

Patient Questionnaire - Follow Up 3 Month

A. LUTS Tool

How often during the past week did you urinate too frequently?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

A1

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | PastWeekUrinFreq | <p><i>Name: UrineFreq SASFmt: UrineFreq</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | FreqUrinBother | <p><i>Name: LTSBTHR SASFmt: LTSBTHR</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | | | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|--------------|--|--|--|
| | | 4 | A great deal | | | |
|--|--|---|--------------|--|--|--|

A2

During a typical day in the past week, how many times did you urinate during waking hours?

How much does this bother you?

--
 1-3 times a day
 4-7 times a day
 8-10 times a day
 11-13 times a day
 14 or more times a day

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

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|------------------------|---|------|--------|---------------------|----|----|--|---|-----------------|--|---|-----------------|--|---|------------------|--|---|-------------------|--|---|------------------------|--|----------|--|-----------------|
| 1 | UrineWakeHrs | <p><i>Name:</i> UrineWakeHrs <i>SASFmt:</i> UrineWakeHrs</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>1-3 times a day</td> <td></td> </tr> <tr> <td>1</td> <td>4-7 times a day</td> <td></td> </tr> <tr> <td>2</td> <td>8-10 times a day</td> <td></td> </tr> <tr> <td>3</td> <td>11-13 times a day</td> <td></td> </tr> <tr> <td>4</td> <td>14 or more times a day</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | 1-3 times a day | | 1 | 4-7 times a day | | 2 | 8-10 times a day | | 3 | 11-13 times a day | | 4 | 14 or more times a day | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1-3 times a day | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 4-7 times a day | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 8-10 times a day | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 11-13 times a day | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 14 or more times a day | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineWakeHrsBother | <p><i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|--|------|--|--|--|
| | | deal | | | |
|--|--|------|--|--|--|

A3

During a typical night in the past week, how many times did you wake up because you needed to urinate? If "1 time a night" or more, how much does this bother you?

- | | |
|---|------------------------------------|
| <input type="radio"/> -- | <input type="radio"/> -- |
| <input type="radio"/> None | <input type="radio"/> Not at all |
| <input type="radio"/> 1 time a night | <input type="radio"/> A little bit |
| <input type="radio"/> 2 times a night | <input type="radio"/> Somewhat |
| <input type="radio"/> 3 times a night | <input type="radio"/> Quite a bit |
| <input type="radio"/> 4 or more times a night | <input type="radio"/> A great deal |

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------------|--|---|-----------------|--|---|-----------------|--|----------|-------------------------|-----------------|----------|--|-----------------|
| 1 | UrineOvernightFreq | <i>Name:</i> URNOVRNGHT <i>SASFmt:</i> URNOVRNGHT <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>None</td> <td></td> </tr> <tr> <td>1</td> <td>1 time a night</td> <td></td> </tr> <tr> <td>2</td> <td>2 times a night</td> <td></td> </tr> <tr> <td>3</td> <td>3 times a night</td> <td></td> </tr> <tr> <td>4</td> <td>4 or more times a night</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | None | | 1 | 1 time a night | | 2 | 2 times a night | | 3 | 3 times a night | | 4 | 4 or more times a night | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | None | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 time a night | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 times a night | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 times a night | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 or more times a night | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineOvernightFreqBother | <i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | SMALLINT | | No range checks | | | |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|--------------|--|--|--|
| | | 4 | A great deal | | | |
|--|--|---|--------------|--|--|--|

A4

During the past week, how often have you had the feeling your bladder was not empty after urinating?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|----------------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|----------|---------------|-----------------|----------|--|-----------------|
| 1 | UrineBladderNotEmpty | <p><i>Name:</i> UrineFreq <i>SASFmt:</i> UrineFreq</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineBladderNotEmptyBother | <p><i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | SMALLINT | | No range checks | | | |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|--------------|--|--|--|
| | | 4 | A great deal | | | |
|--|--|---|--------------|--|--|--|

A5

During the past week, how often have you had a trickle or dribble at the end of your urine flow? If "rarely" or more, how much does this bother you?

- | | |
|-------------------------------------|------------------------------------|
| <input type="radio"/> -- | <input type="radio"/> -- |
| <input type="radio"/> Never | <input type="radio"/> Not at all |
| <input type="radio"/> Rarely | <input type="radio"/> A little bit |
| <input type="radio"/> Sometimes | <input type="radio"/> Somewhat |
| <input type="radio"/> Often | <input type="radio"/> Quite a bit |
| <input type="radio"/> Almost always | <input type="radio"/> A great deal |

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | UrineTrickle | <i>Name:</i> UrineFreq <i>SASFmt:</i> UrineFreq <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineTrickleBother | <i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
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| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

A6

During the past week, how often have you had a sudden need to rush to urinate?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | UrineSuddenRush | <p><i>Name:</i> UrineFreq <i>SASFmt:</i> UrineFreq</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineSuddenRushBother | <p><i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

During the past week, how often have you had a delay before you start to urinate?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | UrineDelayStart | <p><i>Name:</i> UrineFreq <i>SASFmt:</i> UrineFreq</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineDelayStartBother | <p><i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

During the past week, how often did your urine flow start and stop while you were urinating?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | UrineFlowStopStart | <p><i>Name:</i> UrineFreq <i>SASFmt:</i> UrineFreq</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineFlowStopStartBother | <p><i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

During the past week, how often did you strain to urinate or strain while you were urinating?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | UrineStrain | <p><i>Name: UrineFreq SASFmt: UrineFreq</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineStrainBother | <p><i>Name: LTSBTHR SASFmt: LTSBTHR</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

During the past week, how often have you had a weak urine stream?

-

If "rarely" or more, how much does this bother you?

-

- Never
- Rarely
- Sometimes
- Often
- Almost always

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

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | UrineWeakStream | <i>Name: UrineFreq SASFmt:</i> UrineFreq <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineWeakStreamBother | <i>Name: LTSBTHR SASFmt:</i> LTSBTHR <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

A11

During the past week, how often have you had splitting or spraying of your urine stream?

-
- Never

If "rarely" or more, how much does this bother you?

-
- Not at all

- Rarely
- Sometimes
- Often
- Almost always

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

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|---------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | UrineSpraying | <p><i>Name:</i> UrineFreq <i>SASFmt:</i> UrineFreq</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineSprayingBother | <p><i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

A12

During the past week, how often have you had a sudden need to rush to urinate for fear of urine leaking urine? If "rarely" or more, how much does this bother you?

-
- Never
- Rarely
- A little bit

- Sometimes
- Often
- Almost always

- Somewhat
- Quite a bit
- A great deal

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|---------------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | UrineSuddenRushLeak | <i>Name:</i> UrineFreq <i>SASFmt:</i> UrineFreq <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineSuddenRushLeakBother | <i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

A13

During the past week, how often have you had pain or discomfort in your bladder area?

-
- Never
- Rarely
- Sometimes

If "rarely" or more, how much does this bother you?

-
- Not at all
- A little bit
- Somewhat

- Often
- Almost always

- Quite a bit
- A great deal

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | BladderPain | <i>Name: UrineFreq SASFmt: UrineFreq</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | BladderPainBother | <i>Name: LTSBTHR SASFmt: LTSBTHR</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

During the past week, how often have you had a burning feeling when you urinate?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

A14

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| 1 | UrineBurn | <i>Name: UrineFreq SASFmt: UrineFreq</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrinePainBother | <i>Name: LTSBTHR SASFmt: LTSBTHR</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

A15

During the past week, how often did you leak urine?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|------------|--|----------|--------|--------------|
| 1 | UrineLeak | <i>Name: UrineFreq SASFmt: UrineFreq</i> | SMALLINT | | No range |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|--|-----|------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|-----------------|
| | | <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | | checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | UrineLeakBother | <i>Name: LTSBTHR SASFmt: LTSBTHR</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | |

A16

Below are several situations in which people can leak urine. How often in the past week have you...

A16a

Leaked urine just after you have finished urinating?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

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

| 1 | LeakUrineFinish | <i>Name: UrineFreq SASFmt:</i> UrineFreq <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | SMALLINT | No range checks |
|-----|-----------------------|---|-----|------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|-----------------|
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | LeakUrineFinishBother | <i>Name: LTSBTHR SASFmt:</i> LTSBTHR <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | |

Leaked urine in connection with a sudden need to rush to urinate?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

A16b

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|----------------------|--------------------------------|----------|--------|--------------|
| 1 | LeakUrineWSuddenRush | <i>Name: UrineFreq SASFmt:</i> | SMALLINT | | No |

| | | UrineFreq | | | range checks | | | | | | | | | | | | | | | | | | | | | |
|-----|----------------------------|--|-----|------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| | | <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | | | |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | LeakUrineWSuddenRushBother | <i>Name: LTSBTHR SASFmt:</i> LTSBTHR <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

A16c

Leaked urine in connection with laughing, sneezing, or coughing?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|-----------------|---|----------|--------|--------------|
| 1 | LeakUrineWLaugh | <i>Name: UrineFreq SASFmt:</i> UrineFreq | SMALLINT | | No range |

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------------|--|-----|------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|--|-----------------|
| | | <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | | | checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | LeakUrineWLaughBother | <p><i>Name: LTSBTHR SASFmt:</i> LTSBTHR</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | | |

A16d

Leaked urine in connection with physical activities, such as exercising or lifting a heavy object?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|---------------|---|----------|--------|-----------------|
| 1 | LeakUrineExer | <i>Name: UrineFreq SASFmt:</i> UrineFreq | SMALLINT | | No range checks |

| | | <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Almost always | | | |
|-----|---------------------|---|-----|------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|-----------|--|---|-------------|--|---|---------------|--|----------|-----------------|
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | LeakUrineExerBother | <p><i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR</p> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | A little bit | | 2 | Somewhat | | 3 | Quite a bit | | 4 | A great deal | | SMALLINT | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A great deal | | | | | | | | | | | | | | | | | | | | | | | | |

A16e

Leaked urine when you are sleeping?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | |
|-----|----------------|---|------|--------|--------------|----------|--|-----------------|
| 1 | LeakUrineSleep | <p><i>Name:</i> UrineFreq <i>SASFmt:</i> UrineFreq</p> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture</th> </tr> </table> | Val | Text | Culture | SMALLINT | | No range checks |
| Val | Text | Culture | | | | | | |

| | | | | | | |
|---|----------------------|---|------------------|------------------------|----------|--------------------|
| | | | | Suppression | | |
| | | -1 | -- | | | |
| | | 0 | Never | | | |
| | | 1 | Rarely | | | |
| | | 2 | Sometimes | | | |
| | | 3 | Often | | | |
| | | 4 | Almost always | | | |
| 2 | LeakUrineSleepBother | <i>Name: LTSBTHR SASFmt:</i> LTSBTHR | | | | |
| | | Val | Text | Culture Suppression | | |
| | | -1 | -- | | | |
| | | 0 | Not at all | | SMALLINT | No range checks |
| | | 1 | A little bit | | | |
| | | 2 | Somewhat | | | |
| | | 3 | Quite a bit | | | |
| | | 4 | A great deal | | | |

A16f

Leaked urine during sexual activity?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

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

| | | | | | | |
|---|--------------------|---|---------------|---------------------|----------|-----------------|
| | | 0 | Never | | | |
| | | 1 | Rarely | | | |
| | | 2 | Sometimes | | | |
| | | 3 | Often | | | |
| | | 4 | Almost always | | | |
| 2 | LeakUrineSexBother | <i>Name: LTSBTHR SASFmt:</i> LTSBTHR | | | SMALLINT | No range checks |
| | | Val | Text | Culture Suppression | | |
| | | -1 | -- | | | |
| | | 0 | Not at all | | | |
| | | 1 | A little bit | | | |
| | | 2 | Somewhat | | | |
| | | 3 | Quite a bit | | | |
| | | 4 | A great deal | | | |

A16g

Leaked urine for no reason?

-
- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

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

| # | Field Name | Lookup Set | | | Type | Length | Range Checks |
|---|-------------------|---|-------|---------------------|----------|--------|-----------------|
| 1 | LeakUrineNoReason | <i>Name: UrineFreq SASFmt:</i> UrineFreq | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 0 | Never | | | | |

| | | | | | | |
|---|-------------------------|---|------------------|------------------------|----------|-----------------------|
| | | 1 | Rarely | | | |
| | | 2 | Sometimes | | | |
| | | 3 | Often | | | |
| | | 4 | Almost always | | | |
| 2 | LeakUrineNoReasonBother | <i>Name: LTSBTHR SASFmt:</i> LTSBTHR | | | SMALLINT | No range checks |
| | | Val | Text | Culture Suppression | | |
| | | -1 | -- | | | |
| | | 0 | Not at all | | | |
| | | 1 | A little bit | | | |
| | | 2 | Somewhat | | | |
| | | 3 | Quite a bit | | | |
| | | 4 | A great deal | | | |

B. American Urological Assoc Symptom Score Index

Over the last month or so, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

-
- None
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

B1

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

| | | | | | |
|--|---|-----------------|--|--|--|
| | 0 | None | | | |
| | 1 | 1 time | | | |
| | 2 | 2 times | | | |
| | 3 | 3 times | | | |
| | 4 | 4 times | | | |
| | 5 | 5 or more times | | | |

B2

Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?

-
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|-----------------------|--|---|-------------------------|--|---|---------------------|--|---|-------------------------|--|---|---------------|--|----------|--|-----------------|
| 1 | TimesNotEmptyBladder | <p><i>Name:</i> NOTALLALW <i>SASFmt:</i> NOTALLALW</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Less than 1 time in 5</td> <td></td> </tr> <tr> <td>2</td> <td>Less than half the time</td> <td></td> </tr> <tr> <td>3</td> <td>About half the time</td> <td></td> </tr> <tr> <td>4</td> <td>More than half the time</td> <td></td> </tr> <tr> <td>5</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Less than 1 time in 5 | | 2 | Less than half the time | | 3 | About half the time | | 4 | More than half the time | | 5 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Less than 1 time in 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Less than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | About half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | More than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

B3

Over the past month or so, how often have you had to urinate again less than two hours after you finished urinating?

-
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|-----------------------|--|---|-------------------------|--|---|---------------------|--|---|-------------------------|--|---|---------------|--|----------|--|-----------------|
| 1 | UrinateLEssThanTwoHOurs | <i>Name:</i> NOTALLALW <i>SASFmt:</i> NOTALLALW <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Less than 1 time in 5</td> <td></td> </tr> <tr> <td>2</td> <td>Less than half the time</td> <td></td> </tr> <tr> <td>3</td> <td>About half the time</td> <td></td> </tr> <tr> <td>4</td> <td>More than half the time</td> <td></td> </tr> <tr> <td>5</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Less than 1 time in 5 | | 2 | Less than half the time | | 3 | About half the time | | 4 | More than half the time | | 5 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Less than 1 time in 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Less than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | About half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | More than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

B4

Over the past month or so, how often have you found that you stopped and started again several times when you urinated?

-
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|-----------------------|---------------------------------------|----------|--------|--------------|
| 1 | TimesUrinateStopStart | <i>Name:</i> NOTALLALW <i>SASFmt:</i> | SMALLINT | | No |

| | | | | | |
|-----|-------------------------|---------------------|--|--|--------------|
| | | NOTALLALW | | | range checks |
| Val | Text | Culture Suppression | | | |
| -1 | -- | | | | |
| 0 | Not at all | | | | |
| 1 | Less than 1 time in 5 | | | | |
| 2 | Less than half the time | | | | |
| 3 | About half the time | | | | |
| 4 | More than half the time | | | | |
| 5 | Almost always | | | | |

Over the past month or so, how often have you found it difficult to postpone urination?

-
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

B5

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|---------------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|-----------------------|--|---|-------------------------|--|---|------------|--|----------|--|-----------------|
| 1 | TimesDiffPostponeUrintate | <i>Name:</i> NOTALLALW <i>SASFmt:</i> NOTALLALW <table border="1" style="margin-top: 10px;"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Less than 1 time in 5</td> <td></td> </tr> <tr> <td>2</td> <td>Less than half the time</td> <td></td> </tr> <tr> <td>3</td> <td>About half</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Less than 1 time in 5 | | 2 | Less than half the time | | 3 | About half | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Less than 1 time in 5 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Less than half the time | | | | | | | | | | | | | | | | | | | | | | |
| 3 | About half | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|-------------------------|--|--|--|
| | | | the time | | | |
| | | 4 | More than half the time | | | |
| | | 5 | Almost always | | | |

B6

Over the past month or so, how often have you had a weak urine stream?

-
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

| # | Field Name | Lookup Set | | | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------------|--|--|--|------|--------|---------------------|----|----|--|---|------------|--|---|-----------------------|--|---|-------------------------|--|---|---------------------|--|---|-------------------------|--|---|---------------|--|----------|--|-----------------|
| 1 | TimesWeakUrine | <i>Name:</i> NOTALLALW <i>SASFmt:</i> NOTALLALW <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Val</td> <td style="width: 40%;">Text</td> <td style="width: 50%;">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Less than 1 time in 5</td> <td></td> </tr> <tr> <td>2</td> <td>Less than half the time</td> <td></td> </tr> <tr> <td>3</td> <td>About half the time</td> <td></td> </tr> <tr> <td>4</td> <td>More than half the time</td> <td></td> </tr> <tr> <td>5</td> <td>Almost always</td> <td></td> </tr> </table> | | | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Less than 1 time in 5 | | 2 | Less than half the time | | 3 | About half the time | | 4 | More than half the time | | 5 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Less than 1 time in 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Less than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | About half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | More than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

B7

Over the last month or so, how often have you had to push or strain to begin urination?

-
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time

- More than half the time
- Almost always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|-----------------------|--|---|-------------------------|--|---|---------------------|--|---|-------------------------|--|---|---------------|--|----------|--|-----------------|
| 1 | TimesStrainBeginUrine | <i>Name:</i> NOTALLALW <i>SASFmt:</i> NOTALLALW <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Less than 1 time in 5</td> <td></td> </tr> <tr> <td>2</td> <td>Less than half the time</td> <td></td> </tr> <tr> <td>3</td> <td>About half the time</td> <td></td> </tr> <tr> <td>4</td> <td>More than half the time</td> <td></td> </tr> <tr> <td>5</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Less than 1 time in 5 | | 2 | Less than half the time | | 3 | About half the time | | 4 | More than half the time | | 5 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Less than 1 time in 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Less than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | About half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | More than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

-
- Delighted
- Pleased
- Mostly satisfied
- Mixed (about equally satisfied and dissatisfied)
- Mostly dissatisfied
- Unhappy
- Terrible

B8

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

| | | |
|---|--|--|
| 0 | Delighted | |
| 1 | Pleased | |
| 2 | Mostly satisfied | |
| 3 | Mixed (about equally satisfied and dissatisfied) | |
| 4 | Mostly dissatisfied | |
| 5 | Unhappy | |
| 6 | Terrible | |

C. IPAC-SF

During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling? (Think about only those physical activities that you did for at least 10 minutes at a time)

-- days per week

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

C1

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|------------|--|------|--------|---------------------|----|----|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|--|--|--|----------|--|-----------------|
| 1 | DaysVigAct | <i>Name:</i> WeekdDayNum <i>SASFmt:</i> WeekdDayNum <table border="1" style="margin-top: 10px;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | 0 | | 1 | 1 | | 2 | 2 | | 3 | 3 | | 4 | 4 | | 5 | 5 | | | | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|--|--|---|---|--|--|--|--|
| | | 6 | 6 | | | | |
| | | 7 | 7 | | | | |

C2

How much time in total did you usually spend on one of those days doing vigorous physical activities?

minutes

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|--------------|------------|-------|--------|---|
| 1 | TimeDoVigAct | | FLOAT | | Type: SimpleRange Min: 0 Max: 960 Alert Type: |

C3

Again, think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

- days per week
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|------------|--|------|--------|---------------------|----|----|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|----------|--|-----------------|
| 1 | DaysModAct | <p><i>Name:</i> WeekdDayNum <i>SASFmt:</i> WeekdDayNum</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>0</td><td>0</td><td></td></tr> <tr><td>1</td><td>1</td><td></td></tr> <tr><td>2</td><td>2</td><td></td></tr> <tr><td>3</td><td>3</td><td></td></tr> <tr><td>4</td><td>4</td><td></td></tr> <tr><td>5</td><td>5</td><td></td></tr> <tr><td>6</td><td>6</td><td></td></tr> <tr><td>7</td><td>7</td><td></td></tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | 0 | | 1 | 1 | | 2 | 2 | | 3 | 3 | | 4 | 4 | | 5 | 5 | | 6 | 6 | | 7 | 7 | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

C4

How much time in total did you usually spend on one of those days doing moderate physical activities?

minutes

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|------------|------------|-------|--------|---|
| 1 | TimeModAct | | FLOAT | | Type: SimpleRange Min: 0 Max: 960 Alert Type: |

C5

During the last 7 days, on how many days did you **walk** for at least 10 minutes at a time? This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise, or leisure.

- days per week
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|---|------|--------|---------------------|----|----|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|----------|--|-----------------|
| 1 | DaysWalkTenMins | <p><i>Name: WeekdDayNum SASFmt: WeekdDayNum</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>0</td><td>0</td><td></td></tr> <tr><td>1</td><td>1</td><td></td></tr> <tr><td>2</td><td>2</td><td></td></tr> <tr><td>3</td><td>3</td><td></td></tr> <tr><td>4</td><td>4</td><td></td></tr> <tr><td>5</td><td>5</td><td></td></tr> <tr><td>6</td><td>6</td><td></td></tr> <tr><td>7</td><td>7</td><td></td></tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | 0 | | 1 | 1 | | 2 | 2 | | 3 | 3 | | 4 | 4 | | 5 | 5 | | 6 | 6 | | 7 | 7 | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

C6

How much time in total did you usually spend walking on one of those days?

minutes

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|------------------|------------|-------|--------|--|
| 1 | TotTimeSpentWalk | | FLOAT | | Type: SimpleRange Min: 0 Max: 960 Alert Type: |

0 The last question is about the time you spent sitting on weekdays while at work, at home, while doing course work and during leisure time. This includes time spent sitting at a desk, visiting friends, reading, traveling on a bus or sitting or lying down to watch television.

C7 During the last 7 days, how much time in total did you usually spend sitting on a week day?
 minutes

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|--------------|------------|-------|--------|--|
| 1 | TimeSpentSit | | FLOAT | | Type: SimpleRange Min: 0 Max: 1440 Alert Type: |

D. PROMIS Physical Function Item Bank

D1 Are you able to stand for one hour?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|----------------------|--|------|--------|---------------------|----|----|--|---|--------------|--|---|----------------------|--|---|----------------------|--|---|---------------|--|----------|--|-----------------|
| 1 | StandHour | <i>Name:</i> UNABLEDIFF <i>SASFmt:</i> UNABLEDIFF <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Val</td> <td style="width: 50%;">Text</td> <td style="width: 40%;">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Unable to do</td> <td></td> </tr> <tr> <td>2</td> <td>With much difficulty</td> <td></td> </tr> <tr> <td>3</td> <td>With some difficulty</td> <td></td> </tr> <tr> <td>4</td> <td>With a little</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Unable to do | | 2 | With much difficulty | | 3 | With some difficulty | | 4 | With a little | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unable to do | | | | | | | | | | | | | | | | | | | | | | |
| 2 | With much difficulty | | | | | | | | | | | | | | | | | | | | | | |
| 3 | With some difficulty | | | | | | | | | | | | | | | | | | | | | | |
| 4 | With a little | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|---|------------------------|--|--|--|
| | | difficulty | | | |
| | 5 | Without any difficulty | | | |

D2

Are you able to stand up from an armless straight chair?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|--|------|--------|---------------------|----|----|--|---|--------------|--|---|----------------------|--|---|----------------------|--|---|--------------------------|--|---|------------------------|--|----------|--|-----------------|
| 1 | StandFrmChair | <p><i>Name:</i> UNABLEDIFF <i>SASFmt:</i> UNABLEDIFF</p> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Unable to do</td> <td></td> </tr> <tr> <td>2</td> <td>With much difficulty</td> <td></td> </tr> <tr> <td>3</td> <td>With some difficulty</td> <td></td> </tr> <tr> <td>4</td> <td>With a little difficulty</td> <td></td> </tr> <tr> <td>5</td> <td>Without any difficulty</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Unable to do | | 2 | With much difficulty | | 3 | With some difficulty | | 4 | With a little difficulty | | 5 | Without any difficulty | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unable to do | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | With much difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | With some difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | With a little difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Without any difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |

D3

Are you able to go up and down stairs at a normal pace?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

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

| 1 | UpDwnStairs | <i>Name:</i> UNABLEDIFF <i>SASFmt:</i> UNABLEDIFF | SMALLINT | No range checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|---|----------|-----------------|---------------------|----|----|--|---|--------------|--|---|----------------------|--|---|----------------------|--|---|--------------------------|--|---|------------------------|--|--|--|
| | | <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Unable to do</td> <td></td> </tr> <tr> <td>2</td> <td>With much difficulty</td> <td></td> </tr> <tr> <td>3</td> <td>With some difficulty</td> <td></td> </tr> <tr> <td>4</td> <td>With a little difficulty</td> <td></td> </tr> <tr> <td>5</td> <td>Without any difficulty</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Unable to do | | 2 | With much difficulty | | 3 | With some difficulty | | 4 | With a little difficulty | | 5 | Without any difficulty | | | |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unable to do | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | With much difficulty | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | With some difficulty | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | With a little difficulty | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Without any difficulty | | | | | | | | | | | | | | | | | | | | | | | | |

Are you able to go for a walk of at least 15 minutes?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

D4

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|--|----------|--------|---------------------|----|----|--|---|--------------|--|---|----------------------|--|---|----------------------|--|---|--------------------------|--|--|--|--|--|--|
| 1 | WalkFifteenMins | <i>Name:</i> UNABLEDIFF <i>SASFmt:</i> UNABLEDIFF | SMALLINT | | No range checks | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Unable to do</td> <td></td> </tr> <tr> <td>2</td> <td>With much difficulty</td> <td></td> </tr> <tr> <td>3</td> <td>With some difficulty</td> <td></td> </tr> <tr> <td>4</td> <td>With a little difficulty</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Unable to do | | 2 | With much difficulty | | 3 | With some difficulty | | 4 | With a little difficulty | | | | | | |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unable to do | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | With much difficulty | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | With some difficulty | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | With a little difficulty | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|------------------------|--|--|--|
| | | 5 | Without any difficulty | | | |
|--|--|---|------------------------|--|--|--|

D5

Are you able to get up from the floor from lying on your back without any help?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|---|------|--------|---------------------|----|----|--|---|--------------|--|---|----------------------|--|---|----------------------|--|---|--------------------------|--|---|------------------------|--|----------|--|-----------------|
| 1 | UpFrmFloorNoHlp | <i>Name:</i> UNABLEDIFF <i>SASFmt:</i> UNABLEDIFF <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Unable to do</td> <td></td> </tr> <tr> <td>2</td> <td>With much difficulty</td> <td></td> </tr> <tr> <td>3</td> <td>With some difficulty</td> <td></td> </tr> <tr> <td>4</td> <td>With a little difficulty</td> <td></td> </tr> <tr> <td>5</td> <td>Without any difficulty</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Unable to do | | 2 | With much difficulty | | 3 | With some difficulty | | 4 | With a little difficulty | | 5 | Without any difficulty | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unable to do | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | With much difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | With some difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | With a little difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Without any difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |

D6

Are you able to jump up and down?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|------------|--|----------|--------|-----------------|
| 1 | AbleToJmp | <i>Name:</i> UNABLEDIFF <i>SASFmt:</i> UNABLEDIFF | SMALLINT | | No range checks |

| Val | Text | Culture Suppression |
|-----|--------------------------|---------------------|
| -1 | -- | |
| 1 | Unable to do | |
| 2 | With much difficulty | |
| 3 | With some difficulty | |
| 4 | With a little difficulty | |
| 5 | Without any difficulty | |

Are you able to climb up five steps?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

D7

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|--|------|--------|---------------------|----|----|--|---|--------------|--|---|----------------------|--|---|----------------------|--|---|--------------------------|--|---|------------------------|--|----------|--|-----------------|
| 1 | ClimbFiveStep | <p><i>Name:</i> UNABLEDIFF <i>SASFmt:</i> UNABLEDIFF</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Unable to do</td> <td></td> </tr> <tr> <td>2</td> <td>With much difficulty</td> <td></td> </tr> <tr> <td>3</td> <td>With some difficulty</td> <td></td> </tr> <tr> <td>4</td> <td>With a little difficulty</td> <td></td> </tr> <tr> <td>5</td> <td>Without any difficulty</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Unable to do | | 2 | With much difficulty | | 3 | With some difficulty | | 4 | With a little difficulty | | 5 | Without any difficulty | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unable to do | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | With much difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | With some difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | With a little difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Without any difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |

D8

Are you able to run a short distance, such as to catch a bus?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|--|------|--------|---------------------|----|----|--|---|--------------|--|---|----------------------|--|---|----------------------|--|---|--------------------------|--|---|------------------------|--|----------|--|-----------------|
| 1 | AbleToRunShrt | <p><i>Name:</i> UNABLEDIFF <i>SASFmt:</i> UNABLEDIFF</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Unable to do</td> <td></td> </tr> <tr> <td>2</td> <td>With much difficulty</td> <td></td> </tr> <tr> <td>3</td> <td>With some difficulty</td> <td></td> </tr> <tr> <td>4</td> <td>With a little difficulty</td> <td></td> </tr> <tr> <td>5</td> <td>Without any difficulty</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Unable to do | | 2 | With much difficulty | | 3 | With some difficulty | | 4 | With a little difficulty | | 5 | Without any difficulty | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unable to do | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | With much difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | With some difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | With a little difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Without any difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |

D9

Are you able to stand unsupported for 10 minutes?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

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

| | | | | |
|----|--------------------------|-------------|--|--|
| | | Suppression | | |
| -1 | -- | | | |
| 1 | Unable to do | | | |
| 2 | With much difficulty | | | |
| 3 | With some difficulty | | | |
| 4 | With a little difficulty | | | |
| 5 | Without any difficulty | | | |

D10

Are you able to stand up on tiptoes?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|---|------|--------|---------------------|----|----|--|---|--------------|--|---|----------------------|--|---|----------------------|--|---|--------------------------|--|---|------------------------|--|----------|--|-----------------|
| 1 | StandTipToes | <i>Name:</i> UNABLEDIFF <i>SASFmt:</i> UNABLEDIFF <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Unable to do</td> <td></td> </tr> <tr> <td>2</td> <td>With much difficulty</td> <td></td> </tr> <tr> <td>3</td> <td>With some difficulty</td> <td></td> </tr> <tr> <td>4</td> <td>With a little difficulty</td> <td></td> </tr> <tr> <td>5</td> <td>Without any difficulty</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Unable to do | | 2 | With much difficulty | | 3 | With some difficulty | | 4 | With a little difficulty | | 5 | Without any difficulty | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unable to do | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | With much difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | With some difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | With a little difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Without any difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |

D11

Are you able to stand unsupported for 30 minutes?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|--|------|--------|---------------------|----|----|--|---|--------------|--|---|----------------------|--|---|----------------------|--|---|--------------------------|--|---|------------------------|--|----------|--|-----------------|
| 1 | StandThirtyMins | <i>Name: UNABLEDIFF SASFmt:</i> UNABLEDIFF <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Unable to do</td> <td></td> </tr> <tr> <td>2</td> <td>With much difficulty</td> <td></td> </tr> <tr> <td>3</td> <td>With some difficulty</td> <td></td> </tr> <tr> <td>4</td> <td>With a little difficulty</td> <td></td> </tr> <tr> <td>5</td> <td>Without any difficulty</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Unable to do | | 2 | With much difficulty | | 3 | With some difficulty | | 4 | With a little difficulty | | 5 | Without any difficulty | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Unable to do | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | With much difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | With some difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | With a little difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Without any difficulty | | | | | | | | | | | | | | | | | | | | | | | | | |

Are you able to walk at a normal speed?

-
- Unable to do
- With much difficulty
- With some difficulty
- With a little difficulty
- Without any difficulty

D12

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

| | | | | | | |
|--|--|---|--------------------------|--|--|--|
| | | 1 | Unable to do | | | |
| | | 2 | With much difficulty | | | |
| | | 3 | With some difficulty | | | |
| | | 4 | With a little difficulty | | | |
| | | 5 | Without any difficulty | | | |

D13

Does your health now limit you in going for a short walk (less than 15 minutes)?

-
- Cannot do
- Quite a lot
- Somewhat
- Very little
- Not at all

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|---------------------|----|----|--|---|-----------|--|---|-------------|--|---|----------|--|---|-------------|--|---|------------|--|----------|--|-----------------|
| 1 | HealthLimShrtWalk | <p><i>Name:</i> CANTDOALL <i>SASFmt:</i> CANTDOALL</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Cannot do</td> <td></td> </tr> <tr> <td>2</td> <td>Quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Very little</td> <td></td> </tr> <tr> <td>5</td> <td>Not at all</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Cannot do | | 2 | Quite a lot | | 3 | Somewhat | | 4 | Very little | | 5 | Not at all | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cannot do | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Quite a lot | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very little | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |

D14

Does your health now limit you in climbing several flights of stairs?

-
- Cannot do
- Quite a lot
- Somewhat
- Very little
- Not at all

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|--|------|--------|---------------------|----|----|--|---|-----------|--|---|-------------|--|---|----------|--|---|-------------|--|---|------------|--|----------|--|-----------------|
| 1 | HealthLimClimbSevFlights | <p><i>Name: CANTDOALL SASFmt:</i> CANTDOALL</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Cannot do</td> <td></td> </tr> <tr> <td>2</td> <td>Quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Very little</td> <td></td> </tr> <tr> <td>5</td> <td>Not at all</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Cannot do | | 2 | Quite a lot | | 3 | Somewhat | | 4 | Very little | | 5 | Not at all | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cannot do | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Quite a lot | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very little | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |

Does your health now limit you in climbing one flight of stairs?

-
- Cannot do
- Quite a lot
- Somewhat
- Very little
- Not at all

D15

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------------|--|------|--------|---------------------|----|----|--|---|-----------|--|---|-------------|--|---|----------|--|---|-------------|--|---|------------|--|----------|--|-----------------|
| 1 | HealthLimClimbOneFlight | <p><i>Name: CANTDOALL SASFmt:</i> CANTDOALL</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Cannot do</td> <td></td> </tr> <tr> <td>2</td> <td>Quite a lot</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Very little</td> <td></td> </tr> <tr> <td>5</td> <td>Not at all</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Cannot do | | 2 | Quite a lot | | 3 | Somewhat | | 4 | Very little | | 5 | Not at all | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Cannot do | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Quite a lot | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very little | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |

0

In the past 7 days...

E1

My sleep was restless.

- Not at all
 A little bit
 Somewhat
 Quite a bit
 Very much

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

E2

I was satisfied with my sleep.

- Not at all
 A little bit
 Somewhat
 Quite a bit
 Very much

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

| | | | | | |
|--|---|--------------|--|--|--|
| | 2 | A little bit | | | |
| | 3 | Somewhat | | | |
| | 4 | Quite a bit | | | |
| | 5 | Very much | | | |

E3

My sleep was refreshing.

-
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|----------|--|---|-------------|--|---|-----------|--|----------|--|-----------------|
| 1 | SleepRefreshing | <i>Name: VRYMUCH SASFmt:</i> VRYMUCH <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little bit</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>5</td> <td>Very much</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Not at all | | 2 | A little bit | | 3 | Somewhat | | 4 | Quite a bit | | 5 | Very much | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | | | | | | | | | | | | |

E4

I had difficulty falling asleep.

-
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|-------------------|------------------------------|----------|--------|--------------|
| 1 | DiffFallingAsleep | <i>Name: VRYMUCH SASFmt:</i> | SMALLINT | | No range |

| | | VRYMUCH | | checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------|---|-----|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|----------|--|---|-------------|--|---|-----------|--|--|--|
| | | <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little bit</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>5</td> <td>Very much</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Not at all | | 2 | A little bit | | 3 | Somewhat | | 4 | Quite a bit | | 5 | Very much | | | |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | | | | | | | | | | | |

E5

I had trouble staying asleep.

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|--|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | TroubStayAsleep | <p><i>Name: NVR SOME SASFmt:</i> NVR SOME</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

E6

I had trouble sleeping.

-
- Never
- Rarely

- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | TroubSleep | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

I got enough sleep.

-
- Never
- Rarely
- Sometimes
- Often
- Always

E7

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | EnoughSleep | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

E8 | My sleep quality was:

-
- Very poor
- Poor
- Fair
- Good
- Very good

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------|---|------|--------|---------------------|----|----|--|---|-----------|--|---|------|--|---|------|--|---|------|--|---|-----------|--|----------|--|-----------------|
| 1 | QualitySleep | <i>Name: SLPQUAL SASFmt: SLPQUAL</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Very poor</td> <td></td> </tr> <tr> <td>2</td> <td>Poor</td> <td></td> </tr> <tr> <td>3</td> <td>Fair</td> <td></td> </tr> <tr> <td>4</td> <td>Good</td> <td></td> </tr> <tr> <td>5</td> <td>Very good</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Very poor | | 2 | Poor | | 3 | Fair | | 4 | Good | | 5 | Very good | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Very poor | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Poor | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Fair | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Good | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Very good | | | | | | | | | | | | | | | | | | | | | | | | | |

F. GUPI, Male

- This section suppressed if database function al.fn_GetGender returns 2

0 | In the last week, have you experienced any pain or discomfort in the following areas?

F1 | Area between rectum and testicles (perineum)

-
- No
- Yes

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

Testicles

-
- No
- Yes

F2

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

Tip of the penis (not related to urination)

-
- No
- Yes

F3

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

Below your waist, in your pubic or bladder area

-
- No
- Yes

F4

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

| | | | | | | |
|--|--|---|-----|--|--|--|
| | | 0 | No | | | |
| | | 1 | Yes | | | |

0 | In the last week, have you experienced:

F5

Pain or burning during urination?

-
- No
- Yes

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

F6

Pain or discomfort during or after sexual climax (ejaculation)?

-
- No
- Yes

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

F7

Pain or discomfort as your bladder fills?

-
- No
- Yes

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

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

F8

Pain or discomfort relieved by voiding?

-
- No
- Yes

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

F9

How often have you had pain or discomfort in any of these areas over the last week?

-
- Never
- Rarely
- Sometimes
- Often
- Usually
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | |
|-----|-----------------|--|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | PainDiscAnyArea | <i>Name: NVRUSALW SASFmt: NVRUSALW</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | |

| | | | |
|--|---|-----------|--|
| | 2 | Sometimes | |
| | 3 | Often | |
| | 4 | Usually | |
| | 5 | Always | |

Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week (0 is "No Pain" and 10 is "Pain as bad as you can imagine")

-
- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

F10

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------|--|------|--------|---------------------|----|----|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|----|----|--|----------|--|-----------------|
| 1 | AvgPainLevel | <i>Name:</i> ZEROTEN <i>SASFmt:</i> ZEROTEN <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>0</td><td>0</td><td></td></tr> <tr><td>1</td><td>1</td><td></td></tr> <tr><td>2</td><td>2</td><td></td></tr> <tr><td>3</td><td>3</td><td></td></tr> <tr><td>4</td><td>4</td><td></td></tr> <tr><td>5</td><td>5</td><td></td></tr> <tr><td>6</td><td>6</td><td></td></tr> <tr><td>7</td><td>7</td><td></td></tr> <tr><td>8</td><td>8</td><td></td></tr> <tr><td>9</td><td>9</td><td></td></tr> <tr><td>10</td><td>10</td><td></td></tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | 0 | | 1 | 1 | | 2 | 2 | | 3 | 3 | | 4 | 4 | | 5 | 5 | | 6 | 6 | | 7 | 7 | | 8 | 8 | | 9 | 9 | | 10 | 10 | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?

-
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

F11

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|-----------------------|--|---|-------------------------|--|---|---------------------|--|---|-------------------------|--|---|---------------|--|----------|--|-----------------|
| 1 | SensBladNotEmpty | <p><i>Name:</i> NOTALLALW <i>SASFmt:</i> NOTALLALW</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Less than 1 time in 5</td> <td></td> </tr> <tr> <td>2</td> <td>Less than half the time</td> <td></td> </tr> <tr> <td>3</td> <td>About half the time</td> <td></td> </tr> <tr> <td>4</td> <td>More than half the time</td> <td></td> </tr> <tr> <td>5</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Less than 1 time in 5 | | 2 | Less than half the time | | 3 | About half the time | | 4 | More than half the time | | 5 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Less than 1 time in 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Less than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | About half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | More than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

How often have you had to urinate again less than two hours after you finished urinating, over the last week?

-
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

F12

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

| | | | | | |
|---|----------------------|--|-------------------------|---------------------|-----------------|
| 1 | UrineLessThanTwoHour | <i>Name:</i> NOTALLALW <i>SASFmt:</i> NOTALLALW | | SMALLINT | No range checks |
| | | Val | Text | Culture Suppression | |
| | | -1 | -- | | |
| | | 0 | Not at all | | |
| | | 1 | Less than 1 time in 5 | | |
| | | 2 | Less than half the time | | |
| | | 3 | About half the time | | |
| | | 4 | More than half the time | | |
| | | 5 | Almost always | | |

How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?

-
- None
- Only a little
- Some
- A lot

F13

| # | Field Name | Lookup Set | | | Type | Length | Range Checks |
|---|-----------------|--|---------------|---------------------|----------|--------|-----------------|
| 1 | SympKeptFrmNorm | <i>Name:</i> NONEALOT <i>SASFmt:</i> NONEALOT | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 0 | None | | | | |
| | | 1 | Only a little | | | | |
| | | 2 | Some | | | | |
| | | 3 | A lot | | | | |

F14

How much did you think about your symptoms, over the last week?

-
- None
- Only a little
- Some
- A lot

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|------------------|--|------|--------|---------------------|----|----|--|---|------|--|---|---------------|--|---|------|--|---|-------|--|----------|--|-----------------|
| 1 | TimesThnkAbtSymp | <p><i>Name:</i> NONEALOT <i>SASFmt:</i> NONEALOT</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>None</td> <td></td> </tr> <tr> <td>1</td> <td>Only a little</td> <td></td> </tr> <tr> <td>2</td> <td>Some</td> <td></td> </tr> <tr> <td>3</td> <td>A lot</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | None | | 1 | Only a little | | 2 | Some | | 3 | A lot | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | None | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Only a little | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Some | | | | | | | | | | | | | | | | | | | | | | |
| 3 | A lot | | | | | | | | | | | | | | | | | | | | | | |

F15

If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?

-
- Delighted
- Pleased
- Mostly satisfied
- Mixed (about equally satisfied and dissatisfied)
- Mostly dissatisfied
- Unhappy
- Terrible

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

| | | |
|---|--|--|
| 1 | Pleased | |
| 2 | Mostly satisfied | |
| 3 | Mixed (about equally satisfied and dissatisfied) | |
| 4 | Mostly dissatisfied | |
| 5 | Unhappy | |
| 6 | Terrible | |

F. GUPI, Female

- This section suppressed if database function al.fn_GetGender returns 1

0 | In the last week, have you experienced any pain or discomfort in the following areas?

F1 | Entrance to vagina

--
 No
 Yes

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

F2 | Vagina

--
 No
 Yes

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

| | | | | | |
|--|--|----|-----|--|--|
| | | | | | |
| | | -1 | -- | | |
| | | 0 | No | | |
| | | 1 | Yes | | |

F3

Urethra

-
- No
- Yes

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

F4

Below your waist, in your pubic or bladder area

-
- No
- Yes

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

0

In the last week, have you experienced:

F5

Pain or burning during urination?

-
- No
- Yes

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

F6 Pain or discomfort during or after sexual intercourse?

--
 No
 Yes

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

F7 Pain or discomfort as your bladder fills?

--
 No
 Yes

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

F8 Pain or discomfort relieved by voiding?

--
 No

Yes

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

How often have you had pain or discomfort in any of these areas over the last week?

-
- Never
- Rarely
- Sometimes
- Often
- Usually
- Always

F9

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|----------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|---------|--|---|--------|--|----------|--|-----------------|
| 1 | PainInLastWeek | <i>Name: NVRUSALW SASFmt: NVRUSALW</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Usually</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Rarely | | 2 | Sometimes | | 3 | Often | | 4 | Usually | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Often | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

F10

Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week (0 is "No Pain" and 10 is "Pain as bad as you can imagine")

-
- 0
- 1

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|--|------|--------|---------------------|----|----|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|----|----|--|----------|--|-----------------|
| 1 | PainAvgLastWeek | <i>Name:</i> ZEROTEN <i>SASFmt:</i> ZEROTEN <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr><td>-1</td><td>--</td><td></td></tr> <tr><td>0</td><td>0</td><td></td></tr> <tr><td>1</td><td>1</td><td></td></tr> <tr><td>2</td><td>2</td><td></td></tr> <tr><td>3</td><td>3</td><td></td></tr> <tr><td>4</td><td>4</td><td></td></tr> <tr><td>5</td><td>5</td><td></td></tr> <tr><td>6</td><td>6</td><td></td></tr> <tr><td>7</td><td>7</td><td></td></tr> <tr><td>8</td><td>8</td><td></td></tr> <tr><td>9</td><td>9</td><td></td></tr> <tr><td>10</td><td>10</td><td></td></tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | 0 | | 1 | 1 | | 2 | 2 | | 3 | 3 | | 4 | 4 | | 5 | 5 | | 6 | 6 | | 7 | 7 | | 8 | 8 | | 9 | 9 | | 10 | 10 | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?

-
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

F11

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|-----------------------|--|---|-------------------------|--|---|---------------------|--|---|-------------------------|--|---|---------------|--|----------|--|-----------------|
| 1 | TimesFeltBladNotEmp | <i>Name:</i> NOTALLALW <i>SASFmt:</i> NOTALLALW <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Less than 1 time in 5</td> <td></td> </tr> <tr> <td>2</td> <td>Less than half the time</td> <td></td> </tr> <tr> <td>3</td> <td>About half the time</td> <td></td> </tr> <tr> <td>4</td> <td>More than half the time</td> <td></td> </tr> <tr> <td>5</td> <td>Almost always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Less than 1 time in 5 | | 2 | Less than half the time | | 3 | About half the time | | 4 | More than half the time | | 5 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Less than 1 time in 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Less than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | About half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | More than half the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

How often have you had to urinate again less than two hours after you finished urinating, over the last week?

-
- Not at all
- Less than 1 time in 5
- Less than half the time
- About half the time
- More than half the time
- Almost always

F12

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | |
|-----|------------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|-----------------------|--|----------|--|-----------------|
| 1 | TimesUrineWithinTwoHrs | <i>Name:</i> NOTALLALW <i>SASFmt:</i> NOTALLALW <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Less than 1 time in 5</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Less than 1 time in 5 | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | |
| 1 | Less than 1 time in 5 | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|-------------------------|--|--|--|
| | | 2 | Less than half the time | | | |
| | | 3 | About half the time | | | |
| | | 4 | More than half the time | | | |
| | | 5 | Almost always | | | |

F13

How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?

-
- None
- Only a little
- Some
- A lot

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-----------------|--|------|--------|---------------------|----|----|--|---|------|--|---|---------------|--|---|------|--|---|-------|--|----------|--|-----------------|
| 1 | SympKeptNormAct | <i>Name:</i> NONEALOT <i>SASFmt:</i> NONEALOT <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>None</td> <td></td> </tr> <tr> <td>1</td> <td>Only a little</td> <td></td> </tr> <tr> <td>2</td> <td>Some</td> <td></td> </tr> <tr> <td>3</td> <td>A lot</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | None | | 1 | Only a little | | 2 | Some | | 3 | A lot | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | None | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Only a little | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Some | | | | | | | | | | | | | | | | | | | | | | |
| 3 | A lot | | | | | | | | | | | | | | | | | | | | | | |

F14

How much did you think about your symptoms, over the last week?

-
- None
- Only a little
- Some
- A lot

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

| 1 | ThtAbtSympLastWeek | Name: NONEALOT SASFmt: NONEALOT | SMALLINT | No range checks | | | | | | | | | | | | | | | | | | |
|-----|--------------------|---|----------|-----------------|---------------------|----|----|--|---|------|--|---|---------------|--|---|------|--|---|-------|--|--|--|
| | | <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>None</td> <td></td> </tr> <tr> <td>1</td> <td>Only a little</td> <td></td> </tr> <tr> <td>2</td> <td>Some</td> <td></td> </tr> <tr> <td>3</td> <td>A lot</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | None | | 1 | Only a little | | 2 | Some | | 3 | A lot | | | |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | |
| 0 | None | | | | | | | | | | | | | | | | | | | | | |
| 1 | Only a little | | | | | | | | | | | | | | | | | | | | | |
| 2 | Some | | | | | | | | | | | | | | | | | | | | | |
| 3 | A lot | | | | | | | | | | | | | | | | | | | | | |

If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?

-
- Delighted
- Pleased
- Mostly satisfied
- Mixed (about equally satisfied and dissatisfied)
- Mostly dissatisfied
- Unhappy
- Terrible

F15

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|----------|--------|---------------------|----|----|--|---|-----------|--|---|---------|--|---|------------------|--|---|--|--|---|---------------------|--|---|---------|--|---|----------|--|--|--|
| 1 | SpendLifewSymp | Name: SYMPSCL SASFmt: SYMPSCL | SMALLINT | | No range checks | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Delighted</td> <td></td> </tr> <tr> <td>1</td> <td>Pleased</td> <td></td> </tr> <tr> <td>2</td> <td>Mostly satisfied</td> <td></td> </tr> <tr> <td>3</td> <td>Mixed (about equally satisfied and dissatisfied)</td> <td></td> </tr> <tr> <td>4</td> <td>Mostly dissatisfied</td> <td></td> </tr> <tr> <td>5</td> <td>Unhappy</td> <td></td> </tr> <tr> <td>6</td> <td>Terrible</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Delighted | | 1 | Pleased | | 2 | Mostly satisfied | | 3 | Mixed (about equally satisfied and dissatisfied) | | 4 | Mostly dissatisfied | | 5 | Unhappy | | 6 | Terrible | | | |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Delighted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Pleased | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Mostly satisfied | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Mixed (about equally satisfied and dissatisfied) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Mostly dissatisfied | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Unhappy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Terrible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

G. PROMIS Depression Item Bank

0 | In the past 7 days...

G1

I felt worthless.

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|---------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelWorthless | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

G2

I felt helpless.

-
- Never
- Rarely
- Sometimes
- Often
- Always

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

| | | | | | | | |
|--|--|----|-----------|--|--|--|--|
| | | -1 | -- | | | | |
| | | 1 | Never | | | | |
| | | 2 | Rarely | | | | |
| | | 3 | Sometimes | | | | |
| | | 4 | Often | | | | |
| | | 5 | Always | | | | |

G3

I felt depressed.

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelDepress | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

G4

I felt hopeless.

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|--------------|-------------------------------|----------|--------|-----------------|
| 1 | FeelHopeless | <i>Name: NVR SOME SASFmt:</i> | SMALLINT | | No range checks |

| | | | | |
|----------|-----------|---------------------|--|--|
| NVR SOME | | | | |
| Val | Text | Culture Suppression | | |
| -1 | -- | | | |
| 1 | Never | | | |
| 2 | Rarely | | | |
| 3 | Sometimes | | | |
| 4 | Often | | | |
| 5 | Always | | | |

- G5 I felt like a failure.
- - Never
 - Rarely
 - Sometimes
 - Often
 - Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelFailure | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

- G6 I felt unhappy.
- - Never
 - Rarely
 - Sometimes
 - Often

- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelUnhappy | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

I felt that I had nothing to look forward to.

-
- Never
- Rarely
- Sometimes
- Often
- Always

G7

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelNothForwardTo | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

G8

I felt that nothing could cheer me up.

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelNothCheerUp | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

H. PROMIS Anxiety Item Bank

0 | In the past 7 days...

H1

I felt fearful.

-
- Never
- Rarely
- Sometimes
- Often
- Always

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

| | | | | | | | |
|--|--|----|-----------|--|--|--|--|
| | | -1 | -- | | | | |
| | | 1 | Never | | | | |
| | | 2 | Rarely | | | | |
| | | 3 | Sometimes | | | | |
| | | 4 | Often | | | | |
| | | 5 | Always | | | | |

H2

I found it hard to focus on anything other than my anxiety.

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|---------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelHardFocus | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

H3

My worries overwhelmed me.

-
- Never
- Rarely
- Sometimes
- Often
- Always

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

| | | | | | | | Checks |
|---|------------------|---|-----------|---------------------|----------|--|-----------------|
| 1 | WorryOverwhelmed | <i>Name: NVR SOME SASFmt:</i> NVR SOME | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 1 | Never | | | | |
| | | 2 | Rarely | | | | |
| | | 3 | Sometimes | | | | |
| | | 4 | Often | | | | |
| | | 5 | Always | | | | |

H4

I felt uneasy.

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | | | Type | Length | Range Checks |
|---|------------|---|-----------|---------------------|----------|--------|-----------------|
| 1 | FeelUneasy | <i>Name: NVR SOME SASFmt:</i> NVR SOME | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 1 | Never | | | | |
| | | 2 | Rarely | | | | |
| | | 3 | Sometimes | | | | |
| | | 4 | Often | | | | |
| | | 5 | Always | | | | |

H5

I felt nervous.

-
- Never

- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelNervous | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

I felt like I needed help for my anxiety.

-
- Never
- Rarely
- Sometimes
- Often
- Always

H6

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelNeedHelpAnx | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

H7

I felt anxious.

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelAnxious | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

H8

I felt tense.

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | |
|-----|------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | FeelTense | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | |

| | | | | | |
|--|---|-----------|--|--|--|
| | 3 | Sometimes | | | |
| | 4 | Often | | | |
| | 5 | Always | | | |

I. Perceived Stress Scale (PSS)

0 | In the last month, how often have you...

11 | Been upset because of something that happened unexpectedly?

-
- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------------|--|---|-----------|--|---|--------------|--|---|------------|--|----------|--|-----------------|
| 1 | UpsetUnex | <p><i>Name: NVROFTN SASFmt: NVROFTN</i></p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Almost Never</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Fairly Often</td> <td></td> </tr> <tr> <td>4</td> <td>Very Often</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Almost Never | | 2 | Sometimes | | 3 | Fairly Often | | 4 | Very Often | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Almost Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Fairly Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very Often | | | | | | | | | | | | | | | | | | | | | | | | | |

12 | Felt that you were unable to control the important things in your life?

-
- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

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

| | | | | | | | Checks |
|---|---------------------|--------------------------------------|--------------|---------------------|----------|--|-----------------|
| 1 | UnableToControlLife | <i>Name: NVROFTN SASFmt: NVROFTN</i> | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 0 | Never | | | | |
| | | 1 | Almost Never | | | | |
| | | 2 | Sometimes | | | | |
| | | 3 | Fairly Often | | | | |
| | | 4 | Very Often | | | | |

13

Felt nervous and "stressed"?

-
- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

| # | Field Name | Lookup Set | | | Type | Length | Range Checks |
|---|------------|--------------------------------------|--------------|---------------------|----------|--------|-----------------|
| 1 | NervStress | <i>Name: NVROFTN SASFmt: NVROFTN</i> | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 0 | Never | | | | |
| | | 1 | Almost Never | | | | |
| | | 2 | Sometimes | | | | |
| | | 3 | Fairly Often | | | | |
| | | 4 | Very Often | | | | |

14

Felt confident about your ability to handle your personal problems?

-
- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------|--|------|--------|---------------------|----|----|--|---|-------|--|---|--------------|--|---|-----------|--|---|--------------|--|---|------------|--|----------|--|-----------------|
| 1 | ConfHandlePerProb | <i>Name: NVROFTN SASFmt:</i> NVROFTN <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Almost Never</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Fairly Often</td> <td></td> </tr> <tr> <td>4</td> <td>Very Often</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Almost Never | | 2 | Sometimes | | 3 | Fairly Often | | 4 | Very Often | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Almost Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Fairly Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very Often | | | | | | | | | | | | | | | | | | | | | | | | | |

Felt that things were going your way?

-
- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

15

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

| | | | | | | |
|--|--|---|-----------------|--|--|--|
| | | 1 | Almost Never | | | |
| | | 2 | Sometimes | | | |
| | | 3 | Fairly Often | | | |
| | | 4 | Very Often | | | |

16

Found that you could not cope with all the things you had to do?

-
- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|--|------|--------|------------------------|----|----|--|---|-------|--|---|-----------------|--|---|-----------|--|---|--------------|--|---|------------|--|----------|--|-----------------|
| 1 | CouldNotCope | <i>Name: NVROFTN SASFmt:</i> NVROFTN <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Almost Never</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Fairly Often</td> <td></td> </tr> <tr> <td>4</td> <td>Very Often</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Almost Never | | 2 | Sometimes | | 3 | Fairly Often | | 4 | Very Often | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Almost Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Fairly Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very Often | | | | | | | | | | | | | | | | | | | | | | | | | |

17

Been able to control irritations in your life?

-
- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

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

| | | | | | |
|---|----------|--------------------------------------|--------------|---------------------|-----------------|
| 1 | ContrIrr | <i>Name: NVROFTN SASFmt: NVROFTN</i> | | SMALLINT | No range checks |
| | | Val | Text | Culture Suppression | |
| | | -1 | -- | | |
| | | 0 | Never | | |
| | | 1 | Almost Never | | |
| | | 2 | Sometimes | | |
| | | 3 | Fairly Often | | |
| | | 4 | Very Often | | |

18

Felt that you were on top of things?

-
- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

| # | Field Name | Lookup Set | | | Type | Length | Range Checks |
|---|---------------|--------------------------------------|--------------|---------------------|----------|--------|-----------------|
| 1 | OnTopOfThings | <i>Name: NVROFTN SASFmt: NVROFTN</i> | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 0 | Never | | | | |
| | | 1 | Almost Never | | | | |
| | | 2 | Sometimes | | | | |
| | | 3 | Fairly Often | | | | |
| | | 4 | Very Often | | | | |

19

Been angered because of things that were outside of your control?

-
- Never

- Almost Never
- Sometimes
- Fairly Often
- Very Often

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------------|--|---|-----------|--|---|--------------|--|---|------------|--|----------|--|-----------------|
| 1 | AngryOutOfContr | <i>Name: NVROFTN SASFmt: NVROFTN</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Almost Never</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Fairly Often</td> <td></td> </tr> <tr> <td>4</td> <td>Very Often</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Almost Never | | 2 | Sometimes | | 3 | Fairly Often | | 4 | Very Often | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Almost Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Fairly Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very Often | | | | | | | | | | | | | | | | | | | | | | | | | |

Felt difficulties were piling up so high that you could not overcome them?

-
- Never
- Almost Never
- Sometimes
- Fairly Often
- Very Often

I10

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|--------------|--|------|--------|---------------------|----|----|--|---|-------|--|---|--------------|--|---|-----------|--|--|--|--|----------|--|-----------------|
| 1 | DiffPilingUp | <i>Name: NVROFTN SASFmt: NVROFTN</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Almost Never</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Never | | 1 | Almost Never | | 2 | Sometimes | | | | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Never | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Almost Never | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Sometimes | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|---|--------------|--|--|--|
| | 3 | Fairly Often | | | |
| | 4 | Very Often | | | |

J. Constipation

0 | In the past 7 days...

J1 | How much did hard or lumpy stools bother you?

-
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|----------|--|---|-------------|--|---|-----------|--|----------|--|-----------------|
| 1 | LumpStoolBother | <i>Name: VRYMUCH SASFmt:</i> VRYMUCH <table border="1" style="margin-top: 10px;"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little bit</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>5</td> <td>Very much</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Not at all | | 2 | A little bit | | 3 | Somewhat | | 4 | Quite a bit | | 5 | Very much | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | | | | | | | | | | | | |

J2 | How much did you usually strain while trying to have a bowel movement?

-
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

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

| | | | | | Checks | |
|---|---------------------|---|--------------|---------------------|----------|-----------------|
| 1 | MuchStrainBowelMove | <i>Name: VRYMUCH SASFmt:</i> VRYMUCH | | | SMALLINT | No range checks |
| | | Val | Text | Culture Suppression | | |
| | | -1 | -- | | | |
| | | 1 | Not at all | | | |
| | | 2 | A little bit | | | |
| | | 3 | Somewhat | | | |
| | | 4 | Quite a bit | | | |
| | | 5 | Very much | | | |

How much did straining during bowel movements bother you?

-
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

J3

| # | Field Name | Lookup Set | | | Type | Length | Range Checks |
|---|-----------------------|---|--------------|---------------------|----------|--------|-----------------|
| 1 | StrainBowelMoveBother | <i>Name: VRYMUCH SASFmt:</i> VRYMUCH | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 1 | Not at all | | | | |
| | | 2 | A little bit | | | | |
| | | 3 | Somewhat | | | | |
| | | 4 | Quite a bit | | | | |
| | | 5 | Very much | | | | |

J4

How often did you pass very hard or lumpy stools?

-
- Never
- One time during the past 7 days
- 2-6 times during the past 7 days
- Once a day
- More than once a day

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|----------------------------------|--|------|--------|---------------------|----|----|--|---|-------|--|---|---------------------------------|--|---|----------------------------------|--|---|------------|--|---|----------------------|--|----------|--|-----------------|
| 1 | PassHardStool | <i>Name:</i> DAYSDUR <i>SASFmt:</i> DAYSDUR <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>One time during the past 7 days</td> <td></td> </tr> <tr> <td>3</td> <td>2-6 times during the past 7 days</td> <td></td> </tr> <tr> <td>4</td> <td>Once a day</td> <td></td> </tr> <tr> <td>5</td> <td>More than once a day</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | One time during the past 7 days | | 3 | 2-6 times during the past 7 days | | 4 | Once a day | | 5 | More than once a day | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | One time during the past 7 days | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2-6 times during the past 7 days | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Once a day | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | More than once a day | | | | | | | | | | | | | | | | | | | | | | | | | |

How often did you strain while trying to have bowel movements?

-
- Never
- Rarely
- Sometimes
- Often
- Always

J5

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | |
|-----|---------------------|---|------|--------|---------------------|----|----|--|---|-------|--|--|--|--|----------|--|-----------------|
| 1 | OftnStrainBowelMove | <i>Name:</i> NVR SOME <i>SASFmt:</i> NVR SOME <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | | | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|---|-----------|--|--|--|
| | 2 | Rarely | | | |
| | 3 | Sometimes | | | |
| | 4 | Often | | | |
| | 5 | Always | | | |

J6

How often did you feel pain in your rectum or anus while trying to have bowel movements?

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|----------------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | OftPainAnusBowelMove | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

J7

How often after a bowel movement did you feel unfinished - that is, that you had not passed all your stool?

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|-------------------|---|----------|--------|-----------------|
| 1 | BowelMoveUnfinish | <i>Name: NVR SOME SASFmt:</i> NVR SOME | SMALLINT | | No range checks |

| | | | | |
|--|--|-----|-----------|---------------------|
| | | | | |
| | | Val | Text | Culture Suppression |
| | | -1 | -- | |
| | | 1 | Never | |
| | | 2 | Rarely | |
| | | 3 | Sometimes | |
| | | 4 | Often | |
| | | 5 | Always | |

J8

How often did you use your finger or toilet paper to get out a stool?

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | OftnUseFingerForStool | <i>Name: NVR SOME SASFmt:</i> NVR SOME <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

J9

At its worst, how would you rate your pain in your rectum or anus during bowel movements?

-
- Not bad at all
- A little bad
- Somewhat bad
- Quite bad

Very bad

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------|--|------|--------|---------------------|----|----|--|---|----------------|--|---|--------------|--|---|--------------|--|---|-----------|--|---|----------|--|----------|--|-----------------|
| 1 | RateWorstPainAnus | <i>Name: PAINANUS SASFmt: PAINANUS</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not bad at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little bad</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat bad</td> <td></td> </tr> <tr> <td>4</td> <td>Quite bad</td> <td></td> </tr> <tr> <td>5</td> <td>Very bad</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Not bad at all | | 2 | A little bad | | 3 | Somewhat bad | | 4 | Quite bad | | 5 | Very bad | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not bad at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | A little bad | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat bad | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Quite bad | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Very bad | | | | | | | | | | | | | | | | | | | | | | | | | |

K. PFDI-20, Women

- This section suppressed if database function al.fn_GetGender returns 1

Do you usually experience pressure in the lower abdomen?

- No
 Yes

K1

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

K2

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|---------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | UsuPressLowAbBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | |

Do you usually experience heaviness or dullness in the pelvic area?

K3

-
- No
- Yes

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

If yes, how much does this bother you?

K4

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|--------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | UsuHeavPelicBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | |

K5

Do you usually have a bulge or something falling out that you can see or feel in the vaginal area?

-
- No
- Yes

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

K6

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

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

| | | | | | | |
|--|-----|-------------|------------------------|--|--|--|
| | Val | Text | Culture Suppression | | | |
| | -1 | -- | | | | |
| | 0 | Not at all | | | | |
| | 1 | Somewhat | | | | |
| | 2 | Moderately | | | | |
| | 3 | Quite a bit | | | | |

Do you usually have to push on the vagina or around the rectum to have or complete bowel movement?

-
- No
- Yes

K7

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

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

K8

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

| | | | |
|--|---|-------------|--|
| | 0 | Not at all | |
| | 1 | Somewhat | |
| | 2 | Moderately | |
| | 3 | Quite a bit | |

K9

Do you usually experience a feeling of incomplete bladder emptying?

-
- No
- Yes

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

K10

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | |
|-----|------------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|----------|--|-----------------|
| 1 | UsuIncompBladEmpBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|-------------|--|--|--|
| | | 3 | Quite a bit | | | |
|--|--|---|-------------|--|--|--|

K11

Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?

-
- No
- Yes

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

K12

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | | | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|---------------------------|--|--|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | UsuPushBulgeStUrineBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | | | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | |

K13

Do you feel you need to strain too hard to have a bowel movement?

-

- No
- Yes

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

K14

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-----------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | StrainBowelMoveBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | |

K15

Do you feel you have not completely emptied your bowels at the end of a bowel movement?

-
- No
- Yes

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

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

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

K16

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|---------------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | FeelNotCompEmpBowelBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | |

Do you usually lose stool beyond your control if your stool is well formed?

-
- No
- Yes

K17

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

| | | | | | |
|--|----|-----|--|--|--|
| | -1 | -- | | | |
| | 0 | No | | | |
| | 1 | Yes | | | |

K18

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|---------------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | LoseStoolWellFormedBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | |

K19

Do you usually lose stool beyond your control if your stool is loose or liquid?

-
- No
- Yes

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

K20

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-----------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | LoseStoolLiquidBother | <p><i>Name: QUITEABIT SASFmt: QUITEABIT</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | |

K21

Do you usually lose gas from the rectum beyond your control?

-
- No
- Yes

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

K22

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately

- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | LoseGasBeyondContrBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | |

Do you usually have pain when you pass your stool?

-
- No
- Yes

K23

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

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

K24

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|------------------------|--------------------------------|----------|--------|--------------|
| 1 | UsuPainPassStoolBother | <i>Name: QUITEABIT SASFmt:</i> | SMALLINT | | No range |

| | | | | |
|--|-----|-------------|---------------------|--------|
| | | QUITEABIT | | checks |
| | Val | Text | Culture Suppression | |
| | -1 | -- | | |
| | 0 | Not at all | | |
| | 1 | Somewhat | | |
| | 2 | Moderately | | |
| | 3 | Quite a bit | | |

K25

Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?

-
- No
- Yes

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

K26

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

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

| | | | |
|--|---|-------------|--|
| | 0 | Not at all | |
| | 1 | Somewhat | |
| | 2 | Moderately | |
| | 3 | Quite a bit | |

K27

Does a part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?

-
- No
- Yes

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

K28

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | |
|-----|------------------------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|----------|--|-----------------|
| 1 | PartBowelPassBowelMoveBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|-------------|--|--|--|
| | | 2 | Moderately | | | |
| | | 3 | Quite a bit | | | |

K29

Do you usually experience frequent urination?

-
- No
- Yes

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

K30

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | | | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-----------------|--|--|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | FreqUrineBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </table> | | | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | |

K31

Do you usually experience urine leakage associated with a feeling of urgency that is a strong sensation of needing to go to the bathroom?

-
- No
- Yes

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

K32

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|----------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | UrineLEakUrgenBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | |

K33

Do you usually experience urine leakage related to coughing, sneezing, or laughing?

-
- No
- Yes

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

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

- K34
- If yes, how much does this bother you?
- - Not at all
 - Somewhat
 - Moderately
 - Quite a bit

| # | Field Name | Lookup Set | | | Type | Length | Range Checks |
|---|----------------------|--|-------------|---------------------|----------|--------|-----------------|
| 1 | UrineLeakCoughBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 0 | Not at all | | | | |
| | | 1 | Somewhat | | | | |
| | | 2 | Moderately | | | | |
| | | 3 | Quite a bit | | | | |

- K35
- Do you usually experience small amounts of urine leakage (that is, drops)?
- - No
 - Yes

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

| | | | | | | |
|--|--|---|-----|--|--|--|
| | | 1 | Yes | | | |
|--|--|---|-----|--|--|--|

K36

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|---------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | UrineLeakSpotBother | <p><i>Name: QUITEABIT SASFmt: QUITEABIT</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | |

K37

Do you usually experience difficulty emptying your bladder?

-
- No
- Yes

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

K38

If yes, how much does this bother you?

-
- Not at all

- Somewhat
- Moderately
- Quite a bit

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|--------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------------|--|---|-------------|--|----------|--|-----------------|
| 1 | DiffEmptBladBother | <i>Name: QUITEABIT SASFmt: QUITEABIT</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>2</td> <td>Moderately</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Not at all | | 1 | Somewhat | | 2 | Moderately | | 3 | Quite a bit | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Somewhat | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Moderately | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | |

Do you usually experience pain or discomfort in the lower abdomen or genital region?

-
- No
- Yes

K39

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

If yes, how much does this bother you?

-
- Not at all
- Somewhat
- Moderately
- Quite a bit

K40

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

| | | | | | | |
|---|------------------|---|-------------|---------------------|----------|-----------------|
| 1 | PainLowAbdBother | <i>Name:</i> QUITEABIT <i>SASFmt:</i> QUITEABIT | | | SMALLINT | No range checks |
| | | Val | Text | Culture Suppression | | |
| | | -1 | -- | | | |
| | | 0 | Not at all | | | |
| | | 1 | Somewhat | | | |
| | | 2 | Moderately | | | |
| | | 3 | Quite a bit | | | |

L. Diarrhea

0 | In the past 7 days...

- L1 | How many days did you have loose or watery stools?
- - No days
 - 1 day
 - 2 days
 - 3-5 days
 - 6-7 days

| # | Field Name | Lookup Set | | | Type | Length | Range Checks |
|---|-----------------|---|----------|---------------------|----------|--------|-----------------|
| 1 | DaysLooseStools | <i>Name:</i> STOOLDAY <i>SASFmt:</i> STOOLDAY | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 1 | No days | | | | |
| | | 2 | 1 day | | | | |
| | | 3 | 2 days | | | | |
| | | 4 | 3-5 days | | | | |
| 5 | 6-7 days | | | | | | |

L2 | How much did having loose or watery stools interfere with your day-to-day activities?

-
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

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

How much did having loose or watery stools bother you?

-
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

L3

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

| | | | | | | |
|--|--|---|--------------|--|--|--|
| | | 2 | A little bit | | | |
| | | 3 | Somewhat | | | |
| | | 4 | Quite a bit | | | |
| | | 5 | Very much | | | |

L4

How much did feeling you needed to empty your bowels right away interfere with your day-to-day activities?

-
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|---------------------|--|------|--------|---------------------|----|----|--|---|------------|--|---|--------------|--|---|----------|--|---|-------------|--|---|-----------|--|----------|--|-----------------|
| 1 | EmptyBowelIntfActiv | <p><i>Name:</i> VRYMUCH <i>SASFmt:</i> VRYMUCH</p> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little bit</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>4</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>5</td> <td>Very much</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Not at all | | 2 | A little bit | | 3 | Somewhat | | 4 | Quite a bit | | 5 | Very much | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Very much | | | | | | | | | | | | | | | | | | | | | | | | | |

L5

How often did you feel like you needed to empty your bowels right away or else you would have an accident?

-
- Never
- One time during the past 7 days
- 2-6 times during the past 7 days
- Once a day
- More than once a day

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

| | | | | | |
|---|-----------------|---|----------------------------------|---------------------|-----------------|
| 1 | EmptyBowelAccid | <i>Name:</i> DAYSDUR <i>SASFmt:</i> DAYSDUR | | SMALLINT | No range checks |
| | | Val | Text | Culture Suppression | |
| | | -1 | -- | | |
| | | 1 | Never | | |
| | | 2 | One time during the past 7 days | | |
| | | 3 | 2-6 times during the past 7 days | | |
| | | 4 | Once a day | | |
| | | 5 | More than once a day | | |

M. Bowel Incontinence/ Soilage

0 | In the past 7 days...

How often did you have bowel incontinence - that is, have an accident because you could not make it to the bathroom in time?

M1

-
- No days
- 1 day
- 2 days
- 3-5 days
- 6-7 days

| # | Field Name | Lookup Set | | Type | Length | Range Checks |
|---|-----------------|---|----------|---------------------|--------|-----------------|
| 1 | DaysIncontinent | <i>Name:</i> STOOLDAY <i>SASFmt:</i> STOOLDAY | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | |
| | | -1 | -- | | | |
| | | 1 | No days | | | |
| | | 2 | 1 day | | | |
| | | 3 | 2 days | | | |
| | | 4 | 3-5 days | | | |
| | | | | | | |

| | | | | | | |
|--|--|---|----------|--|--|--|
| | | 5 | 6-7 days | | | |
|--|--|---|----------|--|--|--|

M2

How often did you soil or dirty your underwear before getting to a bathroom?

-
- No days
- 1 day
- 2 days
- 3-5 days
- 6-7 days

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------|--|------|--------|---------------------|----|----|--|---|---------|--|---|-------|--|---|--------|--|---|----------|--|---|----------|--|----------|--|-----------------|
| 1 | DaysSoilSelf | <i>Name: STOOLDAY SASFmt:</i> STOOLDAY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>No days</td> <td></td> </tr> <tr> <td>2</td> <td>1 day</td> <td></td> </tr> <tr> <td>3</td> <td>2 days</td> <td></td> </tr> <tr> <td>4</td> <td>3-5 days</td> <td></td> </tr> <tr> <td>5</td> <td>6-7 days</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | No days | | 2 | 1 day | | 3 | 2 days | | 4 | 3-5 days | | 5 | 6-7 days | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | No days | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 1 day | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2 days | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 3-5 days | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 6-7 days | | | | | | | | | | | | | | | | | | | | | | | | | |

M3

How often did you leak stool or soil your underwear?

-
- No days
- 1 day
- 2 days
- 3-5 days
- 6-7 days

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

| | | | |
|--|---|----------|--|
| | 2 | 1 day | |
| | 3 | 2 days | |
| | 4 | 3-5 days | |
| | 5 | 6-7 days | |

M4

How often did you think you were going to pass gas, but stool or liquid came out instead?

-
- Never
- Rarely
- Sometimes
- Often
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|-------|--|---|--------|--|----------|--|-----------------|
| 1 | PassGasLiqStool | <p><i>Name:</i> NVR SOME <i>SASFmt:</i> NVR SOME</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Often</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Often | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Often | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

N. International Index of Erectile Function

- This section suppressed if database function al.fn_GetGender returns 2

0 | Over the past 4 weeks:

N1 | How often were you able to get an erection during sexual activity?

-
- No sexual activity
- Almost never/never

- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|------|--------|---------------------|----|----|--|---|--------------------|--|---|--------------------|--|---|--|--|---|---------------------------------|--|---|---|--|---|----------------------|--|----------|--|-----------------|
| 1 | OftenErectionSexActivity | <i>Name: SexActivityPene SASFmt: SexActivityPene</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No sexual activity</td> <td></td> </tr> <tr> <td>1</td> <td>Almost never/never</td> <td></td> </tr> <tr> <td>2</td> <td>A few times (much less than half the time)</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes (about half the time)</td> <td></td> </tr> <tr> <td>4</td> <td>Most times (much more than half the time)</td> <td></td> </tr> <tr> <td>5</td> <td>Almost always/always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | No sexual activity | | 1 | Almost never/never | | 2 | A few times (much less than half the time) | | 3 | Sometimes (about half the time) | | 4 | Most times (much more than half the time) | | 5 | Almost always/always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No sexual activity | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Almost never/never | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | A few times (much less than half the time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes (about half the time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Most times (much more than half the time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Almost always/always | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

-
- No sexual activity
- Almost never/never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/always

N2

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

| 1 | OftenErectionPenetration | <i>Name:</i> SexActivityPene <i>SASFmt:</i> SexActivityPene | SMALLINT | No range checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|----------|-----------------|---------------------|----|----|--|---|--------------------|--|---|--------------------|--|---|--|--|---|---------------------------------|--|---|---|--|---|----------------------|--|--|--|
| | | <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No sexual activity</td> <td></td> </tr> <tr> <td>1</td> <td>Almost never/never</td> <td></td> </tr> <tr> <td>2</td> <td>A few times (much less than half the time)</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes (about half the time)</td> <td></td> </tr> <tr> <td>4</td> <td>Most times (much more than half the time)</td> <td></td> </tr> <tr> <td>5</td> <td>Almost always/always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | No sexual activity | | 1 | Almost never/never | | 2 | A few times (much less than half the time) | | 3 | Sometimes (about half the time) | | 4 | Most times (much more than half the time) | | 5 | Almost always/always | | | |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No sexual activity | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Almost never/never | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | A few times (much less than half the time) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes (about half the time) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Most times (much more than half the time) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Almost always/always | | | | | | | | | | | | | | | | | | | | | | | | | | | |

When you attempted sexual intercourse, how often were you able to penetrate (enter) your partner?

-
- Did not attempt intercourse
- Almost never/never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/always

N3

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | |
|-----|------------------------|--|----------|--------|---------------------|----|----|--|---|-----------------|--|--|--|
| 1 | AbleToPenetratePartner | <i>Name:</i> SexActivityInt <i>SASFmt:</i> SexActivityInt | SMALLINT | | No range checks | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Did not attempt</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Did not attempt | | | |
| Val | Text | Culture Suppression | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | |
| 0 | Did not attempt | | | | | | | | | | | | |

| | | | |
|---|--|-------------|--|
| | | intercourse | |
| 1 | Almost never/never | | |
| 2 | A few times (much less than half the time) | | |
| 3 | Sometimes (about half the time) | | |
| 4 | Most times (much more than half the time) | | |
| 5 | Almost always/always | | |

N4 During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

-
- Did not attempt intercourse
- Almost never/never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | |
|-----|--|---|------|--------|---------------------|----|----|--|---|-----------------------------|--|---|--------------------|--|---|--|--|----------|--|-----------------|
| 1 | AbleToMaintainErectionPene | <i>Name:</i> SexActivityInt <i>SASFmt:</i> SexActivityInt <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Did not attempt intercourse</td> <td></td> </tr> <tr> <td>1</td> <td>Almost never/never</td> <td></td> </tr> <tr> <td>2</td> <td>A few times (much less than half the time)</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Did not attempt intercourse | | 1 | Almost never/never | | 2 | A few times (much less than half the time) | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | |
| 0 | Did not attempt intercourse | | | | | | | | | | | | | | | | | | | |
| 1 | Almost never/never | | | | | | | | | | | | | | | | | | | |
| 2 | A few times (much less than half the time) | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|--|--|--|--|
| | | 3 | Sometimes (about half the time) | | | |
| | | 4 | Most times (much more than half the time) | | | |
| | | 5 | Almost always/always | | | |

During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

-
- Did not attempt intercourse
- Extremely difficult
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

N5

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------------------------|--|------|--------|------------------------|----|----|--|---|-----------------------------------|--|---|------------------------|--|---|-------------------|--|---|-----------|--|---|-----------------------|--|---|------------------|--|----------|--|-----------------------|
| 1 | AbleToMaintainErectionComp | <p><i>Name:</i> SexActivityDiff <i>SASFmt:</i> SexActivityDiff</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>Did not attempt intercourse</td> <td></td> </tr> <tr> <td>1</td> <td>Extremely difficult</td> <td></td> </tr> <tr> <td>2</td> <td>Very difficult</td> <td></td> </tr> <tr> <td>3</td> <td>Difficult</td> <td></td> </tr> <tr> <td>4</td> <td>Slightly difficult</td> <td></td> </tr> <tr> <td>5</td> <td>Not difficult</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 0 | Did not attempt intercourse | | 1 | Extremely difficult | | 2 | Very difficult | | 3 | Difficult | | 4 | Slightly difficult | | 5 | Not difficult | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Did not attempt intercourse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Extremely difficult | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Very difficult | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Difficult | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Slightly difficult | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Not difficult | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

N6

How do you rate your confidence that you could get and keep an erection?

-
- Very low
- Low
- Moderate
- High
- Very high

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-----------------------|---|------|--------|---------------------|----|----|--|---|----------|--|---|-----|--|---|----------|--|---|------|--|---|-----------|--|----------|--|-----------------|
| 1 | ConfidentKeepErection | <i>Name: LowHigh SASFmt: LowHigh</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Very low</td> <td></td> </tr> <tr> <td>2</td> <td>Low</td> <td></td> </tr> <tr> <td>3</td> <td>Moderate</td> <td></td> </tr> <tr> <td>4</td> <td>High</td> <td></td> </tr> <tr> <td>5</td> <td>Very high</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Very low | | 2 | Low | | 3 | Moderate | | 4 | High | | 5 | Very high | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Very low | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Low | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Moderate | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | High | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Very high | | | | | | | | | | | | | | | | | | | | | | | | | |

O. Sexual Activity

- This section suppressed if database function al.fn_GetGender returns 1

O1

Which of the following best describes you:

-
- Not sexually active at all
- Sexually active with or without a partner

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

| | | | | | | |
|--|--|----|---|--|--|--|
| | | -1 | -- | | | |
| | | 1 | Not sexually active at all | | | |
| | | 2 | Sexually active with or without a partner | | | |

0 The following is a list of reasons why you might not be sexually active. For each one, please indicate how strong you agree or disagree with it as a reason that you are not sexually active.

- O2
- No partner
- - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|---------------------|----|----|--|---|----------------|--|---|----------------|--|---|-------------------|--|---|-------------------|--|----------|--|-----------------|
| 1 | NoPartner | <i>Name: AGRDISA SASFmt: AGRDISA</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Strongly agree</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat agree</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat disagree</td> <td></td> </tr> <tr> <td>4</td> <td>Strongly disagree</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Strongly agree | | 2 | Somewhat agree | | 3 | Somewhat disagree | | 4 | Strongly disagree | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Strongly agree | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat agree | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat disagree | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Strongly disagree | | | | | | | | | | | | | | | | | | | | | | |

- O3
- No interest
- - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree

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

| | | | | | |
|--|----|-------------------|-------------|--|--|
| | | | Suppression | | |
| | -1 | -- | | | |
| | 1 | Strongly agree | | | |
| | 2 | Somewhat agree | | | |
| | 3 | Somewhat disagree | | | |
| | 4 | Strongly disagree | | | |

- O4 Due to bladder or bowel problems (urinary or fecal incontinence) or due to prolapse (a feeling of or a bulge in the vaginal area)
- - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|---------------------|----|----|--|---|----------------|--|---|----------------|--|---|-------------------|--|---|-------------------|--|----------|--|-----------------|
| 1 | BladProb | <i>Name: AGRDISA SASFmt: AGRDISA</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Strongly agree</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat agree</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat disagree</td> <td></td> </tr> <tr> <td>4</td> <td>Strongly disagree</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Strongly agree | | 2 | Somewhat agree | | 3 | Somewhat disagree | | 4 | Strongly disagree | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Strongly agree | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat agree | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat disagree | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Strongly disagree | | | | | | | | | | | | | | | | | | | | | | |

- O5 Because of my other health problems
- - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|------------|--------------------------------------|----------|--------|--------------|
| 1 | HealthProb | <i>Name: AGRDISA SASFmt: AGRDISA</i> | SMALLINT | | No range |

| | | | | | |
|--|-----|-------------------|---------------------|--|--------|
| | | | | | checks |
| | Val | Text | Culture Suppression | | |
| | -1 | -- | | | |
| | 1 | Strongly agree | | | |
| | 2 | Somewhat agree | | | |
| | 3 | Somewhat disagree | | | |
| | 4 | Strongly disagree | | | |

- O6
- Pain
- - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|---------------------|----|----|--|---|----------------|--|---|----------------|--|---|-------------------|--|---|-------------------|--|----------|--|-----------------|
| 1 | Pain | <p><i>Name: AGRDISA SASFmt: AGRDISA</i></p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Strongly agree</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat agree</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat disagree</td> <td></td> </tr> <tr> <td>4</td> <td>Strongly disagree</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Strongly agree | | 2 | Somewhat agree | | 3 | Somewhat disagree | | 4 | Strongly disagree | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Strongly agree | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat agree | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat disagree | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Strongly disagree | | | | | | | | | | | | | | | | | | | | | | |

- O7
- How much does fear of leaking urine and/or stool and/or a bulging in the vagina (either the bladder, rectum or uterus falling out) cause you to avoid or restrict your sexual activity?
- - Not at all
 - A little
 - Some
 - A lot

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

| Name | | | | | | |
|------|----------|--------------------------------------|------------|---------------------|----------|-----------------|
| 1 | FearLeak | Name: LITTLELOT SASFmt: LITTLELOT | | | SMALLINT | No range checks |
| | | Val | Text | Culture Suppression | | |
| | | -1 | -- | | | |
| | | 1 | Not at all | | | |
| | | 2 | A little | | | |
| | | 3 | Some | | | |
| | | 4 | A lot | | | |

O8

On a scale between 1 (Satisfied) and 5 (Dissatisfied), which best represents how you feel about your sex life?

-
- 1
- 2
- 3
- 4
- 5

| # | Field Name | Lookup Set | | | Type | Length | Range Checks |
|---|--------------|------------------------------------|------|---------------------|----------|--------|-----------------|
| 1 | FeelSexLifeN | Name: ONETOFIV SASFmt: ONETOFIV | | | SMALLINT | | No range checks |
| | | Val | Text | Culture Suppression | | | |
| | | -1 | -- | | | | |
| | | 1 | 1 | | | | |
| | | 2 | 2 | | | | |
| | | 3 | 3 | | | | |
| | | 4 | 4 | | | | |
| 5 | 5 | | | | | | |

O9

On a scale between 1 (Adequate) and 5 (Inadequate), which best represents how you feel about your sex life?

-
- 1
- 2
- 3
- 4

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------|--|------|--------|---------------------|----|----|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|----------|--|-----------------|
| 1 | AdeqSexLife | <i>Name: ONETOFIV SASFmt: ONETOFIV</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | 1 | | 2 | 2 | | 3 | 3 | | 4 | 4 | | 5 | 5 | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |

0 | How strongly do you agree or disagree with each of the following statements:

- O10 | I feel frustrated by my sex life.
- - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|---------------------|----|----|--|---|----------------|--|---|----------------|--|---|-------------------|--|---|-------------------|--|----------|--|-----------------|
| 1 | FrustrSexLife | <i>Name: AGRDISA SASFmt: AGRDISA</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Strongly agree</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat agree</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat disagree</td> <td></td> </tr> <tr> <td>4</td> <td>Strongly disagree</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Strongly agree | | 2 | Somewhat agree | | 3 | Somewhat disagree | | 4 | Strongly disagree | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Strongly agree | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat agree | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat disagree | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Strongly disagree | | | | | | | | | | | | | | | | | | | | | | |

O11 | I feel sexually inferior because of my incontinence and/or prolapse.

-
- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|---------------------|----|----|--|---|----------------|--|---|----------------|--|---|-------------------|--|---|-------------------|--|----------|--|-----------------|
| 1 | SexInferIncont | <i>Name: AGRDISA SASFmt: AGRDISA</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Strongly agree</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat agree</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat disagree</td> <td></td> </tr> <tr> <td>4</td> <td>Strongly disagree</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Strongly agree | | 2 | Somewhat agree | | 3 | Somewhat disagree | | 4 | Strongly disagree | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Strongly agree | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat agree | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat disagree | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Strongly disagree | | | | | | | | | | | | | | | | | | | | | | |

I feel angry because of the impact that incontinence and/or prolapse has on my sex life.

-
- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

O12

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-------------------|--|------|--------|---------------------|----|----|--|---|----------------|--|---|----------------|--|---|-------------------|--|---|----------|--|----------|--|-----------------|
| 1 | AngryIncont | <i>Name: AGRDISA SASFmt: AGRDISA</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Strongly agree</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat agree</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat disagree</td> <td></td> </tr> <tr> <td>4</td> <td>Strongly</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Strongly agree | | 2 | Somewhat agree | | 3 | Somewhat disagree | | 4 | Strongly | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Strongly agree | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat agree | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat disagree | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Strongly | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|--|----------|--|--|--|
| | | disagree | | | |
|--|--|----------|--|--|--|

O13

Overall, how bothersome is it to you that you are not sexually active?

-
- Not at all
- A little
- Some
- A lot

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|---------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------|--|---|-------|--|----------|--|-----------------|
| 1 | SexLifeBother | <i>Name:</i> LITTLELOT <i>SASFmt:</i> LITTLELOT <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little</td> <td></td> </tr> <tr> <td>3</td> <td>Some</td> <td></td> </tr> <tr> <td>4</td> <td>A lot</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Not at all | | 2 | A little | | 3 | Some | | 4 | A lot | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 2 | A little | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Some | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A lot | | | | | | | | | | | | | | | | | | | | | | |

O14

How often do you feel sexually aroused (physically excited or turned on) during sexual activity?

-
- Never
- Rarely
- Sometimes
- Usually
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | |
|-----|--------------|--|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|----------|--|-----------------|
| 1 | OftSexArouse | <i>Name:</i> NVRALW <i>SASFmt:</i> NVRALW <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | |

| | | | | | | |
|--|--|---|---------|--|--|--|
| | | 4 | Usually | | | |
| | | 5 | Always | | | |

0 | When you are involved in sexual activity, how often do you feel each of the following:

O15

Fulfilled

-
- Never
- Rarely
- Sometimes
- Usually
- Almost always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|---------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|---------|--|---|---------------|--|----------|--|-----------------|
| 1 | Fulfilled | <i>Name:</i> NVRALMAL <i>SASFmt:</i> NVRALMAL <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Usually</td> <td></td> </tr> <tr> <td>5</td> <td>Almost always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Usually | | 5 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |

O16

Shame

-
- Never
- Rarely
- Sometimes
- Usually
- Almost always

| # | Field Name | Lookup Set | Type | Length | Range Checks |
|---|------------|--|----------|--------|-----------------|
| 1 | Shame | <i>Name:</i> NVRALMAL <i>SASFmt:</i> NVRALMAL | SMALLINT | | No range checks |

| | | |
|-----|------------------|------------------------|
| Val | Text | Culture Suppression |
| -1 | -- | |
| 1 | Never | |
| 2 | Rarely | |
| 3 | Sometimes | |
| 4 | Usually | |
| 5 | Almost always | |

O17

Fear

-
- Never
- Rarely
- Sometimes
- Usually
- Almost always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|------------------|--|------|--------|------------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|---------|--|---|------------------|--|----------|--|-----------------|
| 1 | Fear | <p><i>Name:</i> NVRALMAL <i>SASFmt:</i> NVRALMAL</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Usually</td> <td></td> </tr> <tr> <td>5</td> <td>Almost always</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Usually | | 5 | Almost always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Almost always | | | | | | | | | | | | | | | | | | | | | | | | | |

O18

How often do you leak urine and/or stool with any type of sexual activity?

-
- Never
- Rarely

- Sometimes
- Usually
- Always

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|---------|--|---|--------|--|----------|--|-----------------|
| 1 | LeakUrineSexActiv | <i>Name: NVRALW SASFmt:</i> NVRALW <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Usually</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Usually | | 5 | Always | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | |

Compared to orgasms you have had in the past, how intense are you orgasms now?

-
- Much less intense
- Less intense
- Same intensity
- More intense
- Much more intense

O19

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|---------------------|----|----|--|---|-------------------|--|---|--------------|--|---|----------------|--|---|--------------|--|----------|--|-----------------|
| 1 | OrgasmIntensity | <i>Name: INTENSITY SASFmt:</i> INTENSITY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Much less intense</td> <td></td> </tr> <tr> <td>2</td> <td>Less intense</td> <td></td> </tr> <tr> <td>3</td> <td>Same intensity</td> <td></td> </tr> <tr> <td>4</td> <td>More intense</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Much less intense | | 2 | Less intense | | 3 | Same intensity | | 4 | More intense | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Much less intense | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Less intense | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Same intensity | | | | | | | | | | | | | | | | | | | | | | |
| 4 | More intense | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|--|--|---|-------------------|--|--|
| | | | | | |
| | | 5 | Much more intense | | |

O20

How often do you feel pain during sexual intercourse?

-
- Never
- Rarely
- Sometimes
- Usually
- Always
- I don't have intercourse

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------------------|--|------|--------|---------------------|----|----|--|---|-------|--|---|--------|--|---|-----------|--|---|---------|--|---|--------|--|---|--------------------------|--|----------|--|-----------------|
| 1 | OfPainIntercourse | <i>Name: NVRINTR SASFmt: NVRINTR</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Never</td> <td></td> </tr> <tr> <td>2</td> <td>Rarely</td> <td></td> </tr> <tr> <td>3</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>4</td> <td>Usually</td> <td></td> </tr> <tr> <td>5</td> <td>Always</td> <td></td> </tr> <tr> <td>6</td> <td>I don't have intercourse</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Never | | 2 | Rarely | | 3 | Sometimes | | 4 | Usually | | 5 | Always | | 6 | I don't have intercourse | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Never | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Rarely | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Usually | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Always | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | I don't have intercourse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

O21

Do you have a sexual partner?

-
- No
- Yes

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

| | | | | | |
|--|---|-----|--|--|--|
| | 0 | No | | | |
| | 1 | Yes | | | |

O22

How often does your partner have a problem (lack of arousal, desire, erection, etc.) that limits your sexual activity?

-
- All of the time
- Most of the time
- Some of the time
- Hardly ever/Rarely

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|--------------------|---|------|--------|---------------------|----|----|--|---|-----------------|--|---|------------------|--|---|------------------|--|---|--------------------|--|----------|--|-----------------|
| 1 | ProbSexPartner | <i>Name: HRDLYEVR SASFmt:</i> HRDLYEVR <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>All of the time</td> <td></td> </tr> <tr> <td>2</td> <td>Most of the time</td> <td></td> </tr> <tr> <td>3</td> <td>Some of the time</td> <td></td> </tr> <tr> <td>4</td> <td>Hardly ever/Rarely</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | All of the time | | 2 | Most of the time | | 3 | Some of the time | | 4 | Hardly ever/Rarely | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | All of the time | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Most of the time | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Some of the time | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Hardly ever/Rarely | | | | | | | | | | | | | | | | | | | | | | |

0

In general, would you say that your partner has a positive or negative impact on each of the following:

O23

Your sexual desire?

-
- Very positive
- Somewhat positive
- Somewhat negative
- Very negative

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

| | | | | | |
|-----|-------------------|---------------------|--|--|--|
| Val | Text | Culture Suppression | | | |
| -1 | -- | | | | |
| 1 | Very positive | | | | |
| 2 | Somewhat positive | | | | |
| 3 | Somewhat negative | | | | |
| 4 | Very negative | | | | |

O24

The frequency of your sexual activity?

-
- Very positive
- Somewhat positive
- Somewhat negative
- Very negative

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|---------------------|----|----|--|---|---------------|--|---|-------------------|--|---|-------------------|--|---|---------------|--|----------|--|-----------------|
| 1 | PartSexFreq | <p><i>Name: POSNEG SASFmt: POSNEG</i></p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Very positive</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat positive</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat negative</td> <td></td> </tr> <tr> <td>4</td> <td>Very negative</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Very positive | | 2 | Somewhat positive | | 3 | Somewhat negative | | 4 | Very negative | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Very positive | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat positive | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat negative | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Very negative | | | | | | | | | | | | | | | | | | | | | | |

O25

When you are involved in sexual activity, how often do you feel that you want more?

-
- Never
- Rarely
- Sometimes
- Usually
- Always

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| # | Field Name | Lookup Set | | Type | Length | Range Checks | |
|---|-------------|------------------------------------|-----------|----------|--------|-----------------|---------------------|
| 1 | WantMoreSex | <i>Name: NVRALW SASFmt: NVRALW</i> | | SMALLINT | | No range checks | |
| | | Val | Text | | | | Culture Suppression |
| | | -1 | -- | | | | |
| | | 1 | Never | | | | |
| | | 2 | Rarely | | | | |
| | | 3 | Sometimes | | | | |
| | | 4 | Usually | | | | |
| | | 5 | Always | | | | |

How frequently do you have sexual desire, this may include wanted to have sex, having sexual thoughts or fantasies, etc.?

-
- Daily
- Weekly
- Monthly
- Less often than once a month
- Never

O26

| # | Field Name | Lookup Set | | Type | Length | Range Checks | |
|---|---------------|--|------------------------------|----------|--------|-----------------|---------------------|
| 1 | FreqSexDesire | <i>Name: DAILYNVR SASFmt: DAILYNVR</i> | | SMALLINT | | No range checks | |
| | | Val | Text | | | | Culture Suppression |
| | | -1 | -- | | | | |
| | | 1 | Daily | | | | |
| | | 2 | Weekly | | | | |
| | | 3 | Monthly | | | | |
| | | 4 | Less often than once a month | | | | |
| | | 5 | Never | | | | |

O27

How would you rate your level (degree) of sexual desire or interest?

-
- Very high

- High
- Moderate
- Low
- Very low or none at all

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------------------|---|------|--------|---------------------|----|----|--|---|-----------|--|---|------|--|---|----------|--|---|-----|--|---|-------------------------|--|----------|--|-----------------|
| 1 | LevSexDesire | <p><i>Name:</i> HIGHLOW <i>SASFmt:</i> HIGHLOW</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Very high</td> <td></td> </tr> <tr> <td>2</td> <td>High</td> <td></td> </tr> <tr> <td>3</td> <td>Moderate</td> <td></td> </tr> <tr> <td>4</td> <td>Low</td> <td></td> </tr> <tr> <td>5</td> <td>Very low or none at all</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Very high | | 2 | High | | 3 | Moderate | | 4 | Low | | 5 | Very low or none at all | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Very high | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | High | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Moderate | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Low | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Very low or none at all | | | | | | | | | | | | | | | | | | | | | | | | | |

How much does the fear of leaking urine, stool and/or a bulging in the vagina (prolapse) cause you to avoid sexual activity?

-
- Not at all
- A little
- Some
- A lot

O28

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|--------------|---|------|--------|---------------------|----|----|--|---|------------|--|---|----------|--|---|------|--|---|-------|--|----------|--|-----------------|
| 1 | FearSexActiv | <p><i>Name:</i> LITTLELOT <i>SASFmt:</i> LITTLELOT</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Not at all</td> <td></td> </tr> <tr> <td>2</td> <td>A little</td> <td></td> </tr> <tr> <td>3</td> <td>Some</td> <td></td> </tr> <tr> <td>4</td> <td>A lot</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Not at all | | 2 | A little | | 3 | Some | | 4 | A lot | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Not at all | | | | | | | | | | | | | | | | | | | | | | |
| 2 | A little | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Some | | | | | | | | | | | | | | | | | | | | | | |
| 4 | A lot | | | | | | | | | | | | | | | | | | | | | | |

O29

On a scale between 1 (Satisfied) and 5 (Dissatisfied), which best represents how you feel about your sex life?

-
- 1
- 2
- 3
- 4
- 5

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|--------------|---|------|--------|---------------------|----|----|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|----------|--|-----------------|
| 1 | FeelSexLifeA | <i>Name: ONETOFIV SASFmt:</i> ONETOFIV <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | 1 | | 2 | 2 | | 3 | 3 | | 4 | 4 | | 5 | 5 | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |

O30

On a scale between 1 (Adequate) and 5 (Inadequate), which best represents how you feel about your sex life?

-
- 1
- 2
- 3
- 4
- 5

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|------------|--|------|--------|---------------------|----|----|--|---|---|--|---|---|--|---|---|--|--|--|--|----------|--|-----------------|
| 1 | AdqSexLife | <i>Name: ONETOFIV SASFmt:</i> ONETOFIV <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | 1 | | 2 | 2 | | 3 | 3 | | | | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|--|--|---|---|--|--|--|--|
| | | 4 | 4 | | | | |
| | | 5 | 5 | | | | |

O31

On a scale between 1 (Confident) and 5 (Not Confident), which best represents how you feel about your sex life?

-
- 1
- 2
- 3
- 4
- 5

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | | | | |
|-----|-------------|--|------|--------|---------------------|----|----|--|---|---|--|---|---|--|---|---|--|---|---|--|---|---|--|----------|--|-----------------|
| 1 | ConfSexLife | <i>Name: ONETOFIV SASFmt: ONETOFIV</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td>4</td> <td>4</td> <td></td> </tr> <tr> <td>5</td> <td>5</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | 1 | | 2 | 2 | | 3 | 3 | | 4 | 4 | | 5 | 5 | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |

0

How strongly do you agree or disagree with each of the following statements:

O32

I feel frustrated by my sex life.

-
- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

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

| | | | | | | |
|--|--|----|-------------------|--|--|--|
| | | -1 | -- | | | |
| | | 1 | Strongly agree | | | |
| | | 2 | Somewhat agree | | | |
| | | 3 | Somewhat disagree | | | |
| | | 4 | Strongly disagree | | | |

O33

I feel sexually inferior because of my incontinence and/or prolapse.

-
- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

| # | Field Name | Lookup Set | | | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|--|--|------|--------|---------------------|----|----|--|---|----------------|--|---|----------------|--|---|-------------------|--|---|-------------------|--|----------|--|-----------------|
| 1 | ActInflIncont | <i>Name: AGRDISA SASFmt: AGRDISA</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Strongly agree</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat agree</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat disagree</td> <td></td> </tr> <tr> <td>4</td> <td>Strongly disagree</td> <td></td> </tr> </table> | | | Val | Text | Culture Suppression | -1 | -- | | 1 | Strongly agree | | 2 | Somewhat agree | | 3 | Somewhat disagree | | 4 | Strongly disagree | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Strongly agree | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat agree | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat disagree | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Strongly disagree | | | | | | | | | | | | | | | | | | | | | | | | |

O34

I feel embarrassed about my sex life.

-
- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

| # | Field Name | Lookup Set | | | Type | Length | Range Checks |
|---|---------------|--------------------------------------|--|--|----------|--------|--------------|
| 1 | ActEmbSexLife | <i>Name: AGRDISA SASFmt: AGRDISA</i> | | | SMALLINT | | No range |

| | | | | | |
|-----|----------------------|------------------------|--|--|--------|
| | | | | | checks |
| Val | Text | Culture Suppression | | | |
| -1 | -- | | | | |
| 1 | Strongly agree | | | | |
| 2 | Somewhat agree | | | | |
| 3 | Somewhat disagree | | | | |
| 4 | Strongly disagree | | | | |

O35

I feel angry because of the impact that incontinence and/or prolapse has on my sex life.

-
- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

| # | Field Name | Lookup Set | Type | Length | Range Checks | | | | | | | | | | | | | | | | | | |
|-----|-------------------|---|------|--------|------------------------|----|----|--|---|----------------|--|---|----------------|--|---|-------------------|--|---|-------------------|--|----------|--|-----------------|
| 1 | ActAngrIncont | <p><i>Name: AGRDISA SASFmt: AGRDISA</i></p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Strongly agree</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat agree</td> <td></td> </tr> <tr> <td>3</td> <td>Somewhat disagree</td> <td></td> </tr> <tr> <td>4</td> <td>Strongly disagree</td> <td></td> </tr> </table> | Val | Text | Culture Suppression | -1 | -- | | 1 | Strongly agree | | 2 | Somewhat agree | | 3 | Somewhat disagree | | 4 | Strongly disagree | | SMALLINT | | No range checks |
| Val | Text | Culture Suppression | | | | | | | | | | | | | | | | | | | | | |
| -1 | -- | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Strongly agree | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Somewhat agree | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Somewhat disagree | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Strongly disagree | | | | | | | | | | | | | | | | | | | | | | |

P. Questionnaire Complete

P1

Questionnaire Complete

-
- Yes

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

P2

Complete Date

Month Day Year

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