TOMUS

F312
PATIENT SURVEY PART II

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

A1. STUDY ID#: | LABEL |

A2. VISIT # Baseline Screening .... TBAS
F/U 12 Months TF12
F/U 24 Months TF24
Failure .... TFAI

VISIT	Frequency	Percent	Cumulative Frequency	Cumulative Percent
TBAS	595	33.60	595	33.60
TF12	527	29.76	1122	63.35
TF24	470	26.54	1592	89.89
TFAI	179	10.11	1771	100.00

A3. DATE FORM DISTRIBUTED: __ __ / __ __ / __ __ __ __
MONTH   DAY   YEAR

A4. STUDY STAFF INITIALS: ____ ____ ____

A5. MODE: SELF-ADMINISTERED 1
INTERVIEWER-ADMINISTERED 2

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

MODE1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1: Self-administered	1767	99.77	1767	99.77
2: Interviewer-administered	4	0.23	1771	100.00

FORM_LANG	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1: English	1762	99.49	1762	99.49
2: Spanish	9	0.51	1771	100.00

A7. IS THIS A REPEAT MEASURE? YES 1
NO 2

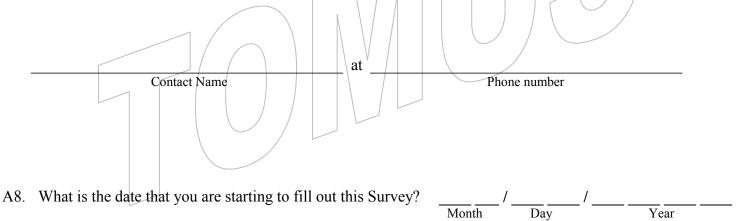| REPEAT_MEAS	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1: Yes	24	1.36	24	1.36
2: No	1747	98.64	1771	100.00

Introduction: Part II of the Patient Survey includes questions about costs in your daily life that are related to your problem of incontinence.

As with all of the information we collect for the TOMUS study, all of your responses are completely confidential. Your responses are never linked with your name and your name never appears on any of the research documents. Providing this information will <u>not</u> affect any of your services, benefits, or eligibility for coverage.

Part II should take about 15 minutes to complete. Ideally, you will be able to complete the Survey in one sitting.

There are three (3) parts to Part II of the Patient Survey. Please read the instructions at the start of each section carefully before you begin each new section. Try to answer every item, but do not dwell too long on any one question. We want <u>your</u> answers, so please try to complete the Survey on your own. After you have completed the Survey, please check to make sure you have not missed any items. If you have any questions about any of these items, please call me.

Please complete this Survey at your earliest convenience and return it to the Study Nurse as soon as possible. A self-addressed and stamped envelope is enclosed for your convenience.

_____ at _____
                Contact Name   Phone number

A8. What is the date that you are starting to fill out this Survey?   ____ ___ / ____ ____ / ____ ____ ____ ____
                                                                      Month   Day   Year

Section B: Expenses for Supplies, Laundering and Dry Cleaning

NUMBER OF SUPPLIES USED

Over the past 7 days, please record the average number of supplies you used <u>each day</u> for your urinary incontinence.

B1. Pantyliners or minipads   (*Check one box only*)

$_0\square$ None *(I did not use this product in the last 7 days)* $_6\square$ 6
$_1\square\square$1 $_7\square$ 7
$_2\square$ 2 $_8\square$ 8
$_3\square\square$3 $_9\square$ 9
$_4\square\square$4 $_{10}\square$ 10
$_5\square\square$5 $_{11}\square$ more than 10

LINERS	Frequency	Percent	Cumulative Frequency	Cumulative Percent
-9	1	0.06	1	0.06
0	1200	67.76	1201	67.81
1	180	10.16	1381	77.98
2	99	5.59	1480	83.57
3	61	3.44	1541	87.01
4	38	2.15	1579	89.16
5	30	1.69	1609	90.85
6	13	0.73	1622	91.59
7	64	3.61	1686	95.20
8	7	0.40	1693	95.60
9	12	0.68	1705	96.27
10	14	0.79	1719	97.06
11	52	2.94	1771	100.00

B2. Maxipads such as Kotex or Modess   (*Check one box only*)

$_0\square$ None *(I did not use this product in the last 7 days)* $_6\square$ 6
$_1\square\square$1 $_7\square$ 7
$_2\square$ 2 $_8\square$ 8
$_3\square\square$3 $_9\square$ 9
$_4\square\square$4 $_{10}\square$ 10
$_5\square\square$5 $_{11}\square$ more than 10

MAXIPADS	Frequency	Percent	Cumulative Frequency	Cumulative Percent
-9	1	0.06	1	0.06
0	1526	86.17	1527	86.22
1	56	3.16	1583	89.38
2	49	2.77	1632	92.15
3	35	1.98	1667	94.13
4	16	0.90	1683	95.03
5	13	0.73	1696	95.77
6	10	0.56	1706	96.33
7	14	0.79	1720	97.12
8	7	0.40	1727	97.52
9	5	0.28	1732	97.80
10	9	0.51	1741	98.31
11	30	1.69	1771	100.00

B3. Incontinence Pads such as Serenity or Poise *(Check one box only)*

0 ☐ None *(I did not use this product in the last 7 days)*   6 ☐ 6
1 ☐ ☐ 1   7 ☐ 7
2 ☐ 2   8 ☐ 8
3 ☐ ☐ 3   9 ☐ 9
4 ☐ ☐ 4   10 ☐ 10
5 ☐ ☐ 5   11 ☐ more than 10

INCONT_PADS	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
0	1426	80.52	1427	80.58
1	88	4.97	1515	85.54
2	54	3.05	1569	88.59
3	48	2.71	1617	91.30
4	26	1.47	1643	92.77
5	20	1.13	1663	93.90
6	10	0.56	1673	94.47
7	31	1.75	1704	96.22
8	5	0.28	1709	96.50
9	3	0.17	1712	96.67
10	9	0.51	1721	97.18
11	50	2.82	1771	100.00

B4. Diapers such as Depends or Attends   (*Check one box only*)

₀☐ None *(I did not use this product in the last 7 days)*   ₆☐   6
₁☐☐1   ₇☐   7
₂☐   2   ₈☐   8
₃☐☐3   ₉☐   9
₄☐☐4   ₁₀☐ 10
₅☐☐5   ₁₁☐ more than 10

DIAPERS	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
0	1739	98.19	1740	98.25
1	8	0.45	1748	98.70
2	3	0.17	1751	98.87
3	3	0.17	1754	99.04
4	4	0.23	1758	99.27
5	1	0.06	1759	99.32
6	2	0.11	1761	99.44
7	4	0.23	1765	99.66
10	2	0.11	1767	99.77
11	4	0.23	1771	100.00

B5. Urethral pads such as Impress, Femassist   (*Check one box only*)

₀☐ None *(I did not use this product in the last 7 days)*   ₆☐   6
₁☐☐1   ₇☐   7
₂☐   2   ₈☐   8
₃☐☐3   ₉☐   9
₄☐☐4   ₁₀☐ 10
₅☐☐5   ₁₁☐ more than 10

URETH_PADS	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
0	1765	99.66	1766	99.72
1	2	0.11	1768	99.83
6	2	0.11	1770	99.94
7	1	0.06	1771	100.00

B6. Toilet paper - number of *sheets*   (*Check one box only*)

₀☐ None *(I did not use this product in the last 7 days)*   ₆☐☐51 to 60
₁☐ 1 to 10   ₇☐☐61 to 70
₂☐ 11 to 20   ₈☐☐71 to 80

$_3\square$ 21 to 30 $_9\square\square$81 to 90

$_4\square$ 31 to 40 $_{10}\square\square$91 to 100

$_5\square$ 41 to 50 $_{11}\square\square$more than 100

TOILET_PAP	Frequency	Percent	Cum Freq	Cum Percent
-9	4	0.23	4	0.23
0	1220	68.89	1224	69.11
1	113	6.38	1337	75.49
2	56	3.16	1393	78.66
3	30	1.69	1423	80.35
4	35	1.98	1458	82.33
5	59	3.33	1517	85.66
6	34	1.92	1551	87.58
7	21	1.19	1572	88.76
8	22	1.24	1594	90.01
9	18	1.02	1612	91.02
10	18	1.02	1630	92.04
11	141	7.96	1771	100.00

B7. Paper towels - number of _sheets_   (*Check one box only*)

$_0\square$ None *(I did not use this product in the last 7 days)* $_6\square\square$51 to 60

$_1\square$ 1 to 10 $_7\square\square$61 to 70

$_2\square$ 11 to 20 $_8\square\square$71 to 80

$_3\square$ 21 to 30 $_9\square\square$81 to 90

$_4\square$ 31 to 40 $_{10}\square\square$91 to 100

$_5\square$ 41 to 50 $_{11}\square\square$more than 100

PAP_TOWEL	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
0	1649	93.11	1650	93.17
1	59	3.33	1709	96.50
2	19	1.07	1728	97.57
3	10	0.56	1738	98.14
4	8	0.45	1746	98.59
5	7	0.40	1753	98.98
6	7	0.40	1760	99.38
7	1	0.06	1761	99.44
8	1	0.06	1762	99.49
11	9	0.51	1771	100.00

B8. Other (Please describe what you used: _____)

$_0$☐ None *(I did not use any other product in the last 7 days)* $_6$☐ 6
$_1$☐☐☐1 $_7$☐ 7
$_2$☐   2 $_8$☐ 8
$_3$☐☐☐3 $_9$☐ 9
$_4$☐☐☐4 $_{10}$☐ 10
$_5$☐☐☐5 $_{11}$☐ more than 10

OTHER	Frequency	Percent	Cum Freq	Cum Percent
-9	10	0.56	10	0.56
-8	1	0.06	11	0.62
0	1658	93.62	1669	94.24
1	19	1.07	1688	95.31
2	9	0.51	1697	95.82
3	5	0.28	1702	96.10
4	10	0.56	1712	96.67
5	13	0.73	1725	97.40
6	5	0.28	1730	97.68
7	7	0.40	1737	98.08
8	3	0.17	1740	98.25
9	1	0.06	1741	98.31
10	4	0.23	1745	98.53
11	26	1.47	1771	100.00

CHANGING AND WASHING CLOTHING AND LINENS

Over the last 7 days, how many <u>times per day</u> did you need to change and wash each of these items *because* **of your urinary incontinence?**

B9. Underwear
    (Check one box only)

- 0 ☐ None
- 1 ☐ ☐ 1
- 2 ☐   2
- 3 ☐ ☐ 3
- 4 ☐ ☐ 4
- 5 ☐ ☐ 5
- 6 ☐   6
- 7 ☐   7
- 8 ☐   8
- 9 ☐   9
- 10 ☐ 10
- 11 ☐ more than 10

UNDERWEAR	Frequency	Percent	Cum Freq	Cum Percent
-9	2	0.11	2	0.11
0	1067	60.25	1069	60.36
1	338	19.09	1407	79.45
2	198	11.18	1605	90.63
3	70	3.95	1675	94.58
4	35	1.98	1710	96.56
5	13	0.73	1723	97.29
6	6	0.34	1729	97.63
7	14	0.79	1743	98.42
8	3	0.17	1746	98.59
9	5	0.28	1751	98.87
10	5	0.28	1756	99.15
11	15	0.85	1771	100.00

B10. Incontinence pants
    (Check one box only)

- 0 ☐ None
- 1 ☐ ☐ 1
- 2 ☐   2
- 3 ☐ ☐ 3
- 4 ☐ ☐ 4
- 5 ☐ ☐ 5
- 6 ☐   6
- 7 ☐   7
- 8 ☐   8
- 9 ☐   9
- 10 ☐ 10
- 11 ☐ more than 10

INCON_PANTS	Frequency	Percent	Cum Freq	Cum Percent
0	1702	96.10	1702	96.10
1	27	1.52	1729	97.63
2	12	0.68	1741	98.31
3	13	0.73	1754	99.04
4	3	0.17	1757	99.21
5	6	0.34	1763	99.55
6	1	0.06	1764	99.60
7	2	0.11	1766	99.72
11	5	0.28	1771	100.00

B11. Clothing (pants, skirt)

(*Check one box only*)

0 ☐ None   6 ☐ 6
1 ☐☐1   7 ☐ 7
2 ☐ 2   8 ☐ 8
3 ☐☐3   9 ☐ 9
4 ☐☐4   10 ☐ 10
5 ☐☐5   11 ☐ more than 10

CLOTHING	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
0	1338	75.55	1339	75.61
1	239	13.50	1578	89.10
2	106	5.99	1684	95.09
3	39	2.20	1723	97.29
4	13	0.73	1736	98.02
5	9	0.51	1745	98.53
6	5	0.28	1750	98.81
7	11	0.62	1761	99.44
8	3	0.17	1764	99.60
9	1	0.06	1765	99.66
10	2	0.11	1767	99.77
11	4	0.23	1771	100.00

B12. Towels or wash clothes

(*Check one box only*)

0 ☐ None   6 ☐ 6
1 ☐☐1   7 ☐ 7
2 ☐ 2   8 ☐ 8
3 ☐☐3   9 ☐ 9
4 ☐☐4   10 ☐ 10
5 ☐☐5   11 ☐ more than 10

TOWELS	Frequency	Percent	Cum Freq	Cum Percent
0	1458	82.33	1458	82.33
1	134	7.57	1592	89.89
2	74	4.18	1666	94.07
3	29	1.64	1695	95.71
4	16	0.90	1711	96.61
5	12	0.68	1723	97.29
6	5	0.28	1728	97.57
7	17	0.96	1745	98.53
8	4	0.23	1749	98.76
9	3	0.17	1752	98.93
10	8	0.45	1760	99.38
11	11	0.62	1771	100.00

B13. Bed linens (sheets)

(Check one box only)

0 ☐ None   5 ☐ 5
1 ☐ ☐ 1   6 ☐ 6
2 ☐ 2   7 ☐ 7
3 ☐ ☐ 3   8 ☐ more than 7
4 ☐ ☐ 4

BED_LINENS	Frequency	Percent	Cum Freq	Cum Percent
-4	1	0.06	1	0.06
0	1650	93.17	1651	93.22
1	79	4.46	1730	97.68
2	23	1.30	1753	98.98
3	11	0.62	1764	99.60
4	6	0.34	1770	99.94
5	1	0.06	1771	100.00

B14. Bed pad

(Check one box only)

0 ☐ None
1 ☐ ☐ 1
2 ☐ 2
3 ☐ ☐ 3
4 ☐ ☐ 4

5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ more than 7

BED_PAD	Frequency	Percent	Cum Freq	Cum Percent
0	1725	97.40	1725	97.40
1	26	1.47	1751	98.87
2	10	0.56	1761	99.44
3	4	0.23	1765	99.66
7	5	0.28	1770	99.94
8	1	0.06	1771	100.00

B15. Chair protection

(Check one box only)

0 ☐ None
1 ☐ ☐ 1
2 ☐ 2
3 ☐ ☐ 3
4 ☐ ☐ 4

5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ more than 7

CHAIR_PROT	Frequency	Percent	Cum Freq	Cum Percent
0	1738	98.14	1738	98.14
1	14	0.79	1752	98.93
2	11	0.62	1763	99.55
3	4	0.23	1767	99.77
4	1	0.06	1768	99.83
7	1	0.06	1769	99.89
8	2	0.11	1771	100.00

B16. How many loads of wash did you do <u>during the last 7 days</u> *because* of your incontinence?

(Check one box only)

0 ☐ None
1 ☐ ☐ 1
2 ☐ 2
3 ☐ ☐ 3
4 ☐ ☐ 4

5 ☐ 5
6 ☐ 6
7 ☐ 7
8 ☐ more than 7

LAUNDRY	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
0	1294	73.07	1295	73.12
1	241	13.61	1536	86.73
2	123	6.95	1659	93.68
3	51	2.88	1710	96.56
4	27	1.52	1737	98.08
5	15	0.85	1752	98.93
6	7	0.40	1759	99.32
7	6	0.34	1765	99.66
8	6	0.34	1771	100.00

DRY CLEANING

How many items of clothing did you dry clean <u>during the last 7 days</u> *because* of your incontinence?

B17.   Pants

(Check one box only)

- 0 ☐ None
- 1 ☐ ☐ 1
- 2 ☐   2
- 3 ☐ ☐ 3
- 4 ☐ ☐ 4
- 5 ☐ ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
- 9 ☐ 9
- 10 ☐ 10
- 11 ☐ more than 10

DC_PANTS	Frequency	Percent	Cum Freq	Cum Percent
0	1706	96.33	1706	96.33
1	30	1.69	1736	98.02
2	20	1.13	1756	99.15
3	10	0.56	1766	99.72
4	2	0.11	1768	99.83
6	1	0.06	1769	99.89
7	1	0.06	1770	99.94
8	1	0.06	1771	100.00

B18.   Skirt

(Check one box only)

- 0 ☐ None
- 1 ☐ ☐ 1
- 2 ☐   2
- 3 ☐ ☐ 3
- 4 ☐ ☐ 4
- 5 ☐ ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
- 9 ☐ 9
- 10 ☐ 10
- 11 ☐ more than 10

DC_SKIRT	Frequency	Percent	Cum Freq	Cum Percent
0	1754	99.04	1754	99.04
1	10	0.56	1764	99.60
2	5	0.28	1769	99.89
4	2	0.11	1771	100.00

B19. Dress

(Check one box only)

- 0 ☐ None
- 1 ☐ ☐ 1
- 2 ☐   2
- 3 ☐ ☐ 3
- 4 ☐ ☐ 4
- 5 ☐ ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
- 9 ☐ 9
- 10 ☐ 10
- 11 ☐ more than 10

DC_DRESS	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
0	1756	99.15	1757	99.21
1	10	0.56	1767	99.77
2	4	0.23	1771	100.00

B20. Suit

(Check one box only)

- 0 ☐ None
- 1 ☐ ☐ 1
- 2 ☐   2
- 3 ☐ ☐ 3
- 4 ☐ ☐ 4
- 5 ☐ ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
- 9 ☐ 9
- 10 ☐ 10
- 11 ☐ more than 10

DC_SUIT	Frequency	Percent	Cum Freq	Cum Percent
0	1754	99.04	1754	99.04
1	10	0.56	1764	99.60
2	5	0.28	1769	99.89
3	1	0.06	1770	99.94
4	1	0.06	1771	100.00

B21. Blouse

(Check one box only)

- 0 ☐ None
- 1 ☐ ☐ 1
- 2 ☐   2
- 3 ☐ ☐ 3
- 4 ☐ ☐ 4
- 5 ☐ ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
- 9 ☐ 9
- 10 ☐ 10
- 11 ☐ more than 10

DC_BLOUSE	Frequency	Percent	Cum Freq	Cum Percent
0	1765	99.66	1765	99.66
1	1	0.06	1766	99.72
2	3	0.17	1769	99.89
7	1	0.06	1770	99.94
8	1	0.06	1771	100.00

LOSS OF EMPLOYMENT AND VOLUNTEER WORK

B22. Did your urinary incontinence limit your years of employment or volunteer work?

₁☐☐☐Yes ⬇   ₂☐☐☐No ➜ **SKIP TO SECTION C**

LIMIT_EMPLOY	Frequency	Percent	Cum Freq	Cum Percent
-9	2	0.11	2	0.11
-8	1	0.06	3	0.17
1	38	2.15	41	2.32
2	1730	97.68	1771	100.00

B22a. If yes, how old were you when you stopped your employment or volunteer work DUE to incontinence?

_____ _____   **years old**

			Analysis Variable : AGE					
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
36	0	52.3	9.9	35.0	47.0	52.5	59.0	71.0

AGE	Frequency	Percent	Cum Freq	Cum Percent
.	1735	100.00	1735	100.00

B22b. How much additional money _per month_ would you have earned if you had continued your work?

$_____ _____ _____ _____ _____. _____ _____

			Analysis Variable : ADDL_MONEY					
N	N Miss	Mean	SD	Minimum	Lower Quartile	Median	Upper Quartile	Maximum
29	0	1155.6	1566.2	0.0	0.0	1000.0	1500.0	7200.0

ADDL_MONEY	Frequency	Percent	Cum Freq	Cum Percent
.	1742	100.00	1742	100.00

Section C: Matters of Health: The Health Utilities Index (HUI)

Instructions: This next section contains questions which ask about various aspects of your health. When answering these questions please think about your health and your ability to do things on a day-to-day basis, <u>during the past week</u>. To define the past week period, please think about the date this time 7 days ago and recall the major events that you have experienced during this period. Please focus your answers on your overall abilities, disabilities and how you felt during the past week.

You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone. Also, a few questions are similar; please excuse the apparent overlap and answer each question independently.

Please read each question and consider your answers carefully. For each question, please select <u>one</u> answer that <u>best describes</u> your level of ability or disability <u>during the past week</u>. Please indicate the selected answer by <u>circling</u> the number beside the answer.

All information you provide is confidential. There are no right or wrong answers; what we want is your opinion about your abilities and feelings.

C1.   Which <u>one</u> of the following best describes your ability, during the past week, to see well enough to read ordinary newsprint?

Able to see well enough without glasses or contact lenses. 1

Able to see well enough with glasses or contact lenses..................... 2

Unable to see well enough even with glasses or contact lenses. 3

Unable to see at all.. 4

SEE_NEWS	Frequency	Percent	Cum Freq	Cum Percent
-9	2	0.11	2	0.11
1	491	27.72	493	27.84
2	1241	70.07	1734	97.91
3	31	1.75	1765	99.66
4	6	0.34	1771	100.00

C2. Which <u>one</u> of the following best describes your ability, during the past week, to see well enough to recognize a friend on the other side of the street?

Able to see well enough without glasses or contact lenses 1

Able to see well enough with glasses or contact lenses.................... 2

Unable to see well enough even with glasses or contact lenses. 3

Unable to see at all.. 4

SEE_FRIEND	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
1	881	49.75	882	49.80
2	854	48.22	1736	98.02
3	32	1.81	1768	99.83
4	3	0.17	1771	100.00

C3. Which <u>one</u> of the following best describes your ability, during the past week, to hear what was said in a group conversation with at least three other people?

Able to hear what was said without a hearing aid. 1

Able to hear what was said with a hearing aid 2

Unable to hear what was said even with a hearing aid. 3

Unable to hear what was said, but did not wear a hearing aid 4

Unable to hear at all... 5

HEAR_GROUP	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
1	1659	93.68	1660	93.73
2	32	1.81	1692	95.54
3	8	0.45	1700	95.99
4	70	3.95	1770	99.94
5	1	0.06	1771	100.00

C4. Which <u>one</u> of the following best describes your ability, during the past week, to hear what was said in a conversation with one other person in a quiet room?

Able to hear what was said without a hearing aid. 1

Able to hear what was said with a hearing aid 2

Unable to hear what was said even with a hearing aid. 3

Unable to hear what was said, but did not wear a hearing aid 4

Unable to hear at all 5

HEAR_QUIET	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
1	1718	97.01	1719	97.06
2	27	1.52	1746	98.59
3	2	0.11	1748	98.70
4	23	1.30	1771	100.00

C5. Which <u>one</u> of the following best describes your ability, during the past week, to be understood, when speaking your own language with people who do not know you?

Able to be understood completely 1

Able to be understood partially 2

Unable to be understood 3

Unable to speak at all 4

UNDER_STRANG	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
1	1720	97.12	1721	97.18
2	47	2.65	1768	99.83
3	3	0.17	1771	100.00

C6. Which <u>one</u> of following best describes your ability, during the past week to be understood when speaking with people who know you well?

Able to be understood completely 1

Able to be understood partially 2

Unable to be understood 3

Unable to speak at all 4

UNDER_FRIEND	Frequency	Percent	Cum Freq	Cum Percent
1	1727	97.52	1727	97.52
2	43	2.43	1770	99.94
3	1	0.06	1771	100.00

C7. Which <u>one</u> of the following best describes how you have been feeling during the past week?

Happy and interested in life.. 1

Somewhat happy... 2

Somewhat unhappy... 3

Very unhappy. 4

So unhappy that life was not worthwhile 5

FEELING_1	Frequency	Percent	Cum Freq	Cum Percent
-9	1	0.06	1	0.06
-4	1	0.06	2	0.11
1	1066	60.19	1068	60.30
2	495	27.95	1563	88.26
3	178	10.05	1741	98.31
4	25	1.41	1766	99.72
5	5	0.28	1771	100.00

C8. Which <u>one</u> of the following best describes the pain and discomfort you have experienced during the past week?

Free of pain and discomfort.. 1

Mild to moderate pain or discomfort that prevented no activities.............. 2

Moderate pain or discomfort that prevented a few activities 3

Moderate to severe pain or discomfort that prevented some activities 4

Severe pain or discomfort that prevented most activities.......................... 5

DISCOMFORT_1	Frequency	Percent	Cum Freq	Cum Percent
-9	2	0.11	2	0.11
-4	1	0.06	3	0.17
1	850	48.00	853	48.16
2	533	30.10	1386	78.26
3	268	15.13	1654	93.39
4	103	5.82	1757	99.21
5	14	0.79	1771	100.00

C9. Which <u>one</u> of the following best describes your ability, during the past week, to walk?
Note: Walking equipment refers to mechanical supports such as braces, a cane, crutches or a walker.

Able to walk around the neighborhood without difficulty, and
without walking equipment 1

Able to walk around the neighborhood with difficulty; but did
not require walking equipment or the help of another person 2

Able to walk around the neighborhood with walking equipment,
but without the help of another person 3

Able to walk only short distances with walking equipment,
and required a wheelchair to get around the neighborhood 4

Unable to walk alone, even with walking equipment.
Able to walk short distances with the help of another person,
and required a wheelchair to get around the neighborhood 5

Unable to walk at all 6

WALK	Frequency	Percent	Cum Freq	Cum Percent
-9	2	0.11	2	0.11
-8	1	0.06	3	0.17
-7	1	0.06	4	0.23
-4	1	0.06	5	0.28
1	1512	85.38	1517	85.66
2	191	10.78	1708	96.44
3	51	2.88	1759	99.32
4	7	0.40	1766	99.72
5	3	0.17	1769	99.89
6	2	0.11	1771	100.00

C10. Which <u>one</u> of the following best describes your ability, during the past week, to use your hands and fingers?
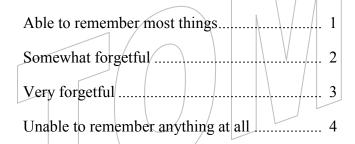Note: Special tools refers to hooks for buttoning clothes, gripping devices for opening jars or lifting small items, and other devices to compensate for limitations of hands or fingers.

Full use of two hands and ten fingers 1

Limitations in the use of hands or fingers,
but did not require special tools or the help of another person 2

Limitations in the use of hands or fingers, independent with
use of special tools (did not require the help of another person) 3

Limitations in the use of hands or fingers, required the help of another person for some tasks (not independent even with use of special tools)......... 4

Limitations in the use of hands or fingers, required the help of another person for most tasks (not independent even with use of special tools).......... 5

Limitations in the use of hands or fingers, required the help of another person for all tasks (not independent even with use of special tools) 6

HANDS_FINGS	Frequency	Percent	Cum Freq	Cum Percent
1	1594	90.01	1594	90.01
2	122	6.89	1716	96.89
3	31	1.75	1747	98.64
4	23	1.30	1770	99.94
6	1	0.06	1771	100.00

C11. Which <u>one</u> of the following best describes your ability, during the past week, to remember things?

Able to remember most things........................... 1

Somewhat forgetful 2

Very forgetful 3

Unable to remember anything at all 4

REMEMBER	Frequency	Percent	Cum Freq	Cum Percent
1	1412	79.73	1412	79.73
2	317	17.90	1729	97.63
3	41	2.32	1770	99.94
4	1	0.06	1771	100.00

C12. Which <u>one</u> of the following best describes your ability, during the past week, to think and solve day to day problems?

Able to think clearly and solve day to day problems 1

Had a little difficulty when trying to think and solve day to day problems 2

Had some difficulty when trying to think and solve day to day problems............... 3

Had great difficulty when trying to think and solve day to day problems 4

Unable to think or solve day to day problems... 5

THINK_SOLVE	Frequency	Percent	Cum Freq	Cum Percent
1	1582	89.33	1582	89.33
2	158	8.92	1740	98.25
3	23	1.30	1763	99.55
4	8	0.45	1771	100.00

C13. Which <u>one</u> of the following best describes your ability, during the past week, to perform basic activities?

Eat, bathe, dress and use the toilet normally 1

Eat, bathe, dress or use the toilet independently with difficulty 2

Required mechanical equipment to eat, bathe, dress or use the toilet independently 3

Required the help of another person to eat, bathe, dress or use the toilet 4

BASIC_ACT	Frequency	Percent	Cum Freq	Cum Percent
-9	2	0.11	2	0.11
1	1723	97.29	1725	97.40
2	45	2.54	1770	99.94
4	1	0.06	1771	100.00

C14. Which one of the following best describes how you have been feeling during the past week?

Generally happy and free from worry 1

Occasionally fretful, angry, irritable, anxious or depressed. 2

Often fretful, angry, irritable, anxious or depressed 3

Almost always fretful, angry, irritable, anxious or depressed... 4

Extremely fretful, angry, irritable, anxious or depressed; to the point of
needing professional help.. 5

FEELING_2	Frequency	Percent	Cum Freq	Cum Percent
-9	7	0.40	7	0.40
1	1090	61.55	1097	61.94
2	585	33.03	1682	94.97
3	73	4.12	1755	99.10
4	12	0.68	1767	99.77
5	4	0.23	1771	100.00

C15. Which <u>one</u> of the following best describes the pain or discomfort you have experienced during the past week?

Free of pain and discomfort... 1

Occasional pain or discomfort. Discomfort relieved by non-prescription drugs or self-control activity without disruption of normal activities 2

Frequent pain or discomfort. Discomfort relieved by oral medicines with occasional disruption of normal activities 3

Frequent pain or discomfort; frequent disruption of normal activities. Discomfort required prescription narcotics for relief 4

Severe pain or discomfort. Pain not relieved by drugs and constantly disrupted normal activities... 5

DISCOMFORT_2	Frequency	Percent	Cum Freq	Cum Percent
-9	4	0.23	4	0.23
-4	1	0.06	5	0.28
1	779	43.99	784	44.27
2	693	39.13	1477	83.40
3	198	11.18	1675	94.58
4	79	4.46	1754	99.04
5	17	0.96	1771	100.00

C16. Overall, how would you rate your health during the past week?

Excellent.. 1

Very good... 2

Good.... 3

Fair............................. 4

Poor............................ 5

HEALTH_RATE	Frequency	Percent	Cum Freq	Cum Percent
-9	2	0.11	2	0.11
-4	1	0.06	3	0.17
1	588	33.20	591	33.37
2	717	40.49	1308	73.86
3	339	19.14	1647	93.00
4	115	6.49	1762	99.49
5	9	0.51	1771	100.00

C17. How did you complete the questionnaire? Please select the one answer that best describes your situation.?

By myself, without any help from anyone else...................... 1 ➔ **SKIP TO SECTION D**

By myself, except someone else circled the answers on the questionnaire form for me. .... 2 ➔ **SKIP TO SECTION D**

With the help of someone else. .... 3 ➔ **SKIP TO SECTION D**

This questionnaire was completed by a family member, without help from the subject or patient.... 4

COMPLETION	Frequency	Percent	Cum Freq	Cum Percent
-9	2	0.11	2	0.11
1	1752	98.93	1754	99.04
2	7	0.40	1761	99.44
3	10	0.56	1771	100.00

C17a. If this questionnaire was completed without help from the subject or patient, who completed it?

Nurse or Other Health Professional........ 1 ⬇ **SPECIFY TYPE OF HEALTH PROFESSIONAL**

_____

Other Person .... 2 ⬇ **SPECIFY RELATIONSHIP TO PATIENT**

_____

WHO_COMP	Frequency	Percent	Cum Freq	Cum Percent
-9	2	0.11	2	0.11
-2	1769	99.89	1771	100.00

Section D: Matters of Money: Willingness to Pay

Please respond to these questions about how much money you would be willing to pay **out of your own pocket** for the treatments described. Assume that payments for these treatments are not covered by your health insurance or HMO, Medicare or Medicaid and that you must pay for them **out of your own pocket**.

D1. Imagine that a new treatment for incontinence becomes available that has no side effects. This new treatment reduces the number of times you *leak urine* **by one quarter (25%)**.

For example, if you currently *leak urine* 4 times a day, with this new treatment you would *leak urine* only 3 times a day. Or if you currently *leak urine* every day, this would be reduced to 3 days out of 4.

What is the most money that you would be willing to pay <u>per month</u> out of your own pocket for this treatment? *(Check one box only)*

0 ☐ Nothing (I would not be willing to pay for this)
1 ☐☐ $ 5
2 ☐☐ $10
3 ☐☐ $20
4 ☐☐ $30
5 ☐☐ $40

6 ☐☐ $50
7 ☐ $75
8 ☐ $100
9 ☐ $150
10 ☐☐ $200
11 ☐ $400

LEAK_3	Frequency	Percent	Cum Freq	Cum Percent
-9	10	0.56	10	0.56
-8	2	0.11	12	0.68
-7	2	0.11	14	0.79
0	812	45.85	826	46.64
1	64	3.61	890	50.25
2	100	5.65	990	55.90
3	174	9.82	1164	65.73
4	79	4.46	1243	70.19
5	72	4.07	1315	74.25
6	189	10.67	1504	84.92
7	16	0.90	1520	85.83
8	145	8.19	1665	94.01
9	15	0.85	1680	94.86
10	26	1.47	1706	96.33
11	65	3.67	1771	100.00

D2. Imagine that a new treatment for incontinence becomes available that has no side effects. This new treatment reduces the number of times you *leak urine* **by one half (50%)**.

For example, if you currently *leak urine* 4 times a day, with this new treatment you would *leak urine* only 2 times a day. Or if you currently *leak urine* every day, this would be reduced to 2 days out of 4.

What is the most money that you would be willing to pay <u>per month</u> out of your own pocket for this treatment? *(Check one box only)*

$_0$ ☐ Nothing (I would not be willing to pay for this) $_6$ ☐☐$50

$_1$ ☐☐$ 5 $_7$ ☐ $75

$_2$ ☐☐$10 $_8$ ☐ $100

$_3$ ☐☐$20 $_9$ ☐ $150

$_4$ ☐☐$30 $_{10}$ ☐ $200

$_5$ ☐☐$40 $_{11}$ ☐ $400

LEAK_2	Frequency	Percent	Cum Freq	Cum Percent
-9	9	0.51	9	0.51
-8	3	0.17	12	0.68
-7	2	0.11	14	0.79
0	574	32.41	588	33.20
1	50	2.82	638	36.02
2	105	5.93	743	41.95
3	176	9.94	919	51.89
4	103	5.82	1022	57.71
5	101	5.70	1123	63.41
6	234	13.21	1357	76.62
7	56	3.16	1413	79.79
8	180	10.16	1593	89.95
9	36	2.03	1629	91.98
10	62	3.50	1691	95.48
11	80	4.52	1771	100.00

D3. Imagine that a new treatment for incontinence becomes available that has no side effects. This new treatment cures your urine loss so that **you do not leak urine.**

What is the most money that you would be willing to pay <u>per month</u> out of your own pocket for this treatment? *(Check one box only)*

₀ ☐ Nothing (I would not be willing to pay for this)   ₆ ☐☐$50

₁ ☐☐$ 5   ₇ ☐ $75

₂ ☐☐$10   ₈ ☐ $100

₃ ☐☐$20   ₉ ☐ $150

₄ ☐☐$30   ₁₀ ☐ $200

₅ ☐☐$40   ₁₁ ☐ $400

NO_LEAK	Frequency	Percent	Cum Freq	Cum Percent
-9	13	0.73	13	0.73
-8	2	0.11	15	0.85
-7	5	0.28	20	1.13
0	177	9.99	197	11.12
1	32	1.81	229	12.93
2	58	3.27	287	16.21
3	119	6.72	406	22.92
4	97	5.48	503	28.40
5	89	5.03	592	33.43
6	281	15.87	873	49.29
7	77	4.35	950	53.64
8	345	19.48	1295	73.12
9	83	4.69	1378	77.81
10	136	7.68	1514	85.49
11	257	14.51	1771	100.00

D4. Which of the following categories best represents your total personal income, including wages, social security, pensions, interest, dividends, etc. in the last year?   *(Check one box only)*

₀ ☐ Less than $5,000   ₈ ☐ $70,000-$79,999

₁ ☐ $5,000-$9,999   ₉ ☐ $80,000-$89, 999

₂ ☐ $10,000-$19,999   ₁₀ ☐ $90,000-$99, 999

₃ ☐ $20,000-$29,999   ₁₁ ☐ $100,000-$119, 999

₄ ☐ $30,000-$39,999   ₁₂ ☐ $120,000-$139, 999

₅ ☐ $40,000-$49, 999   ₁₃ ☐ $140,000-$159, 999

₆ ☐ $50,000-$59, 999   ₁₄ ☐ $160,000-$179,999

₇ ☐ $60,000-$69, 999   ₁₅ ☐ $180,000 or more

PERS_INCOME	Frequency	Percent	Cum Freq	Cum Percent
-9	22	1.24	22	1.24
-8	1	0.06	23	1.30
-7	40	2.26	63	3.56
0	216	12.20	279	15.75
1	126	7.11	405	22.87
2	209	11.80	614	34.67
3	225	12.70	839	47.37
4	216	12.20	1055	59.57
5	165	9.32	1220	68.89
6	135	7.62	1355	76.51
7	108	6.10	1463	82.61
8	91	5.14	1554	87.75
9	50	2.82	1604	90.57
10	46	2.60	1650	93.17
11	58	3.27	1708	96.44
12	15	0.85	1723	97.29
13	8	0.45	1731	97.74
14	7	0.40	1738	98.14
15	33	1.86	1771	100.00

D5. Which of the following categories best represents the **combined or <u>total</u> income of your <u>household</u>**, including wages, social security, pensions, interest, dividends, etc. in the last year? *(Check one box only)*

- 0 ☐ Less than $5,000
- 1 ☐ $5,000-$9,999
- 2 ☐ $10,000-$19,999
- 3 ☐ $20,000-$29,999
- 4 ☐ $30,000-$39,999
- 5 ☐ $40,000-$49, 999
- 6 ☐ $50,000-$59, 999
- 7 ☐ $60,000-$69, 999

- 8 ☐ $70,000-$79,999
- 9 ☐ $80,000-$89, 999
- 10 ☐ $90,000-$99, 999
- 11 ☐ $100,000-$119, 999
- 12 ☐ $120,000-$139, 999
- 13 ☐ $140,000-$159, 999
- 14 ☐ $160,000-$179,999
- 15 ☐ $180,000 or more

HH_INCOME	Frequency	Percent	Cum Freq	Cum Percent
-9	24	1.36	24	1.36
-8	3	0.17	27	1.52
-7	43	2.43	70	3.95
0	39	2.20	109	6.15
1	75	4.23	184	10.39
2	111	6.27	295	16.66
3	136	7.68	431	24.34
4	149	8.41	580	32.75
5	134	7.57	714	40.32
6	130	7.34	844	47.66
7	116	6.55	960	54.21
8	129	7.28	1089	61.49
9	96	5.42	1185	66.91
10	91	5.14	1276	72.05
11	154	8.70	1430	80.75
12	90	5.08	1520	85.83
13	67	3.78	1587	89.61
14	43	2.43	1630	92.04
15	141	7.96	1771	100.00