



**SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:**

**A1. STUDY ID #:** LABEL

**A2. VISIT #** BASELINE ..... BASE

**A3. DATE INTERVIEW COMPLETED:**        /        /         
MONTH                      DAY                      YEAR

**A4. INTERVIEWER INITIALS:**                     

**A5. CONSENT OBTAINED?** YES..... 1  
NO ..... 2

**A6. WHICH VERSION OF THIS FORM WAS USED?** ENGLISH ..... 1  
SPANISH ..... 2

**A7. IS THIS A REPEAT MEASURE DUE TO A PREVIOUSLY EXPIRED MEASURE?**  
YES.....1    **→SKIP TO REPEAT MEASURES \*Sections C, D, F and H**  
NO.....2

**INSTRUCTIONS:** First, we need to confirm that you are eligible to participate in the study. I will start with a series of general questions about you, such as your race, marital status, education and other things like that and then we'll cover questions about your health and health habits, life-style and medical conditions. Then, if you are still eligible for the study, we will ask you to complete a few other questionnaires. Some of the questions I will ask you today are of a personal and sensitive nature, but are necessary to determine if you are eligible for the study. Let's begin...

**SECTION B: SOCIODEMOGRAPHIC INFORMATION**

**B1.** Do you consider your ethnicity to be Hispanic or Latino? YES ..... 1      NO..... 2

**B2.** For this question on racial background, you may select one or more choices from this list that I'll read. Do you consider yourself to be .....

**B2g.** IF MORE THAN ONE, ASK: Which do you consider to be your **primary** racial background?

(READ AND CODE ALL RACE CHOICES)

	YES	NO	
a. White, Caucasian, .....	1	2	<span style="font-size: 3em;">}</span> <span style="font-size: 2em;">→</span>
b. Black, African American, .....	1	2	
c. Asian, .....	1	2	
d. Native Hawaiian, Pacific Islander, .....	1	2	
e. American Indian or Alaskan Native.....	1	2	
f. WAS ANY OTHER MENTIONED? .....	1↓	2	
			1 2 3 4 5 99

SPECIFY: \_\_\_\_\_

B3. What is the highest grade or year of school that you have completed?

- LESS THAN HIGH SCHOOL ..... 1
- COMPLETED HIGH SCHOOL OR GED ..... 2
- SOME COLLEGE/ASSOCIATE DEGREE ..... 3
- COMPLETED 4 YEARS OF COLLEGE ..... 4
- GRADUATE/PROFESSIONAL DEGREE ..... 5

B4. What is your current marital status?

- Married ..... 1
- Separated ..... 2
- Living as married ..... 3
- Divorced ..... 4
- Widowed ..... 5
- Single, never married ..... 6 → **SKIP TO B7**
- OTHER ..... 99 → **SPECIFY:** \_\_\_\_\_

B5. Next, we have some questions about employment, including self-employment and any full or part-time work. This does not include unpaid or volunteer work. Have you ever worked?

- YES ..... 1
- NO ..... 2 → **SKIP TO B6**

B5a. What type of work did you do or which occupation did you hold for the longest period of time? (**PROBE:** What do you consider your occupation to be?)

SPECIFY: \_\_\_\_\_

B5b. NAM-POWERS OCCUPATION SCORE: \_\_\_\_\_

B6. Has your spouse / partner ever worked? OR (Did your spouse / partner ever work?) This includes self-employment.

YES..... 1

NO..... 2 → SKIP TO SECTION C

B6a. What type of work did your spouse /partner do or what occupation did your spouse /partner hold for the longest period of time? (PROBE: What occupation does your spouse/partner consider himself / herself?)

SPECIFY: \_\_\_\_\_

B6b. NAM-POWERS OCCUPATION SCORE: \_\_\_\_\_ → SKIP TO SECTION C

B7. Next, we have some questions about employment, including self-employment and any full or part-time work. This does not include unpaid or volunteer work. Have you ever worked?

YES..... 1

NO..... 2 → SKIP TO SECTION C

B7a. What type of work did you do or which occupation did you hold for the longest period of time? (PROBE: What do you consider your occupation to be?)

SPECIFY: \_\_\_\_\_

B7b. NAM-POWERS OCCUPATION SCORE: \_\_\_\_\_

**SECTION C: MESA PART I: STRESS INCONTINENCE**

These next questions ask about symptoms you may have related to urine leakage. For each question that I ask, please tell me the response that best represents how frequently you experience the symptom.

<b>PART I: STRESS SYMPTOMS</b>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
*C1. Does coughing gently cause you to lose urine? (Would you say..)	0	1	2	3
*C2. Does coughing hard cause you to lose urine? (Would you say...)	0	1	2	3
*C3. Does sneezing cause you to lose urine?	0	1	2	3
*C4. Does lifting things cause you to lose urine?	0	1	2	3
*C5. Does bending cause you to lose urine?	0	1	2	3
*C6. Does laughing cause you to lose urine?	0	1	2	3
*C7. Does walking briskly or jogging cause you to lose urine?	0	1	2	3
*C8. Does straining, if you are constipated, cause you to lose urine?	0	1	2	3
*C9. Does getting up from a sitting to a standing position cause you to lose urine?	0	1	2	3
<i>COLUMN TOTALS AND GRAND TOTAL*</i>				

\* IF ANY PART I ITEMS ARE MISSING, CONTACT THE BCC AFTER FORM 01 IS COMPLETED.

\*C10. DID THE PATIENT ANSWER "RARELY, SOMETIMES OR OFTEN" TO ANY OF THE ITEMS IN C1 – C9?

YES..... 1 NO ..... 2 → **INELIGIBLE; SKIP TO SECTION H**

\*C11. Have you had these types of problems with urine leakage for 3 months or more?

YES..... 1 NO..... 2 → **INELIGIBLE\*; SKIP TO SECTION H**

**\*THE PATIENT MAY BE ELIGIBLE AT A LATER DATE.**

\*C12. Approximately when did these problems begin? \_\_\_\_\_ / \_\_\_\_\_  
Month Year

\*C13. **STRESS SYMPTOMS SCORE** (GRAND TOTAL OF PART I COLUMN SCORES: C1-C9) \_\_\_\_\_ / 27

\*C14. **STRESS INDEX** (USE LOOK-UP TABLE BELOW.) \_\_\_\_\_ %

<b>STRESS SYMPTOMS INDEX LOOK-UP TABLE</b>						
1/27 = 4%	5/27 = 19%	9/27 = 33%	13/27 = 48%	17/27 = 63%	21/27 = 78%	25/27 = 93%
2/27 = 7%	6/27 = 22%	10/27 = 37%	14/27 = 52%	18/27 = 67%	22/27 = 81%	26/27 = 96 %
3/27 = 11%	7/27 = 26%	11/27 = 41%	15/27 = 56%	19/27 = 70%	23/27 = 85 %	27/27 = 100%
4/27 = 15%	8/27 = 30%	12/27 = 44%	16/27 = 59%	20/27 = 74%	24/27 = 89%	

**SECTION D: MESA PART II: URGE INCONTINENCE**

Now, tell me the response that best represents how frequently you experience each of **these** symptoms.

<b>PART II URGE SYMPTOMS</b>	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
*D1. Some women receive very little warning and suddenly find that they are losing, or are about to lose urine beyond their control. How often does this happen to you? (Would you say....)	0	1	2	3
*D2. If you can't find a toilet or find that the toilet is occupied, and you have an urge to urinate, how often do you end up losing urine or wetting yourself? (Would you say....)	0	1	2	3
*D3. Do you lose urine when you suddenly have the feeling that your bladder is very full?	0	1	2	3
*D4. Does washing your hands cause you to lose urine?	0	1	2	3
*D5. Does cold weather cause you to lose urine?	0	1	2	3
*D6. Does drinking cold beverages cause you to lose urine?	0	1	2	3
<i>COLUMN TOTALS AND GRAND TOTAL *</i>				

\* IF ANY PART II ITEMS ARE MISSING, CONTACT THE BCC AFTER FORM 01 IS COMPLETED.

\*D7. **URGE SYMPTOMS SCORE** (GRAND TOTAL OF PART II COLUMN SCORES: D1-D6) \_\_\_\_\_ / **18**

\*D8. **URGE INDEX** (USE LOOK-UP TABLE BELOW.) \_\_\_\_\_ %

<b>1/18 = 6%</b>	<b>5/18 = 28%</b>	<b>9/18 = 50%</b>	<b>13/18 = 72%</b>	<b>17/18 = 94%</b>
<b>2/18 = 11%</b>	<b>6/18 = 33%</b>	<b>10/18 = 56%</b>	<b>14/18 = 78%</b>	<b>18/18 = 100%</b>
<b>3/18 = 17%</b>	<b>7/18 = 39%</b>	<b>11/18 = 61%</b>	<b>15/18 = 83%</b>	
<b>4/18 = 22%</b>	<b>8/18 = 44%</b>	<b>12/18 = 67%</b>	<b>16/18 = 89%</b>	

MESA WORKSHEET	
STRESS INDEX (FROM C14 )	URGE INDEX (FROM D8 )

\*D9. DO THE INDEX SCORES INDICATE PREDOMINANT STRESS INCONTINENCE?

\* IF ANY MESA SYMPTOM ITEMS ARE MISSING FROM PART I OR II, DO NOT CODE D9. CONTACT THE BCC AFTER FORM 01 IS COMPLETED.

YES, STRESS INDEX > URGE INDEX ..... 1

NO, STRESS INDEX ≤ URGE INDEX..... 2 → **INELIGIBLE\*; SKIP TO SECTION H**

**\*THE PATIENT MAY BE ELIGIBLE AFTER TREATMENT FOR URGE SYMPTOMS.**

**SECTION E: PHYSICAL ACCOMMODATIONS AND CHARACTER OF URINE STREAM**

The next set of questions asks about urinary symptoms you might currently be experiencing.

E1. Do you **currently** have to...

	YES	NO
a. ... strain to urinate? .....	1	2
b. ... bend forward to urinate? .....	1	2
c. ... lean back to urinate? .....	1	2
d. ... stand up to urinate? .....	1	2
e. ... press on your bladder to urinate? .....	1	2
f. ... push on the vagina or perineum to empty your bladder? .....	1	2
g. ... do any thing else to urinate? .....	1↓	2

E1h. If yes, describe: \_\_\_\_\_

E2. Would you describe your **current** urine stream as...

	YES	NO
a. ... a steady stream of urine? .....	1	2
b. ... a slow stream of urine? .....	1	2
c. ... a spurting, splitting or spraying stream of urine? .....	1	2
d. ... a hesitating stream of urine (stops and starts)? .....	1	2
e. ... dribbling after you have finished voiding? .....	1	2
f. ... some other description? .....	1↓	2

E2g. If yes, describe: \_\_\_\_\_

**SECTION F: PREGNANCY AND FUTURE AVAILABILITY**

\*F1. These next few questions are about your current and lifetime pregnancy status. Are you currently pregnant or do you intend to become pregnant in the next 2 years?

YES..... 1 → **INELIGIBLE; SKIP TO SECTION H**  
NO..... 2

\*F2. Have you **ever** been pregnant? YES..... 1

NO ..... 2 → **SKIP TO F8**

\*F3. What was the date of delivery or termination of your most recent pregnancy that was greater than 20 weeks?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

\*F4. IS THAT ≥ 12 MONTHS AGO TODAY?

YES..... 1

NO ..... 2 → **INELIGIBLE\*; SKIP TO SECTION H**

**\*THE PATIENT MAY BE ELIGIBLE AT A LATER DATE.**

\*F5. How many times have you been pregnant? \_\_\_\_\_

\*F6. How many of these pregnancies were vaginal deliveries? \_\_\_\_\_ → **If 0, SKIP TO F8**

\*F7. What was the weight of your largest baby delivered vaginally?

**WEIGHT IN POUNDS / OUNCES:** \_\_\_\_\_ LBS / \_\_\_\_\_ OZ

**OR**

**WEIGHT IN GRAMS:** \_\_\_\_\_ GMS

\*F8. **SCHEDULE/AVAILABILITY:** WILL THE PATIENT BE AVAILABLE FOR THE REQUIRED 2-YEAR FOLLOW-UP PERIOD? ASK,

Are you planning to move away from the area or be out of the area for extended periods of time in the next couple of years or so? [**PROBE:** Are you planning to move out of this area or do you regularly go (south in the winter / north in the summer) for several months?]

NO, NOT MOVING, **WILL BE AVAILABLE** ..... 1

YES, MOVING OUT OF TOWN OR AWAY OFTEN,  
**WILL NOT BE AVAILABLE FOR FOLLOW-UP VISITS** ..... 2 → **INELIGIBLE; SKIP TO SECTION H**

**SECTION G: MEDICAL HISTORY**

**INSTRUCTIONS:** So far, you are still eligible, so we can keep going. These next questions are about past and current smoking habits.

G1. In your lifetime, did you ever smoke more than 100 cigarettes (or 5 packs of cigarettes)?

YES..... 1

NO..... 2 → **SKIP TO G7**

G2. How old were you when you first started smoking cigarettes regularly?

YEARS OLD ..... \_\_\_\_ \_\_\_\_

NEVER SMOKED REGULARLY ..... -1 → **SKIP TO G7**

G3. During the entire time you smoked, on average, how many cigarettes did you usually smoke per day? (**PROBE:** Is that cigarettes, not packs?)

RECORD \_\_\_\_\_ **CIGARETTES PER DAY**

G4. Do you currently smoke? YES..... 1

NO ..... 2 → **SKIP TO G6**

G5. On the average, about how many cigarettes per day do you now smoke?

RECORD \_\_\_\_\_ **CIGARETTES PER DAY** → **SKIP TO G7**

G6. How old were you when you most recently quit?

RECORD \_\_\_\_\_ **YEARS OLD**

G7. We've found that many women who experience urinary incontinence also experience bowel incontinence. These last few questions ask about any symptoms of bowel incontinence you may have.

Do you have to strain to have a bowel movement? YES..... 1

NO..... 2 → **SKIP TO G8**

G7a. How **often** do you have to strain to have a bowel movement? Would you say....

Less than or equal to 25% of the time? ..... 1

More than 25% of the time? ..... 2



G8. Do you have leaking or loss of control of gas? YES ..... 1  
NO ..... 2 → SKIP TO G9

G8a. How **often** does this happen? Would you say....  
less than once a month? ..... 1  
more than once a month but less than once a week? ..... 2  
more than once a week but less than every day? ..... 3  
every day? ..... 4

G9. Do you have leaking or loss of control of liquid stool? YES ..... 1  
NO ..... 2 → SKIP TO G10

G9a. How **often** does this happen? Would you say....  
less than once a month? ..... 1  
more than once a month but less than once a week? ..... 2  
more than once a week but less than every day? ..... 3  
every day? ..... 4

G10. Do you have leaking or loss of control of solid stool? YES ..... 1  
NO ..... 2 → SKIP TO SECTION H

G10a. How **often** does this happen? Would you say....  
less than once a month? ..... 1  
more than once a month but less than once a week? ..... 2  
more than once a week but less than every day? ..... 3  
every day? ..... 4

**SECTION H: ELIGIBILITY SUMMARY**

\*H1. DOES THE PATIENT MEET ALL ELIGIBILITY CRITERIA AS REQUIRED IN THIS FORM? (REVIEW CODES TO ITEMS C10, C11, D9, F1, F4, F8)

YES ..... 1 → CONTINUE SCREENING

NO ..... 2 → INELIGIBLE; END SCREENING