookup	Туре	Length	Range Checks	
			e: NeverToAlways & rToAlways	SASFmt:			
		Val	Text	Culture Suppression			
	UCSStand	-1			SMALLINT		No range checks
		0	0 (Never do that)				
1		1	1				
		2	2				
		3	3 (Sometimes do that)				
		4	4				
		5	5				
		6	6 (Always do that)				

_

I feel like I can't go on.

-
0 (Never do that)

1

2

3 (Sometimes do that)

4

6 ((Alway	s do	that)
\mathbf{v}	riway	s uo	mai

#	Field Name		Lookup	Туре	Length	Range Checks	
	UCSGoOn		e: NeverToAlways a erToAlways	SASFmt:			No range checks
		Val	Text	Culture Suppression			
		-1			SMALLINT		
		0	0 (Never do that)				
1		1	1				
		2	2				
		3	3 (Sometimes do that)				
		4	4				
		5	5				
		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 control do you feel you have over it?

O --

0 (Never do that)

0 2

7

3 (Sometimes do that)

4

0 5

6 (Always do that)

	Γ.	
	r	

#	Field Name		Lookup	Туре	Length	Range Checks	
		Name: NeverToAlways SASF NeverToAlways		SASFmt:			
		Val	Text	Culture Suppression	SMALLINT		No range
	UCSControl	-1					
		0	0 (Never do that)				
1		1	1				
		2	2				checks
		3	3 (Sometimes do that)				
		4	4				
		5	5				
		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?

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

#	Field Name		Lookup Set	Туре	Length	Range Checks	
1	UCSDecrease	1 , 00,,,,	e: UCSDecrease <i>SASF</i> Decrease	SMALLINT		No range checks	
		Val	Text	Culture Suppression			
		-1					

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

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

#	Field Name		Lookup Set	Туре	Length	Range Checks	
			e: ThreeMonths SAS. eMonths	Fmt:			No
		Val	Text	Culture Suppression			
1	CMMusclePain	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

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

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

Muscle spasms
-
■ 3 months during the last year (12 months)
□ 3 months during your lifetime

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

4	Persistent fatigue not relieved with rest
	-
	□ 3 months during the last year (12 months)

#	Field Name		Lookup Set	Туре	Length	Range Checks		
	CMEatigue		e: ThreeMonths SASFmt. eMonths					
		Val	Text	Culture Suppression			No	
1		-1			NVARCHAR	250	range checks	
			1	3 months during the last year (12 months)				CHECKS
		2	3 months during your lifetime					

Extreme fatigue following exercise or mild exertion
⊟
■ 3 months during the last year (12 months)
3 months during your lifetime

#	Field Name	Lookup Set			Туре	Length	Range Checks
			e: ThreeMonths and the eMonths	SASFmt:		250	
		Val	Text	Culture Suppression			
	1 CMFatigueExercise	-1			NVARCHAR		No range checks
1		1	3 months during the last year (12 months)				
		2	3 months during your lifetime				

6	Recurrent fevers
---	------------------

⊡...

5

■ 3 months during the last year (12 months)

#	Field Name		Lookup Set	Туре	Length	Range Checks		
		Nam	e: ThreeMonths SASFmt:					
		Val	Text	Culture Suppression			No	
1	CMFevers -1 1 2	CMFevers	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks	
		2	3 months during your lifetime					

Dry eyes

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

#	Field Name		Lookup Set	Туре	Length	Range Checks	
	Thre		e: ThreeMonths SASFma eMonths	<i>t:</i>		250	No range checks
		Val	Text	Culture Suppression			
1		-1			NVARCHAR		
		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

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

1	CMDryMouth		e: ThreeMonths SASF eMonths	mt:	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

3 months during the last year (12 months)

3 months during your lifetime

#	Field Name		Lookup Set		Туре	Length	Range Checks
			e: ThreeMonths SASA eMonths	Fmt:			
		Val	Text	Culture Suppression			No
1	CMFingerBlue	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

:	#	Field Name	Lookup Set	Туре	Length	Range Checks
	1	CMNumbness	Name: ThreeMonths SASFmt:	NVARCHAR	250	No

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

Shortness of breath during normal activity 3 months during the last year (12 months)
3 months during your lifetime

11

12

#	Field Name		Lookup Se	t	Туре	Length	Range Checks
			e: ThreeMonths SAS eMonths	Fmt:			
		Val	Text	Culture Suppression			No
1	CMShortBreath	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

Impaired memory, concentration or attention 3 months during the last year (12 months)
3 months during your lifetime

#	Field Name	Lookup Set	Туре	Length	Range Checks
1	CMImpairMemory	Name: ThreeMonths SASFmt: 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			

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

#	Field Name		Lookup Set		Туре	Length	Range Checks
			e: ThreeMonths SASFi eMonths	nt:			
		Val	Text	Culture Suppression			No
1	CMChestPain	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

	Palpitations
14	
	■ 3 months during the last year (12 months)
	□ 3 months during your lifetime

#	Field Name	Lookup Set	Туре	Length	Range Checks
1	CMPalpitation	Name: ThreeMonths SASFmt:	NVARCHAR	250	No range

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

Rapid heart rate

15

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

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

Heartburn

□...

16

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

#	Field Name	Lookup Set	Туре	Length	Range Checks
1	CMHeartBurn	Name: ThreeMonths SASFmt: ThreeMonths	NVARCHAR	250	No range

				chec	cks
	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	Туре	Length	Range Checks	
		Nam	e: ThreeMonths SASFmt:				
		Val	Text	Culture Suppression			No
1	CMVomit	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		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	Туре	Length	Range Checks	
1	CMNausea	Name	e: ThreeMonths SASFmt:	ThreeMonths	NVARCHAR	250	No range
		Val	Text	Culture Suppression			checks

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

Abdominal pain or discomfort

19

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

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

Dro	h	leme	with	hai	lance
PIO	n		wiiii	D2	iance

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

#	Field Name	Lookup Set	Туре	Length	Range Checks	
1	CMBalance	Name: ThreeMonths SASFmt. ThreeMonths	NVARCHAR	250	No range checks	
		Val Text	Culture Suppression			

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

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

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

Ringing in ears
⊟
□ 3 months during the last year (12 months)
□ 3 months during your lifetime

#	Field Name		Lookup Set	Туре	Length	Range Checks	
1	CMRingingEar		e: ThreeMonths <i>SASF</i> eMonths	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		

	Ear pain
22	⊟
23	□ 3 months during the last year (12 months)
	□ 3 months during your lifetime

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

Sens	sation of ear blockage or fullness
⊡	
	☐ 3 months during the last year (12 months)
	□ 3 months during your lifetime

#	Field Name		Lookup Set	Туре	Length	Range Checks	
1	CMEarBlock	1 (0)	e: ThreeMonths SASFmeMonths	NVARCHAR	250	No range checks	
		Val	Text	Culture Suppression			
		-1					
		1	3 months during the last year (12 months)				
		2	3 months during				

Sinus pressure

25

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

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

	4.			
Pelvic/bladder	discomfort	(nain	or pressi	ire)
1 CIVIC/ DIGGGCI	disconnict	(Pulli	or pressu	11 C J

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

#	Field Name		Lookup Set		Туре	Length	Range Checks
			e: ThreeMonths SASF eMonths	imt:			
		Val	Text	Culture Suppression	NVARCHAR	250	No
1	CMPelvixPain	-1					range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

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

#	Field Name		Lookup So	Туре	Length	Range Checks	
			e: ThreeMonths SA eMonths	1SFmt:			
		Val	Text	Culture Suppression			No
1	CMUrineUrgency	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

Urinary	frequency,	>8/day	during	waking	hours
	1)	- ,	0	- 0	

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

#	Field Name	Lookup Set		Туре	Length	Range Checks	
			e: ThreeMonths SASFi eMonths	nt:			
		Val	Text	Culture Suppression			No
1	CMUrineFreq	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

#	Field Name		Lookup Set		Туре	Length	Range Checks
			e: ThreeMonths SA eMonths	SFmt:			
		Val	Text	Culture Suppression			No
1	CMFreqNocturia	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

Sen	sation of bladder fullness after urination
⊡	
	☐ 3 months during the last year (12 months)
	2 months during your lifetime

#	Field Name		Lookup Set		Туре	Length	Range Checks
			e: ThreeMonths SAS eMonths	Fmt:			
		Val	Text	Culture Suppression			No
1	CMBladderFull	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

⊡	
	☐ 3 months during the last year (12 months)
	□ 3 months during your lifetime

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

TD :		•
Temp	le	pain

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

#	Field Name		Lookup Set		Туре	Length	Range Checks
			e: ThreeMonths SAS eMonths	Tmt:			
		Val	Text	Culture Suppression			No
1	CMTemplePain	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

Pulsating and/or one-sided headache pain or migraines

■ 3 months during the last year (12 months)

#	Field Name		Lookup Set		Туре	Length	Range Checks
		Name: ThreeMonths SASA ThreeMonths		nt:			
		Val	Text	Culture Suppression			No
1	CMMigraines	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

Pressing/tightening headache pain or tension headache	es
---	----

34	
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- □ 3 months during the last year (12 months)
 □ 3 months during your lifetime

#	Field Name	Lookup Set			Туре	Length	Range Checks
			e: ThreeMonths S eMonths	ASFmt:			
		Val	Text	Culture Suppression			
		-1					No
1	1 CMPressHeadache	1	3 months during the last year (12 months)		NVARCHAR	250	range checks
		2	3 months during your lifetime				

 3	months	during	the last	t year ((12 month	s)
_ 3	months	during	your li	fetime		

#	Field Name		Lookup Set	Туре	Length	Range Checks	
			e: ThreeMonths SASFn eMonths	ıt:			
		Val	Text	Culture Suppression			No
1	CMChemical	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

Sen	isitivity to sound
⊡	
	■ 3 months during the last year (12 months)
	□ 3 months during your lifetime

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

<u> </u>	
	☐ 3 months during the last year (12 months)
	□ 3 months during your lifetime

#	Field Name	Lookup Set			Туре	Length	Range Checks
			e: ThreeMonths Sa eMonths	ASFmt:			
		Val	Text	Culture Suppression			
		-1					No
1	CMSensitiveOdor	1	3 months during the last year (12 months)		NVARCHAR	250	range checks
		2	3 months during your lifetime				

Body feeling tender

<u> </u>	
	☐ 3 months during the last year (12 months)
	□ 3 months during your lifetime

#	Field Name		Lookup Se	Туре	Length	Range Checks	
			e: ThreeMonths SAS eMonths	Fmt:			
		Val	Text	Culture Suppression			No
1	CMBodyTender	-1			NVARCHAR	250	range
		1	3 months during the last year (12 months)				checks
		2	3 months during your lifetime				

#	Field Name		Lookup S	et	Туре	Length	Range Checks
		Name: ThreeMonths SASFmt: ThreeMonths					
	1 CMSensitiveLight	Val	Text	Culture Suppression	NVARCHAR	250	No range checks
		-1					
1		1	3 months during the last year (12 months)				
		2	3 months during your lifetime				

0	FEMALES ONLY:
40	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	t	Туре	Length	Range Checks
1	CMBurnVagina		e: ThreeMonths SAS eMonths	Fmt:	NVARCHAR	250	No range checks
		Val	Text	Culture Suppression			
		-1					
		1	3 months during the last year (12 months)				
		2	3 months during				

Name: NoProbSevere SASFmt:

Culture

NoProbSevere

Val || Text

checks

your lifetime

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

Trouble thinking or remembering

O --

1b

0 (No Problem)

1 (Slight or Mild)

2 (Moderate)

3 (Severe)

#	Field Name		Looku	p Set	Type	Length	Range Checks
	SSRemember		e: NoProbSevere obSevere	e SASFmt:			
		Val	Text	Culture Suppression			
		-1					No range checks
1		SRemember 0 0 (No Problem) 1 1 (Slight or Mild) 2 2 (Moderate)			SMALLINT		
		3	3 (Severe)				

Waking up tired (unrefreshed)

O --

0 (No Problem)

1 (Slight or Mild)

2 (Moderate)

3 (Severe)

1c

#	Field Name		Lookuj	o Set	Туре	Length	Range Checks
			e: NoProbSever obSevere	e SASFmt:			No range checks
		Val	Text	Culture Suppression			
		-1					
1	SSWakeupTired	0	0 (No Problem)		SMALLINT		
		1	1 (Slight or Mild)				
		2	2 (Moderate)				
		3	3 (Severe)				

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

O --

2

O Yes

O No

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Nam	e: NoY	es SASFmt: NoYes			
		Val	Text	Culture Suppression			
1	SS3months	-1			SMALLINT		No range checks
		1	Yes				
		0	No				

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

Pain or cramps in lower abdomen

O --

3a

Yes

○ No

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

							Checks
	1 SSPainAbdomen	Name: NoYes SASFmt: NoYes					
1		Val	Text	Culture Suppression	CMALLINIT		No range
		-1			SMALLINT	SMALLINI	checks
		1	Yes				
		0	No				

Depression

O --

O Yes

O No

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

Headache

O --

O Yes

O No

#	Field Name		I	Lookup Set	Type	Length	Range Checks
		Name	e: NoY	es SASFmt: NoYes			
		Val	Text	Culture Suppression			
1	SSHeadache	-1			SMALLINT		No range checks
		1	Yes				
		0	No				

3b

3c

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

-
Yes

No

#	Field Name		I	Lookup Set	Туре	Length	Range Checks
		Name	e: NoY	es SASFmt: NoYes			
		Val	Text	Culture Suppression			
1	SSDisorder	-1			SMALLINT		No range checks
		1	Yes				
		0	No				

O. Questionnaire Complete

Questionnaire Complete

O1 0 -

O2

O Yes

#	Field Name	Lookup Set			Туре	Length	Range Checks
		Name: QuestComp SASFmt: QuestComp					No gongo
1	CenterComplete	Val	Text	Culture Suppression	SMALLINT		No range checks
		-1					
		1	Yes				

Complete Date					

Month Day Year

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