


#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)										
Instrument: BHI Survey (bhi_survey)  Enabled as survey													
1	[participantid]	Participant ID	text										
2	[device]	What type of device are you using to complete this questionnaire?	radio <table border="1" data-bbox="1062 327 1507 436"> <tr> <td>1</td> <td>Phone (such as iPhone, Android, etc.)</td> </tr> <tr> <td>2</td> <td>Tablet (such as an iPad, Samsung Galaxy Tab, etc.)</td> </tr> <tr> <td>3</td> <td>Computer (Laptop or Desktop)</td> </tr> </table> Custom alignment: LV	1	Phone (such as iPhone, Android, etc.)	2	Tablet (such as an iPad, Samsung Galaxy Tab, etc.)	3	Computer (Laptop or Desktop)				
1	Phone (such as iPhone, Android, etc.)												
2	Tablet (such as an iPad, Samsung Galaxy Tab, etc.)												
3	Computer (Laptop or Desktop)												
3	[device_desc] Show the field ONLY if: [device] = '1'	It is recommended that you use a tablet or a PC to complete this questionnaire. Some of the material will be difficult to view and respond to on a smart phone.	descriptive										
4	[a_start]	Section Header: <i>Section A: General Health</i> Section A Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
5	[a1]	Overall, how would you rate your well being?	radio <table border="1" data-bbox="1062 697 1182 877"> <tr> <td>1</td> <td>Excellent</td> </tr> <tr> <td>2</td> <td>Very good</td> </tr> <tr> <td>3</td> <td>Good</td> </tr> <tr> <td>4</td> <td>Fair</td> </tr> <tr> <td>5</td> <td>Poor</td> </tr> </table> Custom alignment: LV Question number: A1	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent												
2	Very good												
3	Good												
4	Fair												
5	Poor												
6	[a2]	Taken all together, how would you say things are these days - would you say that your life is very enjoyable, pretty enjoyable, or not too enjoyable?	radio <table border="1" data-bbox="1062 991 1247 1100"> <tr> <td>1</td> <td>Very enjoyable</td> </tr> <tr> <td>2</td> <td>Pretty enjoyable</td> </tr> <tr> <td>3</td> <td>Not too enjoyable</td> </tr> </table> Custom alignment: LV Question number: A2	1	Very enjoyable	2	Pretty enjoyable	3	Not too enjoyable				
1	Very enjoyable												
2	Pretty enjoyable												
3	Not too enjoyable												
7	[a3]	In general, would you say your health is:	radio <table border="1" data-bbox="1062 1209 1182 1390"> <tr> <td>1</td> <td>Excellent</td> </tr> <tr> <td>2</td> <td>Very good</td> </tr> <tr> <td>3</td> <td>Good</td> </tr> <tr> <td>4</td> <td>Fair</td> </tr> <tr> <td>5</td> <td>Poor</td> </tr> </table> Custom alignment: LV Question number: A3	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent												
2	Very good												
3	Good												
4	Fair												
5	Poor												
8	[a4]	How is your health, compared with others your age?	radio <table border="1" data-bbox="1062 1503 1243 1684"> <tr> <td>1</td> <td>Much better</td> </tr> <tr> <td>2</td> <td>Somewhat better</td> </tr> <tr> <td>3</td> <td>About the same</td> </tr> <tr> <td>4</td> <td>Somewhat worse</td> </tr> <tr> <td>5</td> <td>Much worse</td> </tr> </table> Custom alignment: LV Question number: A4	1	Much better	2	Somewhat better	3	About the same	4	Somewhat worse	5	Much worse
1	Much better												
2	Somewhat better												
3	About the same												
4	Somewhat worse												
5	Much worse												
9	[a5]	Compared to one year ago, how would you rate your health in general now?	radio <table border="1" data-bbox="1062 1797 1435 1978"> <tr> <td>1</td> <td>Much better now than one year ago</td> </tr> <tr> <td>2</td> <td>Somewhat better now than one year ago</td> </tr> <tr> <td>3</td> <td>About the same as one year ago</td> </tr> <tr> <td>4</td> <td>Somewhat worse now than one year ago</td> </tr> <tr> <td>5</td> <td>Much worse now than one year ago</td> </tr> </table> Custom alignment: LV Question number: A5	1	Much better now than one year ago	2	Somewhat better now than one year ago	3	About the same as one year ago	4	Somewhat worse now than one year ago	5	Much worse now than one year ago
1	Much better now than one year ago												
2	Somewhat better now than one year ago												
3	About the same as one year ago												
4	Somewhat worse now than one year ago												
5	Much worse now than one year ago												

10	[a6]	How often do you wake up feeling refreshed and well rested?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Almost never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Almost always</td></tr> </table> <p>Custom alignment: LV Question number: A6</p>	1	Almost never	2	Rarely	3	Sometimes	4	Usually	5	Almost always
1	Almost never												
2	Rarely												
3	Sometimes												
4	Usually												
5	Almost always												
11	[a7]	<p>Section Header:</p> <p>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.</p>	<p>descriptive</p> <p>Question number: A7</p>										
12	[a7a]	Have you felt full of life?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> <p>Question number: a.</p>	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												
13	[a7b]	Have you been very nervous?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> <p>Question number: b.</p>	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												
14	[a7c]	Have you been happy?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> <p>Question number: c.</p>	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												
15	[a7d]	Have you felt downhearted and depressed?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> <p>Question number: d.</p>	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												
16	[a_p2]	Section A P2 Timestamp	<p>text (datetime_seconds_mdy)</p> <p>Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>										
17	[a8]	<p>Section Header:</p> <p>How much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?</p>	<p>descriptive</p> <p>Question number: A8</p>										
18	[a8a]	Accomplished less than you would like	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> <p>Question number: a.</p>	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												

19	[a8b]	Were limited in the kind of work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> <p>Question number: b.</p>	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time						
1	All of the time																		
2	Most of the time																		
3	Some of the time																		
4	A little of the time																		
5	None of the time																		
20	[a8c]	Cut down on the amount of time you spent on work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> <p>Question number: c.</p>	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time						
1	All of the time																		
2	Most of the time																		
3	Some of the time																		
4	A little of the time																		
5	None of the time																		
21	[a_p3]	Section A P3 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
22	[a9]	Section Header:	descriptive Question number: A9																
23	[a9a]	To what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Extremely</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	Slightly	3	Moderately	4	Quite a bit	5	Extremely						
1	Not at all																		
2	Slightly																		
3	Moderately																		
4	Quite a bit																		
5	Extremely																		
24	[a9b]	How much did pain interfere with your normal work (including both work outside the home and housework)?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Extremely</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	Slightly	3	Moderately	4	Quite a bit	5	Extremely						
1	Not at all																		
2	Slightly																		
3	Moderately																		
4	Quite a bit																		
5	Extremely																		
25	[a_p4]	Section A P4 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
26	[a10]	Section Header: How much problem or difficulty do you have doing the following:	descriptive Question number: A10																
27	[a10_table]	Can't do it at all No problem at all	descriptive																
28	[a10a]	Vigorous physical activities: Hard physical work such as lifting or carrying heavy objects (over 25 pounds) or exercise such as cross-fit, weightlifting, long distance running, etc.	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: a.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		

29	[a10b]	Moderate physical activities: -Moderate physical work, such as lifting or carrying things that weigh 5 to 25 pounds (e.g., a heavy bag of groceries, etc.) or exercise such as dancing, jogging, Zumba, aerobics, etc.	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: b.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
30	[a10c]	Light physical activities: -Lifting or carrying things that weight under 5 pounds or exercise such as stretching, yoga, walking, etc.	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: c.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
31	[a_p5]	Section A P5 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
32	[a11_desc]	Section Header: The content of this field is generated by the Shazam External Module	descriptive Question number: A11																
33	[a11]	If you do not take any medications or supplements, check here:	radio <table border="1"> <tr><td>1</td><td></td></tr> </table> <p>Custom alignment: RH Question number: A11</p>	1															
1																			
34	[a11a] Show the field ONLY if: [a11] <> '1'	Muscles/movement (stiffness, aches, shaking, feel jittery, etc.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Question number: a.</p>	1	No	2	Yes												
1	No																		
2	Yes																		
35	[a11b] Show the field ONLY if: [a11] <> '1'	Peeing/urine (such as peeing more or less often, urine color/odor, etc.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Question number: b.</p>	1	No	2	Yes												
1	No																		
2	Yes																		
36	[a11c] Show the field ONLY if: [a11] <> '1'	Sleep (sleeping a lot, trouble getting to sleep, waking up, etc.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Question number: c.</p>	1	No	2	Yes												
1	No																		
2	Yes																		
37	[a11d] Show the field ONLY if: [a11] <> '1'	Appetite/weight (gain or loss)	radio (Matrix) <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Question number: d.</p>	1	No	2	Yes												
1	No																		
2	Yes																		
38	[a11e] Show the field ONLY if: [a11] <> '1'	Fatigue (feeling tired, hard to concentrate)	radio (Matrix) <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Question number: e.</p>	1	No	2	Yes												
1	No																		
2	Yes																		
39	[a11_desc2] Show the field ONLY if: [a11] <> '1'	When answering the rest of the questions in this survey, please include these side effects even if it is a side effect of a medication or supplement.	descriptive																
40	[a_end]	Section A End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
41	[b_start]	Section Header: Section B: General Bladder Health & Performance Section B Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																

42	[b1]	When was the last time you thought about your bladder?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Hardly ever, I can't remember the last time</td></tr> <tr><td>2</td><td>In the past hour</td></tr> <tr><td>3</td><td>Within the past few hours</td></tr> <tr><td>4</td><td>At least once today</td></tr> <tr><td>5</td><td>Within the past week</td></tr> <tr><td>6</td><td>At least a month or longer</td></tr> </table> <p>Custom alignment: LV Question number: B1</p>	1	Hardly ever, I can't remember the last time	2	In the past hour	3	Within the past few hours	4	At least once today	5	Within the past week	6	At least a month or longer
1	Hardly ever, I can't remember the last time														
2	In the past hour														
3	Within the past few hours														
4	At least once today														
5	Within the past week														
6	At least a month or longer														
43	[b2]	Which of the following best captures how you feel about your bladder?	<p>radio</p> <table border="1"> <tr><td>1</td><td>It should be in the Bladder Hall of Fame</td></tr> <tr><td>2</td><td>I have a good one</td></tr> <tr><td>3</td><td>It works well enough</td></tr> <tr><td>4</td><td>It's not great</td></tr> <tr><td>5</td><td>I wish I could return it</td></tr> <tr><td>6</td><td>I got a lemon/I want a new one</td></tr> </table> <p>Custom alignment: LV Question number: B2</p>	1	It should be in the Bladder Hall of Fame	2	I have a good one	3	It works well enough	4	It's not great	5	I wish I could return it	6	I got a lemon/I want a new one
1	It should be in the Bladder Hall of Fame														
2	I have a good one														
3	It works well enough														
4	It's not great														
5	I wish I could return it														
6	I got a lemon/I want a new one														
44	[b3]	How strongly do you agree with the following statement:A healthy bladder is a bladder you don't think about.	<p>radio</p> <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Somewhat Agree</td></tr> <tr><td>3</td><td>Somewhat Disagree</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly Disagree</td></tr> </table> <p>Custom alignment: LV Question number: B3</p>	1	Strongly Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree	5	Strongly Disagree		
1	Strongly Agree														
2	Somewhat Agree														
3	Somewhat Disagree														
4	Disagree														
5	Strongly Disagree														
45	[b4]	My bladder is...	<p>radio</p> <table border="1"> <tr><td>1</td><td>No bother at all</td></tr> <tr><td>2</td><td>A little bothersome</td></tr> <tr><td>3</td><td>Somewhat bothersome</td></tr> <tr><td>4</td><td>Very bothersome</td></tr> <tr><td>5</td><td>A constant bother</td></tr> </table> <p>Custom alignment: LV Question number: B4</p>	1	No bother at all	2	A little bothersome	3	Somewhat bothersome	4	Very bothersome	5	A constant bother		
1	No bother at all														
2	A little bothersome														
3	Somewhat bothersome														
4	Very bothersome														
5	A constant bother														
46	[b5]	How would you rate the function of your bladder?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very Good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>6</td><td>Terrible</td></tr> </table> <p>Custom alignment: LV Question number: B5</p>	1	Excellent	2	Very Good	3	Good	4	Fair	5	Poor	6	Terrible
1	Excellent														
2	Very Good														
3	Good														
4	Fair														
5	Poor														
6	Terrible														
47	[b6]	Compared to others your age, is your bladder function...	<p>radio</p> <table border="1"> <tr><td>1</td><td>Much better</td></tr> <tr><td>2</td><td>Somewhat better</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Somewhat worse</td></tr> <tr><td>5</td><td>Much worse</td></tr> </table> <p>Custom alignment: LV Question number: B6</p>	1	Much better	2	Somewhat better	3	About the same	4	Somewhat worse	5	Much worse		
1	Much better														
2	Somewhat better														
3	About the same														
4	Somewhat worse														
5	Much worse														

48	[b7]	Compared to a year ago, is your bladder function...	<p>radio</p> <table border="1"> <tr><td>1</td><td>Much better now</td></tr> <tr><td>2</td><td>Somewhat better now</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Somewhat worse now</td></tr> <tr><td>5</td><td>Much worse now</td></tr> </table> <p>Custom alignment: LV Question number: B7</p>	1	Much better now	2	Somewhat better now	3	About the same	4	Somewhat worse now	5	Much worse now				
1	Much better now																
2	Somewhat better now																
3	About the same																
4	Somewhat worse now																
5	Much worse now																
49	[b8]	When you laugh, cough, or sneeze do you ever leak even a few drops of urine/pee?	<p>radio</p> <table border="1"> <tr><td>1</td><td>No, it has never happened</td></tr> <tr><td>2</td><td>Yes, but very rarely</td></tr> <tr><td>3</td><td>Yes, rarely</td></tr> <tr><td>4</td><td>Yes, sometimes</td></tr> <tr><td>5</td><td>Yes, often</td></tr> <tr><td>6</td><td>Yes, all the time</td></tr> </table> <p>Custom alignment: LV Question number: B8</p>	1	No, it has never happened	2	Yes, but very rarely	3	Yes, rarely	4	Yes, sometimes	5	Yes, often	6	Yes, all the time		
1	No, it has never happened																
2	Yes, but very rarely																
3	Yes, rarely																
4	Yes, sometimes																
5	Yes, often																
6	Yes, all the time																
50	[b9_table]	Section Header: The content of this field is generated by the Shazam External Module	<p>descriptive</p> <p>Question number: B9</p>														
51	[b9]		<p>radio</p> <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> </table> <p>Custom alignment: LH</p>	1	1	2	2	3	3	4	4	5	5	6	6	7	7
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
7	7																
52	[b10]	In the past month, how often did you wake up during the night and have trouble getting back to sleep?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Every night</td></tr> <tr><td>2</td><td>Almost always, several nights a week</td></tr> <tr><td>3</td><td>Often, at least once a week</td></tr> <tr><td>4</td><td>Sometimes, several times a month</td></tr> <tr><td>5</td><td>Rarely, less than once a month</td></tr> <tr><td>6</td><td>Never</td></tr> </table> <p>Custom alignment: LV Question number: B10</p>	1	Every night	2	Almost always, several nights a week	3	Often, at least once a week	4	Sometimes, several times a month	5	Rarely, less than once a month	6	Never		
1	Every night																
2	Almost always, several nights a week																
3	Often, at least once a week																
4	Sometimes, several times a month																
5	Rarely, less than once a month																
6	Never																
53	[b10_missing] Show the field ONLY if: [b10] = "	Your answer to B10 determines where you go next. Please provide a response.	<p>descriptive</p>														
54	[b10a] Show the field ONLY if: [b10]<>'6'	How often is this due to your bladder, such as needing to get up to pee or feeling discomfort?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Every time</td></tr> </table> <p>Custom alignment: LV Question number: B10a</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Every time				
1	Never																
2	Rarely																
3	Sometimes																
4	Often																
5	Every time																
55	[b11]	Which best describes your getting to the bathroom in the morning?	<p>radio</p> <table border="1"> <tr><td>1</td><td>I have no problem holding it until I get to the bathroom</td></tr> <tr><td>2</td><td>I worry about whether I can hold it until I get to the bathroom although I always make it</td></tr> <tr><td>3</td><td>I can't always hold it until I get to the bathroom</td></tr> <tr><td>4</td><td>I usually can't hold it until I get to the bathroom</td></tr> <tr><td>5</td><td>I can never hold it until I get to the bathroom</td></tr> </table> <p>Custom alignment: LV Question number: B11</p>	1	I have no problem holding it until I get to the bathroom	2	I worry about whether I can hold it until I get to the bathroom although I always make it	3	I can't always hold it until I get to the bathroom	4	I usually can't hold it until I get to the bathroom	5	I can never hold it until I get to the bathroom				
1	I have no problem holding it until I get to the bathroom																
2	I worry about whether I can hold it until I get to the bathroom although I always make it																
3	I can't always hold it until I get to the bathroom																
4	I usually can't hold it until I get to the bathroom																
5	I can never hold it until I get to the bathroom																

56	[b12]	When you feel the need to pee, once you get to the bathroom how well does "getting done what you need to do" happen for you?	<table border="1"> <tr><td>1</td><td>I am just in and out and on with my day</td></tr> <tr><td>2</td><td>I take care of things pretty well</td></tr> <tr><td>3</td><td>It can be more of a chore than I would like</td></tr> <tr><td>4</td><td>I dread when I need to pee</td></tr> </table> <p>Custom alignment: LV Question number: B12</p>	1	I am just in and out and on with my day	2	I take care of things pretty well	3	It can be more of a chore than I would like	4	I dread when I need to pee														
1	I am just in and out and on with my day																								
2	I take care of things pretty well																								
3	It can be more of a chore than I would like																								
4	I dread when I need to pee																								
57	[b_p2]	Section B P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																						
58	[b13_table]	Section Header: The content of this field is generated by the Shazam External Module	descriptive Question number: B13																						
59	[b13]	When it comes to my bladder...	<table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>10</td><td>9</td></tr> <tr><td>11</td><td>10</td></tr> </table> <p>Custom alignment: RH Question number: B13</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	10	9	11	10
1	0																								
2	1																								
3	2																								
4	3																								
5	4																								
6	5																								
7	6																								
8	7																								
9	8																								
10	9																								
11	10																								
60	[b_end]	Section B End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																						
61	[c1]	Section Header: <i>Section C: Your Bladder and General Day to Day</i> The content of this field is generated by the Shazam External Module	descriptive Question number: C1																						
62	[c1o1]	I don't think about my bladder, outside of it letting me know that I need to pee	<table border="1"> <tr><td>1</td></tr> </table> <p>Custom alignment: RH</p>	1																					
1																									
63	[c1o2]	I think about or plan some things around my bladder such as limiting how much or what I drink, knowing where bathrooms are, always use bathroom before I leave the house, etc.	<table border="1"> <tr><td>1</td></tr> </table> <p>Custom alignment: RH</p>	1																					
1																									
64	[c1o3]	Somewhere between option 1 and 2	<table border="1"> <tr><td>1</td></tr> </table> <p>Custom alignment: RH</p>	1																					
1																									
65	[c1_check] Show the field ONLY if: sum([c1o1], [c1o2], [c1o3]) > 1	Please choose only one of the above options.	descriptive																						
66	[c1a] Show the field ONLY if: [c1o1] = '1'	Has there ever been a time in your life when your bladder interfered with your day to day activities, no matter how minor?	<table border="1"> <tr><td>1</td><td>No, not even once</td></tr> <tr><td>2</td><td>Yes, it has happened at least once or twice recently</td></tr> <tr><td>3</td><td>Yes, it has happened at least once or twice in the past, but not recently</td></tr> </table> <p>Custom alignment: LV Question number: C1a</p>	1	No, not even once	2	Yes, it has happened at least once or twice recently	3	Yes, it has happened at least once or twice in the past, but not recently																
1	No, not even once																								
2	Yes, it has happened at least once or twice recently																								
3	Yes, it has happened at least once or twice in the past, but not recently																								
67	[c1_missing] Show the field ONLY if: [c1o1] = " and [c1o2] = " and [c1o3] = "	Your answer to C1 determines where you go next. Please provide a response.	descriptive																						
68	[c1a_missing] Show the field ONLY if: [c1o1] = '1' and [c1a] = "	Your answer to C1a determines where you go next. Please provide a response.	descriptive																						
69	[c_start]	Section C Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																						

70	[c2_desc] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	Section Header: How easy or difficult are each of the following?	descriptive Question number: C2												
71	[c2a] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	When you feel the need to pee, how easy or difficult is it to hold it?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Very Easy</td></tr> <tr><td>2</td><td>Easy</td></tr> <tr><td>3</td><td>Somewhat Easy</td></tr> <tr><td>4</td><td>Somewhat Difficult</td></tr> <tr><td>5</td><td>Difficult</td></tr> <tr><td>6</td><td>Very Difficult</td></tr> </table> Question number: a.	1	Very Easy	2	Easy	3	Somewhat Easy	4	Somewhat Difficult	5	Difficult	6	Very Difficult
1	Very Easy														
2	Easy														
3	Somewhat Easy														
4	Somewhat Difficult														
5	Difficult														
6	Very Difficult														
72	[c2b] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	When you feel the need to pee, how easy or difficult is it to start peeing?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Very Easy</td></tr> <tr><td>2</td><td>Easy</td></tr> <tr><td>3</td><td>Somewhat Easy</td></tr> <tr><td>4</td><td>Somewhat Difficult</td></tr> <tr><td>5</td><td>Difficult</td></tr> <tr><td>6</td><td>Very Difficult</td></tr> </table> Question number: b.	1	Very Easy	2	Easy	3	Somewhat Easy	4	Somewhat Difficult	5	Difficult	6	Very Difficult
1	Very Easy														
2	Easy														
3	Somewhat Easy														
4	Somewhat Difficult														
5	Difficult														
6	Very Difficult														
73	[c2c] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	When you pee, how easy or difficult is it to completely empty your bladder?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Very Easy</td></tr> <tr><td>2</td><td>Easy</td></tr> <tr><td>3</td><td>Somewhat Easy</td></tr> <tr><td>4</td><td>Somewhat Difficult</td></tr> <tr><td>5</td><td>Difficult</td></tr> <tr><td>6</td><td>Very Difficult</td></tr> </table> Question number: c.	1	Very Easy	2	Easy	3	Somewhat Easy	4	Somewhat Difficult	5	Difficult	6	Very Difficult
1	Very Easy														
2	Easy														
3	Somewhat Easy														
4	Somewhat Difficult														
5	Difficult														
6	Very Difficult														
74	[c_p2]	Section C P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
75	[c3] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	Section Header: How often have you had any of the following problems with your work or other regular daily activities as a result of your bladder?	descriptive Question number: C3												
76	[c3a] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	Accomplished less than you would like	radio (Matrix) <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table> Question number: a.	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time		
1	None of the time														
2	A little of the time														
3	Some of the time														
4	Most of the time														
5	All of the time														
77	[c3b] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	Were limited in the kind of work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table> Question number: b.	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time		
1	None of the time														
2	A little of the time														
3	Some of the time														
4	Most of the time														
5	All of the time														
78	[c3c] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	Cut down on the amount of time you spent on work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table> Question number: c.	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time		
1	None of the time														
2	A little of the time														
3	Some of the time														
4	Most of the time														
5	All of the time														
79	[c_p3]	Section C P3 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												

80	[c4] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	Section Header: How much does your bladder each of the following, with 0 being no impact and 7 being dramatic negative impact?	descriptive Question number: C4																
81	[c4_table] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	No Impact Dramatic Negative Impact	descriptive																
82	[c4a] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	Your ability to enjoy life	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> Question number: a.	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
83	[c4b] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	How you feel about your overall health	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> Question number: b.	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
84	[c4c] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	How you feel about yourself as a person	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> Question number: c.	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
85	[c4d] Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'	Your life in general	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> Question number: d.	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
86	[c_p4]	Section C P4 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																

87	<p>[c5]</p> <p>Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'</p>	<p>Section Header:</p> <p>Thinking about the most recent time your bladder affected you, how long did this last?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>A day or two</td></tr> <tr><td>2</td><td>A week</td></tr> <tr><td>3</td><td>A month or two</td></tr> <tr><td>4</td><td>The past 6 months</td></tr> <tr><td>5</td><td>The past year</td></tr> <tr><td>6</td><td>Longer than that</td></tr> </table> <p>Custom alignment: LV Question number: C5</p>	1	A day or two	2	A week	3	A month or two	4	The past 6 months	5	The past year	6	Longer than that
1	A day or two														
2	A week														
3	A month or two														
4	The past 6 months														
5	The past year														
6	Longer than that														
88	<p>[c6]</p> <p>Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'</p>	<p>Have you ever stopped doing things you enjoy, even if for just a short period of time, because of your bladder?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No, it never stopped me from doing things I enjoy</td></tr> <tr><td>2</td><td>Yes, I stopped doing one or two things</td></tr> <tr><td>3</td><td>Yes, I stopped doing three or four things</td></tr> <tr><td>4</td><td>Yes, I stopped doing many things</td></tr> </table> <p>Custom alignment: LV Question number: C6</p>	1	No, it never stopped me from doing things I enjoy	2	Yes, I stopped doing one or two things	3	Yes, I stopped doing three or four things	4	Yes, I stopped doing many things				
1	No, it never stopped me from doing things I enjoy														
2	Yes, I stopped doing one or two things														
3	Yes, I stopped doing three or four things														
4	Yes, I stopped doing many things														
89	<p>[c6a]</p> <p>Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3' and [c6] < > '1'</p>	<p>When was the most recent time you stopped doing something you enjoy because of your bladder?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past six months</td></tr> <tr><td>4</td><td>Longer than that</td></tr> </table> <p>Custom alignment: LV Question number: C6a</p>	1	Within the past month	2	Within the past few months	3	Within the past six months	4	Longer than that				
1	Within the past month														
2	Within the past few months														
3	Within the past six months														
4	Longer than that														
90	<p>[c7]</p> <p>Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'</p>	<p>My bladder is...</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No bother at all</td></tr> <tr><td>2</td><td>A little bothersome</td></tr> <tr><td>3</td><td>Somewhat bothersome</td></tr> <tr><td>4</td><td>Very bothersome</td></tr> <tr><td>5</td><td>A constant bother</td></tr> </table> <p>Custom alignment: LV Question number: C7</p>	1	No bother at all	2	A little bothersome	3	Somewhat bothersome	4	Very bothersome	5	A constant bother		
1	No bother at all														
2	A little bothersome														
3	Somewhat bothersome														
4	Very bothersome														
5	A constant bother														
91	<p>[c8]</p> <p>Show the field ONLY if: [c1a] <> '1' and [c1a] <> '3'</p>	<p>Have there been times in your life when your bladder interfered with your life more than it does now?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No, never</td></tr> <tr><td>2</td><td>Yes, but not recently</td></tr> </table> <p>Custom alignment: LV Question number: C8</p>	1	No, never	2	Yes, but not recently								
1	No, never														
2	Yes, but not recently														
92	<p>[c8a_desc]</p> <p>Show the field ONLY if: [c8] = '2'</p>	<p>At its worst, how much did your bladder affect each of the following:</p>	<p>descriptive Question number: C8a</p>												
93	<p>[c8a]</p> <p>Show the field ONLY if: [c8] = '2'</p>	<p>I accomplished less than I would like</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	A little	3	Some	4	A lot				
1	Not at all														
2	A little														
3	Some														
4	A lot														
94	<p>[c8b]</p> <p>Show the field ONLY if: [c8] = '2'</p>	<p>I was limited in the kind of work or other activities I could do</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	A little	3	Some	4	A lot				
1	Not at all														
2	A little														
3	Some														
4	A lot														

95	[c8c] Show the field ONLY if: [c8] = '2'	I had to cut down on the amount of time I spent on work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: c.	1	Not at all	2	A little	3	Some	4	A lot								
1	Not at all																		
2	A little																		
3	Some																		
4	A lot																		
96	[c8_missing] Show the field ONLY if: ([c1a] <> '1' and [c1a] <> '3') and [c8] = ''	Your answer to C8 determines where you go next. Please provide a response.	descriptive																
97	[c_end]	Section C End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
98	[d1] Show the field ONLY if: [c1a] = '3'	Section Header: <i>Section D: Your Bladder In the Past</i> While your bladder doesn't currently affect you, you indicated that it has in the past. During the time when your bladder was at its worst, how often did you have any of the following problems with your work or other regular daily activities as a result of your bladder?	descriptive Question number: D1																
99	[d1a] Show the field ONLY if: [c1a] = '3'	Accomplished less than you would like	radio (Matrix) <table border="1"> <tr><td>1</td><td>All ofthe time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some ofthe time</td></tr> <tr><td>4</td><td>A little ofthe time</td></tr> <tr><td>5</td><td>None ofthe time</td></tr> </table> Question number: a.	1	All ofthe time	2	Most of the time	3	Some ofthe time	4	A little ofthe time	5	None ofthe time						
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3	Some ofthe time																		
4	A little ofthe time																		
5	None ofthe time																		
100	[d1b] Show the field ONLY if: [c1a] = '3'	Were limited in the kind of work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>All ofthe time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some ofthe time</td></tr> <tr><td>4</td><td>A little ofthe time</td></tr> <tr><td>5</td><td>None ofthe time</td></tr> </table> Question number: b.	1	All ofthe time	2	Most of the time	3	Some ofthe time	4	A little ofthe time	5	None ofthe time						
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101	[d1c] Show the field ONLY if: [c1a] = '3'	Cut down on the amount of time you spent on work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>All ofthe time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some ofthe time</td></tr> <tr><td>4</td><td>A little ofthe time</td></tr> <tr><td>5</td><td>None ofthe time</td></tr> </table> Question number: c.	1	All ofthe time	2	Most of the time	3	Some ofthe time	4	A little ofthe time	5	None ofthe time						
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102	[d_start]	Section D Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
103	[d2] Show the field ONLY if: [c1a] = '3'	Section Header: During the time when your bladder affected your the most, how much did your bladder impact each of the following, with 0 being no impact and 7 being dramatic negative impact?	descriptive Question number: D2																
104	[d2_table] Show the field ONLY if: [c1a] = '3'	NoImpact DramaticNegative Impact	descriptive																
105	[d2a] Show the field ONLY if: [c1a] = '3'	Your ability to enjoy life	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> Question number: a.	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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106	[d2b] Show the field ONLY if: [c1a] = '3'	How you feel about your overall health	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
107	[d2c] Show the field ONLY if: [c1a] = '3'	How you feel about yourself as a person	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
108	[d2d] Show the field ONLY if: [c1a] = '3'	Your life in general	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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109	[d_p2]	Section D P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
110	[d3] Show the field ONLY if: [c1a] = '3'	Section Header: Have you ever stopped doing things you enjoy, even if for just a short period of time, because of your bladder?	radio <table border="1"> <tr><td>1</td><td>No, it never stopped me from doing things I enjoy</td></tr> <tr><td>2</td><td>Yes, I stopped doing one or two things</td></tr> <tr><td>3</td><td>Yes, I stopped doing three or four things</td></tr> <tr><td>4</td><td>Yes, I stopped doing many things</td></tr> </table>	1	No, it never stopped me from doing things I enjoy	2	Yes, I stopped doing one or two things	3	Yes, I stopped doing three or four things	4	Yes, I stopped doing many things								
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3	Yes, I stopped doing three or four things																		
4	Yes, I stopped doing many things																		
111	[d3_missing] Show the field ONLY if: [c1a] = '3' and [d3] = ""	Your answer to D3 determines where you go next. Please provide a response.	descriptive																
112	[d3a] Show the field ONLY if: [c1a] = '3' and [d3] <> '1'	When was the most recent time you stopped doing something you enjoy because of your bladder?	radio <table border="1"> <tr><td>1</td><td>Within the past 6 months</td></tr> <tr><td>2</td><td>Within the past year</td></tr> <tr><td>3</td><td>Within the past couple of years</td></tr> <tr><td>4</td><td>Longer than that</td></tr> </table>	1	Within the past 6 months	2	Within the past year	3	Within the past couple of years	4	Longer than that								
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3	Within the past couple of years																		
4	Longer than that																		

113	[d4] Show the field ONLY if: [c1a] = '3'	In the past when your bladder affected you the most, how long did that last?	radio <table border="1"> <tr><td>1</td><td>A day or two</td></tr> <tr><td>2</td><td>A week</td></tr> <tr><td>3</td><td>A month or two</td></tr> <tr><td>4</td><td>At least 6 months</td></tr> <tr><td>5</td><td>At least a year</td></tr> <tr><td>6</td><td>Longer than that</td></tr> </table> Custom alignment: LV Question number: D4	1	A day or two	2	A week	3	A month or two	4	At least 6 months	5	At least a year	6	Longer than that
1	A day or two														
2	A week														
3	A month or two														
4	At least 6 months														
5	At least a year														
6	Longer than that														
114	[d5] Show the field ONLY if: [c1a] = '3'	At its worst my bladder was...	radio <table border="1"> <tr><td>1</td><td>No bother at all</td></tr> <tr><td>2</td><td>A little bothersome</td></tr> <tr><td>3</td><td>Somewhat bothersome</td></tr> <tr><td>4</td><td>Very bothersome</td></tr> <tr><td>5</td><td>A constant bother</td></tr> </table> Custom alignment: LV Question number: D5	1	No bother at all	2	A little bothersome	3	Somewhat bothersome	4	Very bothersome	5	A constant bother		
1	No bother at all														
2	A little bothersome														
3	Somewhat bothersome														
4	Very bothersome														
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115	[d_p3]	Section D P3 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
116	[d6a_desc] Show the field ONLY if: [c1a] = '3'	Section Header: At its worst, how much did your bladder affect each of the following:	descriptive Question number: D6												
117	[d6a] Show the field ONLY if: [c1a] = '3'	I accomplished less than I would like	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: a.	1	Not at all	2	A little	3	Some	4	A lot				
1	Not at all														
2	A little														
3	Some														
4	A lot														
118	[d6b] Show the field ONLY if: [c1a] = '3'	I was limited in the kind of work or other activities I could do	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: b.	1	Not at all	2	A little	3	Some	4	A lot				
1	Not at all														
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4	A lot														
119	[d6c] Show the field ONLY if: [c1a] = '3'	I had to cut down on the amount of time I spent on work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: c.	1	Not at all	2	A little	3	Some	4	A lot				
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120	[d_end]	Section D End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
121	[e1]	Section Header: <i>Section E: Your Bladder & Specific Activities</i> Due to your bladder, how much difficulty do you currently have with the following types of physical activity?	descriptive Question number: E1												
122	[e1_table]	Can't do it at all Due to my bladder No problem at all	descriptive												

123	[e1a]	Vigorous physical activities that your bladder interferes with:• Hard physical work such as lifting or carrying heavy objects (over 25 pounds) or exercise such as cross-fit, weightlifting, long distance running, etc.	radio (Matrix) <table border="1" data-bbox="1055 31 1112 325"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: a.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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124	[e1b]	Moderate physical activities that your bladder interferes with:• Moderate physical work, such as lifting or carrying things that weight 5 to 25 pounds (e.g., a heavy bag of groceries, etc.) or exercise such as dancing, jogging, Zumba, aerobics, etc.	radio (Matrix) <table border="1" data-bbox="1055 409 1112 703"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: b.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
125	[e1c]	Light physical activities that your bladder interferes with:• Lifting or carrying things that weigh under 5 pounds or exercise such as stretching, yoga, walking, etc.	radio (Matrix) <table border="1" data-bbox="1055 787 1112 1081"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: c.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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126	[e_start]	Section E Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
127	[e2a_desc]	Section Header: How much do you think about your bladder with each of the following types of travel?	descriptive Question number: E2																
128	[e2a]	Getting around town using your own car (running errands, getting to work, etc.)	radio (Matrix) <table border="1" data-bbox="1055 1312 1429 1575"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> <tr><td>7</td><td>Not Applicable</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this	7	Not Applicable		
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7	Not Applicable																		
129	[e2b]	Getting around town using public transportation (bus, light rail, train) to run errands, get to work, etc.	radio (Matrix) <table border="1" data-bbox="1055 1659 1429 1921"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> <tr><td>7</td><td>Not Applicable</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this	7	Not Applicable		
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130	[e2c]	Long distance traveling in your own car	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> <tr><td>7</td><td>Not Applicable</td></tr> </table> <p>Question number: c.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this	7	Not Applicable
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131	[e2d]	Long distance traveling by plane, train, or bus	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> <tr><td>7</td><td>Not Applicable</td></tr> </table> <p>Question number: d.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this	7	Not Applicable
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132	[e_p2]	Section E P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
133	[e3a_desc]	Section Header: How much do you think about your bladder for each of the following types of social activities?	descriptive Question number: E3														
134	[e3a]	Going out to dinner, movies, plays, concerts, etc.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this		
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135	[e3b]	Going out to social events like religious services (church, mosque, temple, etc.), a wedding, or a funeral	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this		
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136	[e3c]	Going to home of friends or family for a dinner or party	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: c.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this		
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137	[e3d]	Having friends or family come to my home for a dinner or party	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: d.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this		
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5	All the time																
6	My bladder prevents me from doing this																

138	[e3e]	Spending time with friends	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: e.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this
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139	[e_p3]	Section E P3 Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>												
140	[e4a_desc]	<p>Section Header: For each of the following, please indicate the extent to which your bladder currently impacts your daily work, home, or school obligations.</p>	<p>descriptive Question number: E4</p>												
141	[e4a]	Ability to focus your responsibilities	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: a.</p>	1	None at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this
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5	All the time														
6	My bladder prevents me from doing this														
142	[e4b]	Participating in meetings or other group activities	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: b.</p>	1	None at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this
1	None at all														
2	A little bit														
3	Some														
4	A lot														
5	All the time														
6	My bladder prevents me from doing this														
143	[e4c]	Getting to things on time or keeping to a schedule	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: c.</p>	1	None at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this
1	None at all														
2	A little bit														
3	Some														
4	A lot														
5	All the time														
6	My bladder prevents me from doing this														
144	[e4d]	Meeting your responsibilities, such as getting everything done that is expected of you	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>None at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: d.</p>	1	None at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this
1	None at all														
2	A little bit														
3	Some														
4	A lot														
5	All the time														
6	My bladder prevents me from doing this														
145	[e_p4]	Section E P4 Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>												
146	[e5_table]	<p>Section Header: The content of this field is generated by the Shazam External Module</p>	<p>descriptive Question number: E5</p>												

147	[e5]		<table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Custom alignment: LH</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
148	[e_p5]	Section E P5 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
149	[e6a_desc]	Section Header: Some women find that bladder issues may affect intimacy and their relationships with others, how much does your bladder affect:	descriptive Question number: E6																
150	[e6a]	Emotional intimacy with others	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	A little bit	3	Some	4	A lot								
1	Not at all																		
2	A little bit																		
3	Some																		
4	A lot																		
151	[e6b]	Physical intimacy, other than sex	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	A little bit	3	Some	4	A lot								
1	Not at all																		
2	A little bit																		
3	Some																		
4	A lot																		
152	[e6c]	Sexual intimacy	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: c.</p>	1	Not at all	2	A little bit	3	Some	4	A lot								
1	Not at all																		
2	A little bit																		
3	Some																		
4	A lot																		
153	[e7]	Are you currently	<p>radio</p> <table border="1"> <tr><td>1</td><td>Single, not seeking to be in a relationship</td></tr> <tr><td>2</td><td>Single, open to or seeking to be in a relationship</td></tr> <tr><td>3</td><td>In a relationship</td></tr> </table> <p>Custom alignment: LV Question number: E7</p>	1	Single, not seeking to be in a relationship	2	Single, open to or seeking to be in a relationship	3	In a relationship										
1	Single, not seeking to be in a relationship																		
2	Single, open to or seeking to be in a relationship																		
3	In a relationship																		
154	[e7a] Show the field ONLY if: [e7] = '1'	How much, if at all, is this due to your bladder?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>My bladder is the primary reason I am not in or seeking to be in a relationship</td></tr> </table> <p>Custom alignment: LV Question number: E7a</p>	1	Not at all	2	A little	3	Some	4	A lot	5	My bladder is the primary reason I am not in or seeking to be in a relationship						
1	Not at all																		
2	A little																		
3	Some																		
4	A lot																		
5	My bladder is the primary reason I am not in or seeking to be in a relationship																		
155	[e7b] Show the field ONLY if: [e7] = '2'	How much, if at all, is your bladder a consideration in this?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Custom alignment: LV Question number: E7b</p>	1	Not at all	2	A little	3	Some	4	A lot								
1	Not at all																		
2	A little																		
3	Some																		
4	A lot																		

156	[e7_missing] Show the field ONLY if: [e7] = "	Your answer to E7 determines where you go next. Please provide a response.	descriptive												
157	[e_end]	Section E End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
158	[f1a_desc]	Section Header: <i>Section F: Your Bladder & Mind</i> How strongly do you agree or disagree with each of the following: Due to my bladder:	descriptive Question number: F1												
159	[f1a]	I feel like I am not a healthy person	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> Question number: a.	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														
160	[f1b]	I enjoy life less	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> Question number: b.	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														
161	[f1c]	I feel different from other people	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> Question number: c.	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														
162	[f1d]	I lack confidence	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> Question number: d.	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														
163	[f2a_desc]	How strongly do you agree or disagree with each of the following:	descriptive Question number: F2												
164	[f2a]	My bladder runs my life	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> Question number: a.	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														

165	[f2b]	My bladder is always on my mind	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> <p>Question number: b.</p>	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														
166	[f_start]	Section F Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
167	[f3]	Section Header: The questions below refer to areas in your life which may have been influenced or changed due to problems with your bladder. For each question, check the response that best describes how much your activities, relationships, and feelings are being affected by any bladder issues.	descriptive Question number: F3												
168	[f3a]	Way you dress	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
169	[f3b]	Emotional health	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
170	[f3c]	Does fear of odor restrict your activities?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: c.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
171	[f3d]	Does fear of embarrassment restrict your activities?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: d.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
172	[f4]	Does your bladder cause you to experience any of the following feelings?	descriptive Question number: F4												
173	[f4a]	Nervousness	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
174	[f4b]	Fear	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														

1	Not at all
2	Slightly

			<table border="1"> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: c.</p>	3	Moderately	4	Greatly								
3	Moderately														
4	Greatly														
176	[f4d]	Anger	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: d.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
177	[f4e]	Depression	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: e.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
178	[f4f]	Embarrassment	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: f.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
179	[f4g]	Shame	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: g.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
180	[f_p2]	Section F P2 Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>												
181	[f5]	<p>Section Header:</p> <p>How often do you worry about your bladder, such as worrying about accidental leakage, being able to make it to the bathroom in time, being able to start peeing when you feel the need, etc.?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> <p>Custom alignment: LV Question number: F5</p>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	All the time		
1	Never														
2	Rarely														
3	Sometimes														
4	Usually														
5	All the time														
182	[f6]	How much do you think that your bladder contributes to how you feel about your overall health?	<p>radio</p> <table border="1"> <tr><td>1</td><td>I have never thought about my bladder contributing to my overall health</td></tr> <tr><td>2</td><td>Not at all</td></tr> <tr><td>3</td><td>Maybe, a little</td></tr> <tr><td>4</td><td>Definitely, a little</td></tr> <tr><td>5</td><td>Definitely, some</td></tr> <tr><td>6</td><td>Definitely, a lot</td></tr> </table> <p>Custom alignment: LV Question number: F6</p>	1	I have never thought about my bladder contributing to my overall health	2	Not at all	3	Maybe, a little	4	Definitely, a little	5	Definitely, some	6	Definitely, a lot
1	I have never thought about my bladder contributing to my overall health														
2	Not at all														
3	Maybe, a little														
4	Definitely, a little														
5	Definitely, some														
6	Definitely, a lot														
183	[f_end]	Section F End Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>												
184	[g1]	<p>Section Header: <i>Section G: Responding to your Bladder</i></p> <p>During a typical day (waking time), how often do you pee? <i># times pee waking time</i></p>	<p>text (integer, Min: 0, Max: 100) Custom alignment: LV Question number: G1</p>												
185	[g2]	<p>During a typical night (sleeping time), how often do you get up to pee? If you do not get up to pee at least once per night enter 0 (zero). <i># times pee sleeping time</i></p>	<p>text (integer, Min: 0, Max: 100) Custom alignment: LV Question number: G2</p>												
186	[g_start]	Section A P2 Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>												

187	[g3]	Section Header: How often do you use a liner, pad, or absorbent underwear, in case of accidental urine leakage?	radio <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV Question number: G3	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All the time												
188	[g3_missing] Show the field ONLY if: [g3] = "	Your answer to G3 determines where you go next. Please provide a response.	descriptive										
189	[g3a] Show the field ONLY if: [g3] > '1'	How much confidence does this give you?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Complete confidence</td></tr> </table> Custom alignment: LV Question number: G3a	1	Not much at all	2	A little	3	Some	4	A lot	5	Complete confidence
1	Not much at all												
2	A little												
3	Some												
4	A lot												
5	Complete confidence												
190	[g_p2]	Section G P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
191	[g4]	Section Header: How often is finding out where the bathrooms are one of the first things you do when you go someplace?	radio <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV Question number: G4	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All the time												
192	[g4_missing] Show the field ONLY if: [g4] = "	Your answer to G4 determines where you go next. Please provide a response.	descriptive										
193	[g4a] Show the field ONLY if: [g4] > '1'	How much confidence does this give you?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Complete confidence</td></tr> </table> Custom alignment: LV Question number: G4a	1	Not much at all	2	A little	3	Some	4	A lot	5	Complete confidence
1	Not much at all												
2	A little												
3	Some												
4	A lot												
5	Complete confidence												
194	[g_p3]	Section G P3 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
195	[g5]	Section Header: How often do you stay as close to a bathroom as possible when you are away from home?	radio <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV Question number: G5	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All the time												
196	[g5_missing] Show the field ONLY if: [g5] = "	Your answer to G5 determines where you go next. Please provide a response.	descriptive										

197	[g5a] Show the field ONLY if: [g5] > '1'	How much confidence does this give you?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Complete confidence</td></tr> </table> Custom alignment: LV Question number: G5a	1	Not much at all	2	A little	3	Some	4	A lot	5	Complete confidence
1	Not much at all												
2	A little												
3	Some												
4	A lot												
5	Complete confidence												
198	[g_p4]	Section G P4 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
199	[g6]	Section Header: How often do you make sure you use the bathroom before you leave home?	radio <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV Question number: G6	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All the time												
200	[g6_missing] Show the field ONLY if: [g6] = ''	Your answer to G6 determines where you go next. Please provide a response.	descriptive										
201	[g6a] Show the field ONLY if: [g6] > '1'	How much confidence does this give you?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Won't leave home without using the bathroom first</td></tr> </table> Custom alignment: LV Question number: G6a	1	Not much at all	2	A little	3	Some	4	A lot	5	Won't leave home without using the bathroom first
1	Not much at all												
2	A little												
3	Some												
4	A lot												
5	Won't leave home without using the bathroom first												
202	[g_p5]	Section G P5 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
203	[g7]	Section Header: When you plan to leave your home or go out to do things, how much do you cut down on drinking liquids?	radio <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV Question number: G7	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All the time												
204	[g7_missing] Show the field ONLY if: [g7] = ''	Your answer to G7 determines where you go next. Please provide a response.	descriptive										
205	[g7a] Show the field ONLY if: [g7] > '1'	How much confidence does this give you?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Complete confidence</td></tr> </table> Custom alignment: LV Question number: G7a	1	Not much at all	2	A little	3	Some	4	A lot	5	Complete confidence
1	Not much at all												
2	A little												
3	Some												
4	A lot												
5	Complete confidence												
206	[g_p6]	Section G P6 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										

207	[g8]	Section Header: How often do you carry supplies such as: panty liners or pads, extra underwear, etc. with you because of your bladder?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Won't leave home without it</td></tr> </table> Custom alignment: LV Question number: G8	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Won't leave home without it		
1	Never														
2	Rarely														
3	Sometimes														
4	Usually														
5	Won't leave home without it														
208	[g8_missing] Show the field ONLY if: [g8] = "	Your answer to G8 determines where you go next. Please provide a response.	descriptive												
209	[g8a] Show the field ONLY if: [g8] > '1'	How often do you have to use any of these?	radio <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Monthly</td></tr> <tr><td>4</td><td>Every month or two</td></tr> <tr><td>5</td><td>Every three or four months</td></tr> <tr><td>6</td><td>Less often than that</td></tr> </table> Custom alignment: LV Question number: G8a	1	Daily	2	Weekly	3	Monthly	4	Every month or two	5	Every three or four months	6	Less often than that
1	Daily														
2	Weekly														
3	Monthly														
4	Every month or two														
5	Every three or four months														
6	Less often than that														
210	[g8b] Show the field ONLY if: [g8] > '1'	How much does having these things available give you the confidence to do the things you need or want to do?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Extremely</td></tr> </table> Custom alignment: LV Question number: G8b	1	Not much at all	2	A little	3	Some	4	A lot	5	Extremely		
1	Not much at all														
2	A little														
3	Some														
4	A lot														
5	Extremely														
211	[g_end]	Section G End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
212	[h_desc]	Section Header: The next set of questions are about things you may have experienced. Before starting on the questions please look at each of the following descriptions of bladder related things. Urinary tract infections or bladder infections that you had to take antibiotics for Had times when you peed more often than usual or expected A sudden and urgent need to pee, that "gotta go" feeling that you just had to go Discomfort, pain, pressure, or burning in your bladder when peeing Trouble starting to pee, or completely emptying your bladder, or dribbling a few drops after you finish peeing	descriptive												
213	[h_start]	Section H StartTimestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
214	[h1]	Section Header: <i>Section H: Urinary Tract Infections (UTIs)</i> In the past year have you been told by a health care provider that you had a urinary tract infection (UTI)?	radio <table border="1"> <tr><td>1</td><td>I have never had a UTI in my life</td></tr> <tr><td>2</td><td>No, I haven't had a UTI in the past year, but I have had at least one in my life</td></tr> <tr><td>3</td><td>Yes</td></tr> </table> Custom alignment: LV Question number: H1	1	I have never had a UTI in my life	2	No, I haven't had a UTI in the past year, but I have had at least one in my life	3	Yes						
1	I have never had a UTI in my life														
2	No, I haven't had a UTI in the past year, but I have had at least one in my life														
3	Yes														
215	[h1_missing] Show the field ONLY if: [h1] = "	Your answer to H1 determines where you go next. Please provide a response.	descriptive												
216	[h1a] Show the field ONLY if: [h1] = '3'	How many UTIs have you had in the past year?	radio <table border="1"> <tr><td>1</td><td>Only one</td></tr> <tr><td>2</td><td>Two</td></tr> <tr><td>3</td><td>Three</td></tr> <tr><td>4</td><td>Four or more</td></tr> </table> Custom alignment: LV Question number: H1a	1	Only one	2	Two	3	Three	4	Four or more				
1	Only one														
2	Two														
3	Three														
4	Four or more														

217	[h1a_missing] Show the field ONLY if: [h1] = '3' and [h1a] = ""	Your answer to H1a determines where you go next. Please provide a response.	descriptive														
218	[h2] Show the field ONLY if: [h1a] > 2	Which of the following best describes your UTIs during the past year?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same for the entire year</td></tr> <tr><td>2</td><td>Intermittent - sometimes it is better and other times it is worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: H2	1	Constant - more or less the same for the entire year	2	Intermittent - sometimes it is better and other times it is worse	3	Sporadic - it happens every once in awhile								
1	Constant - more or less the same for the entire year																
2	Intermittent - sometimes it is better and other times it is worse																
3	Sporadic - it happens every once in awhile																
219	[h3] Show the field ONLY if: [h1a] > 2	When you had UTIs, does your bladder got back to your normal or baseline...	radio <table border="1"> <tr><td>1</td><td>Very Quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It never seems to get completely better</td></tr> </table> Custom alignment: LV Question number: H3	1	Very Quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It never seems to get completely better
1	Very Quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It never seems to get completely better																
220	[h4] Show the field ONLY if: [h1a] > 2	Overall, how much has this interfered with your life in the past year?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> Custom alignment: LV Question number: H4	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely				
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	Completely																
221	[h_p2]	Section H P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
222	[h5] Show the field ONLY if: [h1] = '2' or [h1a] = '1' or [h1a] = '2'	Section Header: Have you ever in your life had 3 or more urinary tract infections in a year?	radio <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> Custom alignment: LV Question number: H5	1	No	2	Yes										
1	No																
2	Yes																
223	[h5_missing] Show the field ONLY if: ([h1] = '2' or [h1a] = '1' or [h1a] = '2') and [h5] = "	Your answer to H5 determines where you go next. Please provide a response.	descriptive Custom alignment: LV														
224	[h6] Show the field ONLY if: [h5] = '2'	During the year when you had at least 3 UTIs, which of the following best describes your experiences with those UTIs?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same for the entire year</td></tr> <tr><td>2</td><td>Intermittent - sometimes it is better and other times it is worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: H6	1	Constant - more or less the same for the entire year	2	Intermittent - sometimes it is better and other times it is worse	3	Sporadic - it happens every once in awhile								
1	Constant - more or less the same for the entire year																
2	Intermittent - sometimes it is better and other times it is worse																
3	Sporadic - it happens every once in awhile																
225	[h7] Show the field ONLY if: [h5] = '2'	When you had UTIs, would you say that your bladder got back to your normal or baseline...	radio <table border="1"> <tr><td>1</td><td>Very Quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It has never seemed to get completely better</td></tr> </table> Custom alignment: LV Question number: H7	1	Very Quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It has never seemed to get completely better
1	Very Quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It has never seemed to get completely better																

226	[h8] Show the field ONLY if: [h5] = '2'	Overall, how much did the UTIs interfere with your life?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> Custom alignment: LV Question number: H8	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely
1	Not at all												
2	A little bit												
3	Some												
4	A lot												
5	Completely												
227	[h_end]	Section H End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
228	[i1] Show the field ONLY if: [i1] = ''	Section Header: <i>Section I: How Often You Pee</i> Since you were 11 years old, have you ever had times when you peed more often than usual? Please do NOT count or consider times when this was a result of having a UTI.	radio <table border="1"> <tr><td>1</td><td>No, not even once</td></tr> <tr><td>2</td><td>Yes, but it lasted less than a day</td></tr> <tr><td>3</td><td>Yes, and it lasted for a full day</td></tr> <tr><td>4</td><td>Yes, and it lasted up to several days</td></tr> <tr><td>5</td><td>Yes, and it lasted for longer than that</td></tr> </table> Custom alignment: LV Question number: I1	1	No, not even once	2	Yes, but it lasted less than a day	3	Yes, and it lasted for a full day	4	Yes, and it lasted up to several days	5	Yes, and it lasted for longer than that
1	No, not even once												
2	Yes, but it lasted less than a day												
3	Yes, and it lasted for a full day												
4	Yes, and it lasted up to several days												
5	Yes, and it lasted for longer than that												
229	[i1_missing] Show the field ONLY if: [i1] = ''	Your answer to I1 determines where you go next. Please provide a response.	descriptive Custom alignment: LV										
230	[i1a] Show the field ONLY if: [i1] = '5'	How much longer?	radio <table border="1"> <tr><td>1</td><td>It lasted at least a week</td></tr> <tr><td>2</td><td>It lasted several weeks</td></tr> <tr><td>3</td><td>It lasted for a month or longer</td></tr> <tr><td>4</td><td>It was constant</td></tr> </table> Custom alignment: LV Question number: I1a	1	It lasted at least a week	2	It lasted several weeks	3	It lasted for a month or longer	4	It was constant		
1	It lasted at least a week												
2	It lasted several weeks												
3	It lasted for a month or longer												
4	It was constant												
231	[i2] Show the field ONLY if: [i1] > 1	When did having to pee more often than usual most recently happen?	radio <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past 6 months</td></tr> <tr><td>4</td><td>Within the past year</td></tr> <tr><td>5</td><td>Longer than that</td></tr> </table> Custom alignment: LV Question number: I2	1	Within the past month	2	Within the past few months	3	Within the past 6 months	4	Within the past year	5	Longer than that
1	Within the past month												
2	Within the past few months												
3	Within the past 6 months												
4	Within the past year												
5	Longer than that												
232	[i3] Show the field ONLY if: [i1] > 1	Thinking about the last time this happened, how much more often than usual did you pee?	radio <table border="1"> <tr><td>1</td><td>At least four times more often than usual</td></tr> <tr><td>2</td><td>Three times more often than usual</td></tr> <tr><td>3</td><td>Twice as much as usual</td></tr> <tr><td>4</td><td>Less than that</td></tr> </table> Custom alignment: LV Question number: I3	1	At least four times more often than usual	2	Three times more often than usual	3	Twice as much as usual	4	Less than that		
1	At least four times more often than usual												
2	Three times more often than usual												
3	Twice as much as usual												
4	Less than that												
233	[i4] Show the field ONLY if: [i1] > 1	Thinking about the last time this happened, did this feeling of needing to pee more often than usual occur...	radio <table border="1"> <tr><td>1</td><td>During day/waking hours</td></tr> <tr><td>2</td><td>During night/sleeping hours</td></tr> <tr><td>3</td><td>During both the waking and sleeping hours</td></tr> </table> Custom alignment: LV Question number: I4	1	During day/waking hours	2	During night/sleeping hours	3	During both the waking and sleeping hours				
1	During day/waking hours												
2	During night/sleeping hours												
3	During both the waking and sleeping hours												
234	[i_start]	Section I Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
235	[i5] Show the field ONLY if: [i1] > 1	Section Header: Thinking about the last time this happened, which of the following best describes your experiences with peeing more often than usual?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same</td></tr> <tr><td>2</td><td>Intermittent - sometimes it was better and other times it was worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: I5	1	Constant - more or less the same	2	Intermittent - sometimes it was better and other times it was worse	3	Sporadic - it happens every once in awhile				
1	Constant - more or less the same												
2	Intermittent - sometimes it was better and other times it was worse												
3	Sporadic - it happens every once in awhile												

236	<p>[i6]</p> <p>Show the field ONLY if: [i1] > 1</p>	<p>Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline...</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Very Quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It never seems to get completely better</td></tr> </table> <p>Custom alignment: LV Question number: i6</p>	1	Very Quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It never seems to get completely better
1	Very Quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It never seems to get completely better																
237	<p>[i7]</p> <p>Show the field ONLY if: [i1] > 1</p>	<p>At its worst, how much did this need to pee more often than usual interfere with your life?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> <p>Custom alignment: LV Question number: i7</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely				
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	Completely																
238	<p>[i8]</p> <p>Show the field ONLY if: [i1] > 1</p>	<p>Compared to one year ago, is your experience with peeing more often than usual...</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Much better now than one year ago</td></tr> <tr><td>2</td><td>Somewhat better now than one year ago</td></tr> <tr><td>3</td><td>About the same as one year ago</td></tr> <tr><td>4</td><td>Somewhat worse now than one year ago</td></tr> <tr><td>5</td><td>Much worse now than one year ago</td></tr> </table> <p>Custom alignment: LV Question number: i8</p>	1	Much better now than one year ago	2	Somewhat better now than one year ago	3	About the same as one year ago	4	Somewhat worse now than one year ago	5	Much worse now than one year ago				
1	Much better now than one year ago																
2	Somewhat better now than one year ago																
3	About the same as one year ago																
4	Somewhat worse now than one year ago																
5	Much worse now than one year ago																
239	<p>[i_end]</p>	<p>Section I End Timestamp</p>	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>														
240	<p>[j1]</p>	<p>Section Header: <i>Section J: That "Gotta Go" Feeling</i></p> <p>Since you were 11 years old, have you ever experienced a sudden and urgent need to pee, that "gotta go" feeling that you just had to go? Please do NOT count or consider times when this was a result of having a UTI.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No, not even once</td></tr> <tr><td>2</td><td>Yes, and it never lasted for even a full day</td></tr> <tr><td>3</td><td>Yes, and it lasted for at least a full day</td></tr> <tr><td>4</td><td>Yes, and it lasted for several days</td></tr> <tr><td>5</td><td>Yes, and it lasted for longer than that</td></tr> </table> <p>Custom alignment: LV Question number: J1</p>	1	No, not even once	2	Yes, and it never lasted for even a full day	3	Yes, and it lasted for at least a full day	4	Yes, and it lasted for several days	5	Yes, and it lasted for longer than that				
1	No, not even once																
2	Yes, and it never lasted for even a full day																
3	Yes, and it lasted for at least a full day																
4	Yes, and it lasted for several days																
5	Yes, and it lasted for longer than that																
241	<p>[j1_missing]</p> <p>Show the field ONLY if: [j1] = ""</p>	<p>Your answer to J1 determines where you go next. Please provide a response.</p>	<p>descriptive Custom alignment: LV</p>														
242	<p>[j1a]</p> <p>Show the field ONLY if: [j1] = '5'</p>	<p>How much longer?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>It lasted at least a week</td></tr> <tr><td>2</td><td>It lasted several weeks</td></tr> <tr><td>3</td><td>It lasted for a month or longer</td></tr> <tr><td>4</td><td>It was constant</td></tr> </table> <p>Custom alignment: LV Question number: J1a</p>	1	It lasted at least a week	2	It lasted several weeks	3	It lasted for a month or longer	4	It was constant						
1	It lasted at least a week																
2	It lasted several weeks																
3	It lasted for a month or longer																
4	It was constant																
243	<p>[j2]</p> <p>Show the field ONLY if: [j1] > 1</p>	<p>When did this "gotta go" feeling most recently happen?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past 6 months</td></tr> <tr><td>4</td><td>Within the past year</td></tr> <tr><td>5</td><td>Longer than that</td></tr> </table> <p>Custom alignment: LV Question number: J2</p>	1	Within the past month	2	Within the past few months	3	Within the past 6 months	4	Within the past year	5	Longer than that				
1	Within the past month																
2	Within the past few months																
3	Within the past 6 months																
4	Within the past year																
5	Longer than that																

244	[j3] Show the field ONLY if: [j1] > 1	When you experience that "gotta go" feeling, which best describes your getting to the bathroom?	radio <table border="1"> <tr><td>1</td><td>I have no problem holding it until I get to the bathroom</td></tr> <tr><td>2</td><td>I worry about whether I can hold it until I get to the bathroom although I always make it</td></tr> <tr><td>3</td><td>I can't always hold it until I get to the bathroom</td></tr> <tr><td>4</td><td>Usually can't hold it until I get to the bathroom</td></tr> <tr><td>5</td><td>I can never hold it until I get to the bathroom</td></tr> </table> Custom alignment: LV Question number: J3	1	I have no problem holding it until I get to the bathroom	2	I worry about whether I can hold it until I get to the bathroom although I always make it	3	I can't always hold it until I get to the bathroom	4	Usually can't hold it until I get to the bathroom	5	I can never hold it until I get to the bathroom				
1	I have no problem holding it until I get to the bathroom																
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3	I can't always hold it until I get to the bathroom																
4	Usually can't hold it until I get to the bathroom																
5	I can never hold it until I get to the bathroom																
245	[j4] Show the field ONLY if: [j1] > 1	Thinking about the last time this happened, did this occur...	radio <table border="1"> <tr><td>1</td><td>During day/waking hours</td></tr> <tr><td>2</td><td>During night/sleeping hours</td></tr> <tr><td>3</td><td>During both the waking and sleeping hours</td></tr> </table> Custom alignment: LV Question number: J4	1	During day/waking hours	2	During night/sleeping hours	3	During both the waking and sleeping hours								
1	During day/waking hours																
2	During night/sleeping hours																
3	During both the waking and sleeping hours																
246	[j_start]	Section J Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
247	[j5] Show the field ONLY if: [j1] > 1	Section Header: Thinking about the last time this happened, which of the following best describes your experiences with the sudden and urgent need to pee?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same for the entire year</td></tr> <tr><td>2</td><td>Intermittent - sometimes it was better and other times it was worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: J5	1	Constant - more or less the same for the entire year	2	Intermittent - sometimes it was better and other times it was worse	3	Sporadic - it happens every once in awhile								
1	Constant - more or less the same for the entire year																
2	Intermittent - sometimes it was better and other times it was worse																
3	Sporadic - it happens every once in awhile																
248	[j6] Show the field ONLY if: [j1] > 1	Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline..	radio <table border="1"> <tr><td>1</td><td>Very quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It never seems to get completely better</td></tr> </table> Custom alignment: LV Question number: J6	1	Very quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It never seems to get completely better
1	Very quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It never seems to get completely better																
249	[j7] Show the field ONLY if: [j1] > 1	At its worst, how much did this sudden and urgent need to pee interfere with your life?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> Custom alignment: LV Question number: J7	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely				
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	Completely																
250	[j8] Show the field ONLY if: [j1] > 1	Compared to one year ago, is your experience with the sudden and urgent need to pee better or worse?	radio <table border="1"> <tr><td>1</td><td>Much better now than one year ago</td></tr> <tr><td>2</td><td>Somewhat better now than one year ago</td></tr> <tr><td>3</td><td>About the same as one year ago</td></tr> <tr><td>4</td><td>Somewhat worse now than one year ago</td></tr> <tr><td>5</td><td>Much worse now than one year ago</td></tr> </table> Custom alignment: LV Question number: J8	1	Much better now than one year ago	2	Somewhat better now than one year ago	3	About the same as one year ago	4	Somewhat worse now than one year ago	5	Much worse now than one year ago				
1	Much better now than one year ago																
2	Somewhat better now than one year ago																
3	About the same as one year ago																
4	Somewhat worse now than one year ago																
5	Much worse now than one year ago																
251	[j_end]	Section J End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														

252	[k1]	Section Header: <i>Section K: Accidental Leakage of Urine</i> Since you were 11 years old, have you ever accidentally leaked urine, or lost control of pee, even just a drop or two? Please do NOT count or consider times when this was a result of having a UTI.	radio <table border="1"> <tr><td>1</td><td>No, not even once</td></tr> <tr><td>2</td><td>Only once or twice over the entire year</td></tr> <tr><td>3</td><td>Yes, once or twice over a month</td></tr> <tr><td>4</td><td>Yes, once or twice over a week</td></tr> <tr><td>5</td><td>Yes, daily</td></tr> </table> Custom alignment: LV Question number: K1	1	No, not even once	2	Only once or twice over the entire year	3	Yes, once or twice over a month	4	Yes, once or twice over a week	5	Yes, daily				
1	No, not even once																
2	Only once or twice over the entire year																
3	Yes, once or twice over a month																
4	Yes, once or twice over a week																
5	Yes, daily																
253	[k1_missing] Show the field ONLY if: [k1] = ""	Your answer to K1 determines where you go next. Please provide a response.	descriptive Custom alignment: LV														
254	[k2] Show the field ONLY if: [k1] > '1'	The last time this accidental urine leakage happened, how much would you say you leaked?	radio <table border="1"> <tr><td>1</td><td>Just a drop or two</td></tr> <tr><td>2</td><td>Medium, more than a few drops but didn't soak through</td></tr> <tr><td>3</td><td>Large, soaked through everything</td></tr> </table> Custom alignment: LV Question number: K1b	1	Just a drop or two	2	Medium, more than a few drops but didn't soak through	3	Large, soaked through everything								
1	Just a drop or two																
2	Medium, more than a few drops but didn't soak through																
3	Large, soaked through everything																
255	[k3] Show the field ONLY if: [k1] > '1'	When did this most recently happen?	radio <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past 6 months</td></tr> <tr><td>4</td><td>Within the past year</td></tr> <tr><td>5</td><td>Longer than that</td></tr> </table> Custom alignment: LV Question number: K2	1	Within the past month	2	Within the past few months	3	Within the past 6 months	4	Within the past year	5	Longer than that				
1	Within the past month																
2	Within the past few months																
3	Within the past 6 months																
4	Within the past year																
5	Longer than that																
256	[k4] Show the field ONLY if: [k1] > '1'	Thinking about the lat time this happened, did this occur...	radio <table border="1"> <tr><td>1</td><td>During day/waking hours</td></tr> <tr><td>2</td><td>During night/sleeping hours</td></tr> <tr><td>3</td><td>During both the waking and sleeping hours</td></tr> </table> Custom alignment: LV Question number: K3	1	During day/waking hours	2	During night/sleeping hours	3	During both the waking and sleeping hours								
1	During day/waking hours																
2	During night/sleeping hours																
3	During both the waking and sleeping hours																
257	[k_start]	Section K Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
258	[k5] Show the field ONLY if: [k1] > '1'	Section Header: Thinking about the lat time this happened, which of the following best describes your experiences with accidentally leaking urine?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same</td></tr> <tr><td>2</td><td>Intermittent - sometimes it was better and other times it was worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: K4	1	Constant - more or less the same	2	Intermittent - sometimes it was better and other times it was worse	3	Sporadic - it happens every once in awhile								
1	Constant - more or less the same																
2	Intermittent - sometimes it was better and other times it was worse																
3	Sporadic - it happens every once in awhile																
259	[k6] Show the field ONLY if: [k1] > '1'	Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline...	radio <table border="1"> <tr><td>1</td><td>Very quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It never seems to get completely better</td></tr> </table> Custom alignment: LV Question number: K5	1	Very quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It never seems to get completely better
1	Very quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It never seems to get completely better																
260	[k7] Show the field ONLY if: [k1] > '1'	At its worst, how much did this accidental urine leakage interfere with your life?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> Custom alignment: LV Question number: K6	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely				
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	Completely																

261	[k8] Show the field ONLY if: [k1] > '1'	Compared to one year ago, your experience with accidentally leaking urine...	radio <table border="1"> <tr><td>1</td><td>Much better now than one year ago</td></tr> <tr><td>2</td><td>Somewhat better now than one year ago</td></tr> <tr><td>3</td><td>About the same as one year ago</td></tr> <tr><td>4</td><td>Somewhat worse now than one year ago</td></tr> <tr><td>5</td><td>Much worse now than one year ago</td></tr> </table> Custom alignment: LV Question number: K7	1	Much better now than one year ago	2	Somewhat better now than one year ago	3	About the same as one year ago	4	Somewhat worse now than one year ago	5	Much worse now than one year ago								
1	Much better now than one year ago																				
2	Somewhat better now than one year ago																				
3	About the same as one year ago																				
4	Somewhat worse now than one year ago																				
5	Much worse now than one year ago																				
262	[k_end]	Section K End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																		
263	[l_desc2]	Section Header: <i>Section L: Discomfort, Pressure, or Pain</i> The next questions are about some types of sensation in your pelvis or lower abdomen related to peeing or holding urine you may have experienced, such as: A cramping, aching, or stabbing sensation Discomfort or pressure Burning	descriptive																		
264	[l1_desc]	The content of this field is generated by the Shazam External Module	descriptive Question number: L1																		
265	[row_clck] Show the field ONLY if: ([l1a1(1)] = '1' and [l1a1(2)] = '1') or ([l1a1(3)] = '1' and [l1a1(4)] = '1') or ([l1a1(5)] = '1' and [l1a1(6)] = '1') or ([l1b1(1)] = '1' and [l1b1(2)] = '1') or ([l1b1(3)] = '1' and [l1b1(4)] = '1') or ([l1b1(5)] = '1' and [l1b1(6)] = '1') or ([l1c1(1)] = '1' and [l1c1(2)] = '1') or ([l1c1(3)] = '1' and [l1c1(4)] = '1') or ([l1c1(5)] = '1' and [l1c1(6)] = '1')	Please choose either yes or no for each category.	descriptive																		
266	[l1a]	a. Cramping, aching or stabbing	radio <table border="1"> <tr><td>1</td><td>Yes → &nbsp;</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes → 	2	No														
1	Yes → 																				
2	No																				
267	[l1a1] Show the field ONLY if: [l1a] <> '2'	a. Cramping, aching or stabbing	checkbox <table border="1"> <tr><td>1</td><td>l1a1__1</td><td>Yes</td></tr> <tr><td>2</td><td>l1a1__2</td><td>No</td></tr> <tr><td>3</td><td>l1a1__3</td><td>Yes</td></tr> <tr><td>4</td><td>l1a1__4</td><td>No</td></tr> <tr><td>5</td><td>l1a1__5</td><td>Yes</td></tr> <tr><td>6</td><td>l1a1__6</td><td>No</td></tr> </table> Custom alignment: RH	1	l1a1__1	Yes	2	l1a1__2	No	3	l1a1__3	Yes	4	l1a1__4	No	5	l1a1__5	Yes	6	l1a1__6	No
1	l1a1__1	Yes																			
2	l1a1__2	No																			
3	l1a1__3	Yes																			
4	l1a1__4	No																			
5	l1a1__5	Yes																			
6	l1a1__6	No																			
268	[l1b]	b. Discomfort or pressure	radio <table border="1"> <tr><td>1</td><td>Yes → &nbsp;</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes → 	2	No														
1	Yes → 																				
2	No																				
269	[l1b1] Show the field ONLY if: [l1b] <> '2'	b. Discomfort or pressure	checkbox <table border="1"> <tr><td>1</td><td>l1b1__1</td><td>Yes</td></tr> <tr><td>2</td><td>l1b1__2</td><td>No</td></tr> <tr><td>3</td><td>l1b1__3</td><td>Yes</td></tr> <tr><td>4</td><td>l1b1__4</td><td>No</td></tr> <tr><td>5</td><td>l1b1__5</td><td>Yes</td></tr> <tr><td>6</td><td>l1b1__6</td><td>No</td></tr> </table> Custom alignment: RH	1	l1b1__1	Yes	2	l1b1__2	No	3	l1b1__3	Yes	4	l1b1__4	No	5	l1b1__5	Yes	6	l1b1__6	No
1	l1b1__1	Yes																			
2	l1b1__2	No																			
3	l1b1__3	Yes																			
4	l1b1__4	No																			
5	l1b1__5	Yes																			
6	l1b1__6	No																			
270	[l1c]	c. Burning	radio <table border="1"> <tr><td>1</td><td>Yes → &nbsp;</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes → 	2	No														
1	Yes → 																				
2	No																				

271	[l1c1] Show the field ONLY if: [l1c] <> '2'	c. Burning	checkbox <table border="1"> <tr><td>1</td><td>l1c1__1</td><td>Yes</td></tr> <tr><td>2</td><td>l1c1__2</td><td>No</td></tr> <tr><td>3</td><td>l1c1__3</td><td>Yes</td></tr> <tr><td>4</td><td>l1c1__4</td><td>No</td></tr> <tr><td>5</td><td>l1c1__5</td><td>Yes</td></tr> <tr><td>6</td><td>l1c1__6</td><td>No</td></tr> </table> Custom alignment: RH	1	l1c1__1	Yes	2	l1c1__2	No	3	l1c1__3	Yes	4	l1c1__4	No	5	l1c1__5	Yes	6	l1c1__6	No
1	l1c1__1	Yes																			
2	l1c1__2	No																			
3	l1c1__3	Yes																			
4	l1c1__4	No																			
5	l1c1__5	Yes																			
6	l1c1__6	No																			
272	[l1a_missing] Show the field ONLY if: ((l1a = "" or (l1a = '1' and (l1a1(1) = "" and l1a1(2) = "" and l1a1(3) = "" and l1a1(4) = "" and l1a1(5) = "" and l1a1(6) = "")) or (l1b = "" or (l1b = '1' and (l1b1(1) = "" and l1b1(2) = "" and l1b1(3) = "" and l1b1(4) = "" and l1b1(5) = "" and l1b1(6) = "")) or (l1c = "" or (l1c = '1' and (l1c1(1) = "" and l1c1(2) = "" and l1c1(3) = "" and l1c1(4) = "" and l1c1(5) = "" and l1c1(6) = "")))	Your answers to L1 determine where you go next. Please provide a response.	descriptive																		
273	[l2_desc] Show the field ONLY if: [l1a1(5)] = '1' or [l1b1(5)] = '1' or [l1c1(5)] = '1'	How long did the sensation last after you peed? If the sensation went away when you peed, please check N/A. How long did this sensation last AFTER you peed?	descriptive Question number: L2																		
274	[l2a] Show the field ONLY if: [l1a1(5)] = '1'	a. Cramping, aching or stabbing	radio (Matrix) <table border="1"> <tr><td>1</td><td>N/A</td></tr> <tr><td>2</td><td>A few minutes</td></tr> <tr><td>3</td><td>Less than an hour</td></tr> <tr><td>4</td><td>1-4 hours</td></tr> <tr><td>5</td><td>5-12 hours</td></tr> <tr><td>6</td><td>It never really went away</td></tr> </table>	1	N/A	2	A few minutes	3	Less than an hour	4	1-4 hours	5	5-12 hours	6	It never really went away						
1	N/A																				
2	A few minutes																				
3	Less than an hour																				
4	1-4 hours																				
5	5-12 hours																				
6	It never really went away																				
275	[l2b] Show the field ONLY if: [l1b1(5)] = '1'	b. Discomfort or pressure	radio (Matrix) <table border="1"> <tr><td>1</td><td>N/A</td></tr> <tr><td>2</td><td>A few minutes</td></tr> <tr><td>3</td><td>Less than an hour</td></tr> <tr><td>4</td><td>1-4 hours</td></tr> <tr><td>5</td><td>5-12 hours</td></tr> <tr><td>6</td><td>It never really went away</td></tr> </table>	1	N/A	2	A few minutes	3	Less than an hour	4	1-4 hours	5	5-12 hours	6	It never really went away						
1	N/A																				
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5	5-12 hours																				
6	It never really went away																				
276	[l2c] Show the field ONLY if: [l1c1(5)] = '1'	c. Burning	radio (Matrix) <table border="1"> <tr><td>1</td><td>N/A</td></tr> <tr><td>2</td><td>A few minutes</td></tr> <tr><td>3</td><td>Less than an hour</td></tr> <tr><td>4</td><td>1-4 hours</td></tr> <tr><td>5</td><td>5-12 hours</td></tr> <tr><td>6</td><td>It never really went away</td></tr> </table>	1	N/A	2	A few minutes	3	Less than an hour	4	1-4 hours	5	5-12 hours	6	It never really went away						
1	N/A																				
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6	It never really went away																				
277	[l_start]	Section L Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																		
278	[l3] Show the field ONLY if: [l1a] = '1' or [l1b] = '1' or [l1c] = '1'	Section Header: When did this sensation most recently happen?	radio <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past 6 months</td></tr> <tr><td>4</td><td>Within the past year</td></tr> <tr><td>5</td><td>Longer than that</td></tr> </table> Custom alignment: LV Question number: L3	1	Within the past month	2	Within the past few months	3	Within the past 6 months	4	Within the past year	5	Longer than that								
1	Within the past month																				
2	Within the past few months																				
3	Within the past 6 months																				
4	Within the past year																				
5	Longer than that																				

279	[14] Show the field ONLY if: [[1a] = '1' or [1b] = '1' or [1c] = '1'	Thinking about the last time this happened, did this mostly occur...	radio <table border="1"> <tr><td>1</td><td>During day/waking hours</td></tr> <tr><td>2</td><td>During night/sleeping hours</td></tr> <tr><td>3</td><td>During both the waking and sleeping hours</td></tr> </table> Custom alignment: LV Question number: L4	1	During day/waking hours	2	During night/sleeping hours	3	During both the waking and sleeping hours								
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2	During night/sleeping hours																
3	During both the waking and sleeping hours																
280	[15] Show the field ONLY if: [[1a] = '1' or [1b] = '1' or [1c] = '1'	Thinking about the last time this happened, which of the following best describes your experience?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same for the entire year</td></tr> <tr><td>2</td><td>Intermittent - sometimes it was better and other times it was worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: L5	1	Constant - more or less the same for the entire year	2	Intermittent - sometimes it was better and other times it was worse	3	Sporadic - it happens every once in awhile								
1	Constant - more or less the same for the entire year																
2	Intermittent - sometimes it was better and other times it was worse																
3	Sporadic - it happens every once in awhile																
281	[16] Show the field ONLY if: [[1a] = '1' or [1b] = '1' or [1c] = '1'	Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline...	radio <table border="1"> <tr><td>1</td><td>Very quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It never seems to get completely better</td></tr> </table> Custom alignment: LV Question number: L6	1	Very quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It never seems to get completely better
1	Very quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It never seems to get completely better																
282	[17] Show the field ONLY if: [[1a] = '1' or [1b] = '1' or [1c] = '1'	At its worst, how much did this sensation interfere with your life?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> Custom alignment: LV Question number: L7	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely				
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	Completely																
283	[18] Show the field ONLY if: [[1a] = '1' or [1b] = '1' or [1c] = '1'	Compared to one year ago, is this better or worse?	radio <table border="1"> <tr><td>1</td><td>Much better now than one year ago</td></tr> <tr><td>2</td><td>Somewhat better now than one year ago</td></tr> <tr><td>3</td><td>About the same as one year ago</td></tr> <tr><td>4</td><td>Somewhat worse now than one year ago</td></tr> <tr><td>5</td><td>Much worse now than one year ago</td></tr> </table> Custom alignment: LV Question number: L8	1	Much better now than one year ago	2	Somewhat better now than one year ago	3	About the same as one year ago	4	Somewhat worse now than one year ago	5	Much worse now than one year ago				
1	Much better now than one year ago																
2	Somewhat better now than one year ago																
3	About the same as one year ago																
4	Somewhat worse now than one year ago																
5	Much worse now than one year ago																
284	[1_end]	Section L End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
285	[m1_desc]	Section Header: <i>Section M: Your Pee Stream</i> Please indicate how often each of the following have happened since you were 11 years old. Please do NOT count or consider times when this was a result of having a UTI.	descriptive Question number: M1														
286	[m1a]	Trouble or difficulty starting to pee	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>At least once or twice</td></tr> </table> Question number: a.	1	Never	2	At least once or twice										
1	Never																
2	At least once or twice																
287	[m1b]	When you pee it flows slowly (just seems to trickle out) or sprays	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>At least once or twice</td></tr> </table> Question number: b.	1	Never	2	At least once or twice										
1	Never																
2	At least once or twice																
288	[m1c]	Your urine will start and stop while you are trying to pee	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>At least once or twice</td></tr> </table> Question number: c.	1	Never	2	At least once or twice										
1	Never																
2	At least once or twice																

289	[m1d]	Feel like you are not completely emptying your bladder when you have finished peeing (feel like you still need to pee some more, but nothing comes out)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>At least once or twice</td></tr> </table> <p>Question number: d.</p>	1	Never	2	At least once or twice						
1	Never												
2	At least once or twice												
290	[m1e]	Dribbling at least a few drops after you think you have finished peeing	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>At least once or twice</td></tr> </table> <p>Question number: e.</p>	1	Never	2	At least once or twice						
1	Never												
2	At least once or twice												
291	[m1a_missing]	Your answers to M1 determine where you go next. Please provide a response. Show the field ONLY if: [m1a] = " or [m1b] = " or [m1c] = " or [m1d] = " or [m1e] = "	descriptive										
292	[m2]	When you experienced any of these things, how long did the longest one last? Show the field ONLY if: [m1a] > '1' or [m1b] > '1' or [m1c] > '1' or [m1d] > '1' or [m1e] > '1'	radio <table border="1"> <tr><td>1</td><td>It never lasted for even a full day</td></tr> <tr><td>2</td><td>It lasted for at least a full day</td></tr> <tr><td>3</td><td>It lasted for several days</td></tr> <tr><td>4</td><td>It lasted for longer than that</td></tr> </table> <p>Custom alignment: LV Question number: M2</p>	1	It never lasted for even a full day	2	It lasted for at least a full day	3	It lasted for several days	4	It lasted for longer than that		
1	It never lasted for even a full day												
2	It lasted for at least a full day												
3	It lasted for several days												
4	It lasted for longer than that												
293	[m2_missing]	Your answer to M2 determines where you go next. Please provide a response. Show the field ONLY if: ([m1a] > '1' or [m1b] > '1' or [m1c] > '1' or [m1d] > '1' or [m1e] > '1') and [m2] = "	descriptive										
294	[m2a]	How much longer? Show the field ONLY if: [m2] = '4'	radio <table border="1"> <tr><td>1</td><td>It lasted at least a week</td></tr> <tr><td>2</td><td>It lasted several weeks</td></tr> <tr><td>3</td><td>It lasted for a month or longer</td></tr> <tr><td>4</td><td>It was constant</td></tr> </table> <p>Custom alignment: LV Question number: M2a</p>	1	It lasted at least a week	2	It lasted several weeks	3	It lasted for a month or longer	4	It was constant		
1	It lasted at least a week												
2	It lasted several weeks												
3	It lasted for a month or longer												
4	It was constant												
295	[m_start]	Section M Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
296	[m3]	Section Header: When did this most recently happen? Show the field ONLY if: [m1a] > '1' or [m1b] > '1' or [m1c] > '1' or [m1d] > '1' or [m1e] > '1'	radio <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past 6 months</td></tr> <tr><td>4</td><td>Within the past year</td></tr> <tr><td>5</td><td>Longer than that</td></tr> </table> <p>Custom alignment: LV Question number: M3</p>	1	Within the past month	2	Within the past few months	3	Within the past 6 months	4	Within the past year	5	Longer than that
1	Within the past month												
2	Within the past few months												
3	Within the past 6 months												
4	Within the past year												
5	Longer than that												
297	[m4]	Thinking about the last time this happened, did this mostly occur... Show the field ONLY if: [m1a] > '1' or [m1b] > '1' or [m1c] > '1' or [m1d] > '1' or [m1e] > '1'	radio <table border="1"> <tr><td>1</td><td>During day/waking hours</td></tr> <tr><td>2</td><td>During night/sleeping hours</td></tr> <tr><td>3</td><td>During both the waking and sleeping hours</td></tr> </table> <p>Custom alignment: LV Question number: M4</p>	1	During day/waking hours	2	During night/sleeping hours	3	During both the waking and sleeping hours				
1	During day/waking hours												
2	During night/sleeping hours												
3	During both the waking and sleeping hours												
298	[m5]	Thinking about the last time this happened, would you describe it as being... Show the field ONLY if: [m1a] > '1' or [m1b] > '1' or [m1c] > '1' or [m1d] > '1' or [m1e] > '1'	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same for the entire year</td></tr> <tr><td>2</td><td>Intermittent - sometimes it was better and other times it was worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> <p>Custom alignment: LV Question number: M5</p>	1	Constant - more or less the same for the entire year	2	Intermittent - sometimes it was better and other times it was worse	3	Sporadic - it happens every once in awhile				
1	Constant - more or less the same for the entire year												
2	Intermittent - sometimes it was better and other times it was worse												
3	Sporadic - it happens every once in awhile												

Show the field ONLY if:

[m1a] > '1' or [m1b] > '1' or [m1c] > '1' or [m1d] > '1' or [m1e] > '1'

Thinking about the last time any of these things happened when you peed, would you say that your bladder got back to your normal or baseline...

radio

1	Very quickly
2	Quickly
3	Somewhat quickly

4	Somewhat slowly
5	Slowly
6	Very slowly
7	It never seems to get completely better

Custom alignment: LV
Question number: M6

300 [m7]
Show the field ONLY if:
[m1a] > '1' or [m1b] > '1' or [m1c] > '1' or [m1d] > '1' or [m1e] > '1'

At its worst, how much did this interfere with your life?

radio

1	Not at all
2	A little bit
3	Some
4	A lot
5	Completely

Custom alignment: LV
Question number: M7

301 [m8]
Show the field ONLY if:
[m1a] > '1' or [m1b] > '1' or [m1c] > '1' or [m1d] > '1' or [m1e] > '1'

Compared to one year ago, is your trouble starting to pee, or completely emptying your bladder, or dribbling a few drops after you finished peeing better or worse?

radio

1	Much better now than one year ago
2	Somewhat better now than one year ago
3	About the same as one year ago
4	Somewhat worse now than one year ago
5	Much worse now than one year ago

Custom alignment: LV
Question number: M8

302 [m_end]

Section M End Timestamp

text (datetime_seconds_mdy)
Field Annotation: @NOW @READONLY @HIDDEN-SURVEY

303 [n1]

Section Header: *Section N: Symptom Summary*
For any of the things you checked above, why do you think they may have happened? Please check all that apply to you.

checkbox

1	n1__1	Due to having a Urinary Tract Infection (UTI)
2	n1__2	Due to changes in your routine, such as drinking more than usual
3	n1__3	Due to your menstrual cycle
4	n1__4	Due to being pregnant or having recently given birth
5	n1__5	Due to medications you are taking
6	n1__6	Due to other health issues or problems
7	n1__7	No particular reason

Custom alignment: LV
Question number: N1

304 [n2]

What is your age?
years old

text (integer, Min: 0, Max: 100), Identifier
Question number: N2

305 [n_startend]

Section N Start/End Timestamp

text (datetime_seconds_mdy)
Field Annotation: @NOW @READONLY @HIDDEN-SURVEY

306 [o1]

Section Header: *Section O: About You*
What is your CURRENT marital status?

radio

1	Now married
2	Widowed
3	Divorced
4	Separated
5	Never married

Custom alignment: LV
Question number: O1

307 [o2]

Show the field ONLY if:
[o1] <> 1

If you are not married, what is your current primary relationship status?

radio

1	In a committed relationship, but not living together
2	Living with a partner
3	Seriously dating someone, but are not in a committed relationship
4	Casually dating
5	Not dating

Custom alignment: LV
Question number: O2

308	[o3]	Which of the following best describes where you live?	<p>radio</p> <table border="1"> <tr><td>1</td><td>A mobile home</td></tr> <tr><td>2</td><td>A one-family house detached from any other house</td></tr> <tr><td>3</td><td>A one-family house attached to one or more houses, such as town house or row house</td></tr> <tr><td>4</td><td>A building with 2-4 apartments (including duplex, triplex or four plex)</td></tr> <tr><td>5</td><td>A building with 5-19 apartments</td></tr> <tr><td>6</td><td>A building with 20 or more apartments</td></tr> <tr><td>7</td><td>Boat, RV, van, etc.</td></tr> <tr><td>8</td><td>Other, please describe:</td></tr> </table> <p>Custom alignment: LV Question number: O3</p>	1	A mobile home	2	A one-family house detached from any other house	3	A one-family house attached to one or more houses, such as town house or row house	4	A building with 2-4 apartments (including duplex, triplex or four plex)	5	A building with 5-19 apartments	6	A building with 20 or more apartments	7	Boat, RV, van, etc.	8	Other, please describe:
1	A mobile home																		
2	A one-family house detached from any other house																		
3	A one-family house attached to one or more houses, such as town house or row house																		
4	A building with 2-4 apartments (including duplex, triplex or four plex)																		
5	A building with 5-19 apartments																		
6	A building with 20 or more apartments																		
7	Boat, RV, van, etc.																		
8	Other, please describe:																		
309	[o3a] Show the field ONLY if: [o3] = 8	Other	text Custom alignment: LV																
310	[demo_desc2]	Have any of the following happened to you in the past year?	descriptive Question number: O4																
311	[o4a]	a. Been homeless	<p>radio</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: LV</p>	1	No	2	Yes												
1	No																		
2	Yes																		
312	[o4b]	b. Stayed at a shelter, for even one night	<p>radio</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: LV</p>	1	No	2	Yes												
1	No																		
2	Yes																		
313	[o4c]	c. Been in transitional housing (bridge between homelessness and permanent housing)	<p>radio</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: LV</p>	1	No	2	Yes												
1	No																		
2	Yes																		
314	[o_start]	Section A P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
315	[demo_desc3]	Section Header: What best describes your employment status during the past year?	descriptive Question number: O5																
316	[o5a]	a. Homemaker	<p>radio</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: RH</p>	1	No	2	Yes												
1	No																		
2	Yes																		
317	[o5b]	b. Student	<p>radio</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes Part time</td></tr> <tr><td>3</td><td>Yes Full time</td></tr> </table> <p>Custom alignment: RH</p>	1	No	2	Yes Part time	3	Yes Full time										
1	No																		
2	Yes Part time																		
3	Yes Full time																		
318	[o5c]	c. Retired	<p>radio</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: RH</p>	1	No	2	Yes												
1	No																		
2	Yes																		
319	[o5d]	d. Unable to work	<p>radio</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: RH</p>	1	No	2	Yes												
1	No																		
2	Yes																		
320	[o5e]	e. Out of work/ unemployed	<p>radio</p> <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: RH</p>	1	No	2	Yes												
1	No																		
2	Yes																		

321	[o5f]	f. Working one or more jobs	radio <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> Custom alignment: RH	1	No	2	Yes																
1	No																						
2	Yes																						
322	[o5fa] Show the field ONLY if: [o5f] = 2	Considering all of your jobs how many hours a week do you work? <i>Hours/week</i>	text (integer, Min: 0, Max: 168) Custom alignment: LV																				
323	[o5fb] Show the field ONLY if: [o5f] = 2	What kind of work do you primarily do? (Name of occupation or description of what you do.)	text Custom alignment: LV																				
324	[o_p2]	Section O P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																				
325	[o6]	Section Header: Do you currently have health insurance?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: LV Question number: O6	1	Yes	2	No																
1	Yes																						
2	No																						
326	[o7]	Have you ever sought care from a physician or health care provider for bladder problems other than bladder infections?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: LV Question number: O7	1	Yes	2	No																
1	Yes																						
2	No																						
327	[o8]	Which one of the following categories represents the total household income from all sources last year before taxes?	radio <table border="1"> <tr><td>1</td><td>Less than \$10,000</td></tr> <tr><td>2</td><td>\$10,000 - \$24,999</td></tr> <tr><td>3</td><td>\$25,000 - \$49,999</td></tr> <tr><td>4</td><td>\$50,000 - \$74,999</td></tr> <tr><td>5</td><td>\$75,000 - \$99,999</td></tr> <tr><td>6</td><td>\$100,000 - \$124,999</td></tr> <tr><td>7</td><td>\$125,000 - \$149,999</td></tr> <tr><td>8</td><td>\$150,000 - \$174,999</td></tr> <tr><td>9</td><td>\$175,000 - \$199,999</td></tr> <tr><td>10</td><td>\$200,000 or more</td></tr> </table> Custom alignment: LV Question number: O8	1	Less than \$10,000	2	\$10,000 - \$24,999	3	\$25,000 - \$49,999	4	\$50,000 - \$74,999	5	\$75,000 - \$99,999	6	\$100,000 - \$124,999	7	\$125,000 - \$149,999	8	\$150,000 - \$174,999	9	\$175,000 - \$199,999	10	\$200,000 or more
1	Less than \$10,000																						
2	\$10,000 - \$24,999																						
3	\$25,000 - \$49,999																						
4	\$50,000 - \$74,999																						
5	\$75,000 - \$99,999																						
6	\$100,000 - \$124,999																						
7	\$125,000 - \$149,999																						
8	\$150,000 - \$174,999																						
9	\$175,000 - \$199,999																						
10	\$200,000 or more																						
328	[o9]	Thinking about the past year, at the end of the month do you generally:	radio <table border="1"> <tr><td>1</td><td>Not have enough money to make ends meet</td></tr> <tr><td>2</td><td>Just have enough money to make ends meet</td></tr> <tr><td>3</td><td>Have some money left over</td></tr> <tr><td>4</td><td>Have more than enough money left over</td></tr> </table> Custom alignment: LV Question number: O9	1	Not have enough money to make ends meet	2	Just have enough money to make ends meet	3	Have some money left over	4	Have more than enough money left over												
1	Not have enough money to make ends meet																						
2	Just have enough money to make ends meet																						
3	Have some money left over																						
4	Have more than enough money left over																						
329	[o_p3]	Section O P3 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																				
330	[demo_desc4]	Section Header: The content of this field is generated by the Shazam External Module	descriptive Question number: O10																				
331	[o10a]	No Schooling Completed	radio <table border="1"> <tr><td>1</td><td>No schooling completed</td></tr> </table> Custom alignment: LV	1	No schooling completed																		
1	No schooling completed																						
332	[o10b]	Preschool through grade 12	radio <table border="1"> <tr><td>1</td><td>Nursery / Preschool</td></tr> <tr><td>2</td><td>Kindergarten</td></tr> <tr><td>3</td><td>Grade 1-12</td></tr> </table> Custom alignment: LV	1	Nursery / Preschool	2	Kindergarten	3	Grade 1-12														
1	Nursery / Preschool																						
2	Kindergarten																						
3	Grade 1-12																						
333	[o10b2] Show the field ONLY if: [o10b] = 3	Specify highest or current grade: <i>Grade</i>	text (integer, Min: 1, Max: 12) Custom alignment: LV																				

334	[o10c]	High School Graduate	radio <table border="1"> <tr><td>1</td><td>Regular high school diploma</td></tr> <tr><td>2</td><td>GED or alternative credential</td></tr> </table> <p>Custom alignment: LV</p>	1	Regular high school diploma	2	GED or alternative credential																	
1	Regular high school diploma																							
2	GED or alternative credential																							
335	[o10d]	College or Some College	radio <table border="1"> <tr><td>1</td><td>Some college credit, but have not completed any degree</td></tr> <tr><td>2</td><td>Associate's degree (AA/AS)</td></tr> <tr><td>3</td><td>Bachelor's degree (BA/BS)</td></tr> </table> <p>Custom alignment: LV</p>	1	Some college credit, but have not completed any degree	2	Associate's degree (AA/AS)	3	Bachelor's degree (BA/BS)															
1	Some college credit, but have not completed any degree																							
2	Associate's degree (AA/AS)																							
3	Bachelor's degree (BA/BS)																							
336	[o10e]	After Bachelor's Degree	radio <table border="1"> <tr><td>1</td><td>Master's degree (MA, MS, Meng, Med, MSW, MBA, etc.)</td></tr> <tr><td>2</td><td>Professional degree beyond bachelor's degree (MD, DDS, DVM, LLB, JD, etc.)</td></tr> <tr><td>3</td><td>Doctorate degree (PhD, EdD, etc.)</td></tr> </table> <p>Custom alignment: LV</p>	1	Master's degree (MA, MS, Meng, Med, MSW, MBA, etc.)	2	Professional degree beyond bachelor's degree (MD, DDS, DVM, LLB, JD, etc.)	3	Doctorate degree (PhD, EdD, etc.)															
1	Master's degree (MA, MS, Meng, Med, MSW, MBA, etc.)																							
2	Professional degree beyond bachelor's degree (MD, DDS, DVM, LLB, JD, etc.)																							
3	Doctorate degree (PhD, EdD, etc.)																							
337	[o_p4]	Section O P4 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																					
338	[o11]	Section Header: What is the primary language you speak at home?	radio <table border="1"> <tr><td>1</td><td>English</td></tr> <tr><td>2</td><td>Spanish</td></tr> <tr><td>3</td><td>Another language</td></tr> </table> <p>Custom alignment: LV Question number: O11</p>	1	English	2	Spanish	3	Another language															
1	English																							
2	Spanish																							
3	Another language																							
339	[o11o] Show the field ONLY if: [o11] = 3	What other language?	text Custom alignment: LV																					
340	[o12]	Do you identify as being of Latino, Hispanic, or Spanish Origin?	radio <table border="1"> <tr><td>1</td><td>No, not of Latino, Hispanic, or Spanish Origin</td></tr> <tr><td>2</td><td>Yes, Mexican or Mexican American</td></tr> <tr><td>3</td><td>Yes, Puerto Rican</td></tr> <tr><td>4</td><td>Yes, Cuban</td></tr> <tr><td>5</td><td>Yes, Some other Latino, Hispanic or Spanish origin</td></tr> </table> <p>Custom alignment: LV Question number: O12</p>	1	No, not of Latino, Hispanic, or Spanish Origin	2	Yes, Mexican or Mexican American	3	Yes, Puerto Rican	4	Yes, Cuban	5	Yes, Some other Latino, Hispanic or Spanish origin											
1	No, not of Latino, Hispanic, or Spanish Origin																							
2	Yes, Mexican or Mexican American																							
3	Yes, Puerto Rican																							
4	Yes, Cuban																							
5	Yes, Some other Latino, Hispanic or Spanish origin																							
341	[o12o] Show the field ONLY if: [o12] = 5	Some other Latino, Hispanic or Spanish origin:	text Custom alignment: LV																					
342	[o13]	Please check ALL racial categories with which you identify:	checkbox <table border="1"> <tr><td>1</td><td>o13__1</td><td>White or Caucasian</td></tr> <tr><td>2</td><td>o13__2</td><td>Black or African-American</td></tr> <tr><td>3</td><td>o13__3</td><td>Asian</td></tr> <tr><td>4</td><td>o13__4</td><td>American Indian or Alaska Native</td></tr> <tr><td>5</td><td>o13__5</td><td>Middle Eastern or North African</td></tr> <tr><td>6</td><td>o13__6</td><td>Native Hawaiian or Other Pacific Islander</td></tr> <tr><td>7</td><td>o13__7</td><td>Some Other Race, Ethnicity, or Origin</td></tr> </table> <p>Custom alignment: LV Question number: O13</p>	1	o13__1	White or Caucasian	2	o13__2	Black or African-American	3	o13__3	Asian	4	o13__4	American Indian or Alaska Native	5	o13__5	Middle Eastern or North African	6	o13__6	Native Hawaiian or Other Pacific Islander	7	o13__7	Some Other Race, Ethnicity, or Origin
1	o13__1	White or Caucasian																						
2	o13__2	Black or African-American																						
3	o13__3	Asian																						
4	o13__4	American Indian or Alaska Native																						
5	o13__5	Middle Eastern or North African																						
6	o13__6	Native Hawaiian or Other Pacific Islander																						
7	o13__7	Some Other Race, Ethnicity, or Origin																						
343	[o13o] Show the field ONLY if: [o13(7)] = 1	Some other Race, Ethnicity, or Origin:	text Custom alignment: LV																					
344	[o13t] Show the field ONLY if: [o13(4)] = 1	If American Indian or Alaska Native, Enter Tribal Affiliation:	text Custom alignment: LV																					

345	[o13a] Show the field ONLY if: ([o13(1)] + [o13(2)] + [o13(3)] + [o13(4)] + [o13(5)] + [o13(6)] + [o13(7)]) > 1	If you checked more than one box, is there any one of these which you primarily identify with?	radio <table border="1"> <tr><td>1</td><td>White or Caucasian</td></tr> <tr><td>2</td><td>Black or African-American</td></tr> <tr><td>3</td><td>Asian</td></tr> <tr><td>4</td><td>American Indian or Alaska Native</td></tr> <tr><td>5</td><td>Middle Eastern or North African</td></tr> <tr><td>6</td><td>Native Hawaiian or Other Pacific Islander</td></tr> <tr><td>7</td><td>Some Other Race, Ethnicity, or Origin</td></tr> </table> Custom alignment: LV Question number: O13a	1	White or Caucasian	2	Black or African-American	3	Asian	4	American Indian or Alaska Native	5	Middle Eastern or North African	6	Native Hawaiian or Other Pacific Islander	7	Some Other Race, Ethnicity, or Origin
1	White or Caucasian																
2	Black or African-American																
3	Asian																
4	American Indian or Alaska Native																
5	Middle Eastern or North African																
6	Native Hawaiian or Other Pacific Islander																
7	Some Other Race, Ethnicity, or Origin																
346	[o_p5]	Section O P5 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
347	[o14]	Section Header: How do you currently identify your gender?	radio <table border="1"> <tr><td>1</td><td>I am a Female/Woman</td></tr> <tr><td>2</td><td>I am a Trans Male/Trans Man</td></tr> <tr><td>3</td><td>I am Genderqueer / Gender nonconforming</td></tr> <tr><td>4</td><td>I identify in a different way</td></tr> </table> Custom alignment: LV Question number: O14	1	I am a Female/Woman	2	I am a Trans Male/Trans Man	3	I am Genderqueer / Gender nonconforming	4	I identify in a different way						
1	I am a Female/Woman																
2	I am a Trans Male/Trans Man																
3	I am Genderqueer / Gender nonconforming																
4	I identify in a different way																
348	[o14o] Show the field ONLY if: [o14] = 4	I identify in a different way:	text Custom alignment: LV														
349	[o15]	What best describes your romantic or sexual attraction to other people?	radio <table border="1"> <tr><td>1</td><td>Heterosexual / Straight</td></tr> <tr><td>2</td><td>Lesbian</td></tr> <tr><td>3</td><td>Gay</td></tr> <tr><td>4</td><td>Bisexual</td></tr> <tr><td>5</td><td>Queer</td></tr> <tr><td>6</td><td>Questioning</td></tr> <tr><td>7</td><td>Something else</td></tr> </table> Custom alignment: LV Question number: O15	1	Heterosexual / Straight	2	Lesbian	3	Gay	4	Bisexual	5	Queer	6	Questioning	7	Something else
1	Heterosexual / Straight																
2	Lesbian																
3	Gay																
4	Bisexual																
5	Queer																
6	Questioning																
7	Something else																
350	[o15o] Show the field ONLY if: [o15] = 7	Something else - please describe:	text Custom alignment: LV														
351	[o_end]	Section O End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
352	[paw_desc]	Section Header: <i>Section P: Life Overall</i> Please respond to each question or statement by marking one box per row.Lately...	descriptive														
353	[p1]	I had a sense of well-being	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> Question number: a.	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always				
1	Never																
2	Rarely																
3	Sometimes																
4	Often																
5	Always																
354	[p2]	I felt hopeful	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> Question number: b.	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always				
1	Never																
2	Rarely																
3	Sometimes																
4	Often																
5	Always																

355	[p3]	My life was satisfying	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: c.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
356	[p4]	My life had purpose	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: d.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
357	[p5]	My life had meaning	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: e.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
358	[p6]	I felt cheerful	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: f.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
359	[p7]	My life was worth living	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: g.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
360	[p_start]	Section P Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
361	[paw_desc2]	Section Header: Please respond to each question or statement by marking one box per row.Lately...	descriptive										
362	[p8]	I had a sense of balance in my life	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: h.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
363	[p9]	Many areas of my life were interesting to me	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: i.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												

364	[p10]	I was able to enjoy life	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: j.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
365	[p11]	I felt a sense of purpose in my life	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: k.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
366	[p12]	I could laugh and see the humor in situations	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: l.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
367	[p13]	I was able to be at ease and feel relaxed	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: m.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
368	[p14]	I looked forward with enjoyment to upcoming events	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: n.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
369	[p15]	I felt emotionally stable	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: o.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
370	[p_p2]	Section P P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
371	[paw_desc3]	Section Header: Please respond to each question or statement by marking one box per row.Lately...	descriptive										
372	[p16]	I felt lovable	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: p.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												

373	[p17]	I felt confident	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: q.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
374	[p18]	I had a good life	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: r.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
375	[p19]	My life was peaceful	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: s.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
376	[p20]	I was living life to the fullest	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: t.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
377	[p21]	In most ways my life was close to my ideal	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: u.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
378	[p22]	I had good control of my thoughts	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: v.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
379	[p23]	Even when things were going badly, I still had hope	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table> <p>Question number: w.</p>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												
380	[p_end]	Section P End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										

381	[q1]	Section Header: <i>Section Q: Health</i> How would you describe your health at the present? Please check one answer.	radio <table border="1"> <tr><td>1</td><td>Very Good</td></tr> <tr><td>2</td><td>Good</td></tr> <tr><td>3</td><td>Fair</td></tr> <tr><td>4</td><td>Poor</td></tr> <tr><td>5</td><td>Very Poor</td></tr> </table> Custom alignment: LV Question number: Q1	1	Very Good	2	Good	3	Fair	4	Poor	5	Very Poor
1	Very Good												
2	Good												
3	Fair												
4	Poor												
5	Very Poor												
382	[q2]	How much do you think your bladder problem affects your life? Please check one answer.	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Custom alignment: LV Question number: Q2	1	Not at all	2	A little	3	Moderately	4	A lot		
1	Not at all												
2	A little												
3	Moderately												
4	A lot												
383	[q_start]	Section Q Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
384	[kh3_desc]	Section Header: Below are some daily activities that you can be affected by bladder problems. How much does your bladder problem affect you? We would like you to answer every question. Simply check the box that applies to you.	descriptive										
385	[div11]		descriptive Question number: Q3										
386	[q3a]	Does your bladder problem affect your household tasks? (cleaning, shopping, etc.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: a.	1	Not at all	2	Slightly	3	Moderately	4	A lot		
1	Not at all												
2	Slightly												
3	Moderately												
4	A lot												
387	[q3b]	Does your bladder problem affect your job, or your normal daily activities outside the home?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: b.	1	Not at all	2	Slightly	3	Moderately	4	A lot		
1	Not at all												
2	Slightly												
3	Moderately												
4	A lot												
388	[div2]		descriptive Question number: Q4										
389	[q4a]	Does your bladder problem affect your physical activities (e.g., going for a walk, running, sport, gym, etc.)?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: a.	1	Not at all	2	Slightly	3	Moderately	4	A lot		
1	Not at all												
2	Slightly												
3	Moderately												
4	A lot												
390	[q4b]	Does your bladder problem affect your ability to travel?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: b.	1	Not at all	2	Slightly	3	Moderately	4	A lot		
1	Not at all												
2	Slightly												
3	Moderately												
4	A lot												
391	[q4c]	Does your bladder problem limit your social life?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: c.	1	Not at all	2	Slightly	3	Moderately	4	A lot		
1	Not at all												
2	Slightly												
3	Moderately												
4	A lot												

392	[q4d]	Does your bladder problem limit your ability to see and visit friends?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: d.</p>	1	Not at all	2	Slightly	3	Moderately	4	A lot		
1	Not at all												
2	Slightly												
3	Moderately												
4	A lot												
393	[q_p2]	Section Q P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
394	[q5a]	Section Header: Does your bladder problem affect your relationship with your partner?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not Applicable</td></tr> <tr><td>2</td><td>Not at all</td></tr> <tr><td>3</td><td>Slightly</td></tr> <tr><td>4</td><td>Moderately</td></tr> <tr><td>5</td><td>A lot</td></tr> </table> <p>Question number: a.</p>	1	Not Applicable	2	Not at all	3	Slightly	4	Moderately	5	A lot
1	Not Applicable												
2	Not at all												
3	Slightly												
4	Moderately												
5	A lot												
395	[q5b]	Does your bladder problem affect your sex life?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not Applicable</td></tr> <tr><td>2</td><td>Not at all</td></tr> <tr><td>3</td><td>Slightly</td></tr> <tr><td>4</td><td>Moderately</td></tr> <tr><td>5</td><td>A lot</td></tr> </table> <p>Question number: b.</p>	1	Not Applicable	2	Not at all	3	Slightly	4	Moderately	5	A lot
1	Not Applicable												
2	Not at all												
3	Slightly												
4	Moderately												
5	A lot												
396	[q5c]	Does your bladder problem affect your family life?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not Applicable</td></tr> <tr><td>2</td><td>Not at all</td></tr> <tr><td>3</td><td>Slightly</td></tr> <tr><td>4</td><td>Moderately</td></tr> <tr><td>5</td><td>A lot</td></tr> </table> <p>Question number: c.</p>	1	Not Applicable	2	Not at all	3	Slightly	4	Moderately	5	A lot
1	Not Applicable												
2	Not at all												
3	Slightly												
4	Moderately												
5	A lot												
397	[div4]		descriptive Question number: Q6										
398	[q6a]	Does your bladder problem make you feel depressed?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	Slightly	3	Moderately	4	Very much		
1	Not at all												
2	Slightly												
3	Moderately												
4	Very much												
399	[q6b]	Does your bladder problem make you feel anxious or nervous?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	Slightly	3	Moderately	4	Very much		
1	Not at all												
2	Slightly												
3	Moderately												
4	Very much												
400	[q6c]	Does your bladder problem make you feel bad about yourself?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Very much</td></tr> </table> <p>Question number: c.</p>	1	Not at all	2	Slightly	3	Moderately	4	Very much		
1	Not at all												
2	Slightly												
3	Moderately												
4	Very much												
401	[q_p3]	Section Q P3 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										

413	[kh10]	NOCTURIA: getting up at night to pass urine	radio <table border="1"> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Moderately</td></tr> <tr><td>3</td><td>A lot</td></tr> </table> Custom alignment: LH	1	A little	2	Moderately	3	A lot
1	A little								
2	Moderately								
3	A lot								
414	[kh11]	URGENCY: a strong and difficult to control desire to pass urine	radio <table border="1"> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Moderately</td></tr> <tr><td>3</td><td>A lot</td></tr> </table> Custom alignment: LH	1	A little	2	Moderately	3	A lot
1	A little								
2	Moderately								
3	A lot								
415	[kh12]	URGE INCONTINENCE: urinary leakage associated with a strong desire to pass urine	radio <table border="1"> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Moderately</td></tr> <tr><td>3</td><td>A lot</td></tr> </table> Custom alignment: LH	1	A little	2	Moderately	3	A lot
1	A little								
2	Moderately								
3	A lot								
416	[kh13]	STRESS INCONTINENCE: urinary leakage associated with physical activity, e.g., coughing, running	radio <table border="1"> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Moderately</td></tr> <tr><td>3</td><td>A lot</td></tr> </table> Custom alignment: LH	1	A little	2	Moderately	3	A lot
1	A little								
2	Moderately								
3	A lot								
417	[q_p5]	Section Q P5 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY						
418	[kh9_desc_2]	Section Header: We would like to know what your bladder problems are and how much they affect you. From the list below, choose only those problems that you have at present. Leave out those that don't apply to you. How much do they affect you?	descriptive						
419	[kh14]	NOCTURNAL ENURESIS: wetting the bed at night	radio <table border="1"> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Moderately</td></tr> <tr><td>3</td><td>A lot</td></tr> </table> Custom alignment: LH	1	A little	2	Moderately	3	A lot
1	A little								
2	Moderately								
3	A lot								
420	[kh15]	INTERCOURSE INCONTINENCE: urinary leakage with sexual intercourse	radio <table border="1"> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Moderately</td></tr> <tr><td>3</td><td>A lot</td></tr> </table> Custom alignment: LH	1	A little	2	Moderately	3	A lot
1	A little								
2	Moderately								
3	A lot								
421	[kh16]	BLADDER INFECTIONS OR UTIS	radio <table border="1"> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Moderately</td></tr> <tr><td>3</td><td>A lot</td></tr> </table> Custom alignment: LH	1	A little	2	Moderately	3	A lot
1	A little								
2	Moderately								
3	A lot								
422	[kh17]	BLADDER PAIN	radio <table border="1"> <tr><td>1</td><td>A little</td></tr> <tr><td>2</td><td>Moderately</td></tr> <tr><td>3</td><td>A lot</td></tr> </table> Custom alignment: LH	1	A little	2	Moderately	3	A lot
1	A little								
2	Moderately								
3	A lot								
423	[q_end]	Section Q End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY						
424	[pfdi_desc]	Section Header: <i>Section R: Your Pelvic Floor</i> Instructions: The following questions ask you if you have certain bowel, bladder, or pelvic symptoms and, if you do, how much they bother you. Answer these by checking the appropriate box or boxes. While answering these questions, please consider your symptoms over the last 3 months.	descriptive						
425	[pf_table1]	The content of this field is generated by the Shazam External Module	descriptive						

426	[pf1]	Do you usually experience pressure in the lower abdomen?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
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427	[pf2]	Do you usually experience heaviness or dullness in the pelvic area?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
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428	[pf3]	Do you usually have a bulge or something falling out that you can see or feel in your vaginal area?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
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429	[pf4]	Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
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430	[pf5]	Do you usually experience a feeling of incomplete bladder emptying?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
1								
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5								
431	[pf6]	Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
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5								
432	[r_start]	Section R Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY					
433	[pfdi_desc_2]	Section Header: Instructions: The following questions ask you if you have certain bowel, bladder, or pelvic symptoms and, if you do, how much they bother you. Answer these by checking the appropriate box or boxes. While answering these questions, please consider your symptoms over the last 3 months.	descriptive					
434	[pf_table2]	The content of this field is generated by the Shazam External Module	descriptive					
435	[pf7]	Do you feel you need to strain too hard to have a bowel movement?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
1								
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436	[pf8]	Do you feel you have not completely emptied your bowels at the end of a bowel movement?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
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437	[pf9]	Do you usually lose stool beyond your control if your stool is well formed?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
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438	[pf10]	Do you usually lose stool beyond your control if your stool is loose?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
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439	[pf11]	Do you usually lose gas from the rectum beyond your control?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
1								
2								
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440	[pf12]	Do you usually have pain when you pass your stool?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
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441	[pf13]	Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
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4								
5								
442	[pf14]	Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
1								
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4								
5								
443	[r_p2]	Section R P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY					
444	[pfdi_desc_3]	Section Header: Instructions: The following questions ask you if you have certain bowel, bladder, or pelvic symptoms and, if you do, how much they bother you. Answer these by checking the appropriate box or boxes. While answering these questions, please consider your symptoms over the last 3 months.	descriptive					
445	[pf_table3]	The content of this field is generated by the Shazam External Module	descriptive					
446	[pf15]	Do you usually experience frequent urination?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
1								
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4								
5								
447	[pf16]	Do you usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to the bathroom?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5
1								
2								
3								
4								
5								

448	[pf17]	Do you usually experience urine leakage related to coughing, sneezing or laughing?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5					
1													
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3													
4													
5													
449	[pf18]	Do you usually experience small amounts of urine leakage (that is, drops)?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5					
1													
2													
3													
4													
5													
450	[pf19]	Do you usually experience difficulty emptying your bladder?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5					
1													
2													
3													
4													
5													
451	[pf20]	Do you usually experience pain or discomfort in the lower abdomen or genital region?	radio (Matrix) <table border="1"> <tr><td>1</td></tr> <tr><td>2</td></tr> <tr><td>3</td></tr> <tr><td>4</td></tr> <tr><td>5</td></tr> </table>	1	2	3	4	5					
1													
2													
3													
4													
5													
452	[r_end]	Section R End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
453	[s1]	Section Header: <i>Section S: When You Pee & Physical Activity</i> Is there a delay before you can start to urinate?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally: Less than one third of the time</td></tr> <tr><td>3</td><td>Sometimes: Between one and two thirds of the time</td></tr> <tr><td>4</td><td>Most of the time: More than two thirds of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table> Custom alignment: LV Question number: S1	1	Never	2	Occasionally: Less than one third of the time	3	Sometimes: Between one and two thirds of the time	4	Most of the time: More than two thirds of the time	5	All of the time
1	Never												
2	Occasionally: Less than one third of the time												
3	Sometimes: Between one and two thirds of the time												
4	Most of the time: More than two thirds of the time												
5	All of the time												
454	[s2]	Do you have to strain to urinate?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally: Less than one third of the time</td></tr> <tr><td>3</td><td>Sometimes: Between one and two thirds of the time</td></tr> <tr><td>4</td><td>Most of the time: More than two thirds of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table> Custom alignment: LV Question number: S2	1	Never	2	Occasionally: Less than one third of the time	3	Sometimes: Between one and two thirds of the time	4	Most of the time: More than two thirds of the time	5	All of the time
1	Never												
2	Occasionally: Less than one third of the time												
3	Sometimes: Between one and two thirds of the time												
4	Most of the time: More than two thirds of the time												
5	All of the time												
455	[s3]	Do you stop and start more than once while you urinate?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally: Less than one third of the time</td></tr> <tr><td>3</td><td>Sometimes: Between one and two thirds of the time</td></tr> <tr><td>4</td><td>Most of the time: More than two thirds of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table> Custom alignment: LV Question number: S3	1	Never	2	Occasionally: Less than one third of the time	3	Sometimes: Between one and two thirds of the time	4	Most of the time: More than two thirds of the time	5	All of the time
1	Never												
2	Occasionally: Less than one third of the time												
3	Sometimes: Between one and two thirds of the time												
4	Most of the time: More than two thirds of the time												
5	All of the time												
456	[s_start]	Section S Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
457	[brfss_desc]	Section Header: We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.	descriptive										

Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

radio

1	Yes
---	-----

			<table border="1"> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know/Not sure</td></tr> </table> <p>Custom alignment: LV Question number: S4</p>	2	No	3	Don't know/Not sure		
2	No								
3	Don't know/Not sure								
459	[pa_table2] Show the field ONLY if: [s4] = 1	The content of this field is generated by the Shazam External Module	descriptive Question number: S4a						
460	[s4a] Show the field ONLY if: [s4] = 1 or [s4] = 3	How many days per week do you do these moderate activities for at least 10 minutes at a time? <i>Days per week</i>	text (integer, Min: 0, Max: 7) Custom alignment: RH						
461	[s4a1] Show the field ONLY if: [s4] = 1		radio <table border="1"> <tr><td>1</td><td>Do not do any moderate physical activity for at least 10 minutes at a time</td></tr> <tr><td>2</td><td>Don't know/Not sure</td></tr> </table> <p>Custom alignment: LV</p>	1	Do not do any moderate physical activity for at least 10 minutes at a time	2	Don't know/Not sure		
1	Do not do any moderate physical activity for at least 10 minutes at a time								
2	Don't know/Not sure								
462	[pa3_table_2] Show the field ONLY if: [s4] = 1 and [s4a1] <> 1	The content of this field is generated by the Shazam External Module	descriptive Question number: S4b						
463	[s4b] Show the field ONLY if: [s4] = 1 and [s4a1] <> 1	<i>Hours per day and</i>	text (integer, Min: 0, Max: 24) Custom alignment: LV						
464	[s4b1] Show the field ONLY if: [s4] = 1 and [s4a1] <> 1	<i>Minutes per day</i>	text (integer, Min: 0, Max: 1440) Custom alignment: LV						
465	[s4b2] Show the field ONLY if: [s4] = 1 and [s4a1] <> 1		radio <table border="1"> <tr><td>1</td><td>Don't know/Not sure</td></tr> </table> <p>Custom alignment: LV</p>	1	Don't know/Not sure				
1	Don't know/Not sure								
466	[s5] Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?		radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know/Not sure</td></tr> </table> <p>Custom alignment: LV Question number: S5</p>	1	Yes	2	No	3	Don't know/Not sure
1	Yes								
2	No								
3	Don't know/Not sure								
467	[pa_table4] Show the field ONLY if: [s5] = 1	The content of this field is generated by the Shazam External Module	descriptive Question number: S5a						
468	[s5a] Show the field ONLY if: [s5] = 1	How many days per week do you do these vigorous activities for at least 10 minutes at a time? <i>Days per week</i>	text (integer, Min: 0, Max: 7)						
469	[s5a1] Show the field ONLY if: [s5] = 1		radio <table border="1"> <tr><td>1</td><td>Do not do any vigorous physical activity for at least 10 minutes at a time</td></tr> <tr><td>2</td><td>Don't know/Not sure</td></tr> </table> <p>Custom alignment: LV</p>	1	Do not do any vigorous physical activity for at least 10 minutes at a time	2	Don't know/Not sure		
1	Do not do any vigorous physical activity for at least 10 minutes at a time								
2	Don't know/Not sure								
470	[pa6_table] Show the field ONLY if: [s5] = 1 and [s5a1] <> 1	The content of this field is generated by the Shazam External Module	descriptive Question number: S5b						
471	[s5b] Show the field ONLY if: [s5] = 1 and [s5a1] <> 1	<i>Hours per day and</i>	text (integer, Min: 0, Max: 24) Custom alignment: RH						
472	[s5b1] Show the field ONLY if: [s5] = 1 and [s5a1] <> 1	<i>Minutes per day</i>	text (integer, Min: 0, Max: 1440) Custom alignment: RH						
473	[s5b2] Show the field ONLY if: [s5] = 1 and [s5a1] <> 1		radio <table border="1"> <tr><td>1</td><td>Don't know/Not sure</td></tr> </table> <p>Custom alignment: LV</p>	1	Don't know/Not sure				
1	Don't know/Not sure								
474	[s_end]	Section S End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY						

475	[t_heighttable]	Section Header: <i>Section T: Medical Background</i> The content of this field is generated by the Shazam External Module	descriptive Question number: T1																								
476	[t1]	What is your height? <i>Feet</i>	text (integer, Min: 0, Max: 12)																								
477	[t1a]	Inches <i>Inches</i>	text (integer, Min: 0, Max: 12)																								
478	[t_weighttable]	The content of this field is generated by the Shazam External Module	descriptive Question number: T2																								
479	[t2]	What is your weight? <i>Pounds</i>	text (integer, Min: 0, Max: 700)																								
480	[t3]	Has a healthcare provider ever told you that you have any of the following:	checkbox <table border="1"> <tr><td>1</td><td>t3__1</td><td>Sleep apnea</td></tr> <tr><td>2</td><td>t3__2</td><td>Diabetes</td></tr> <tr><td>3</td><td>t3__3</td><td>High blood pressure</td></tr> <tr><td>4</td><td>t3__4</td><td>Depression</td></tr> <tr><td>5</td><td>t3__5</td><td>Asthma/Chronic lung disease</td></tr> </table> Custom alignment: LV Question number: T3	1	t3__1	Sleep apnea	2	t3__2	Diabetes	3	t3__3	High blood pressure	4	t3__4	Depression	5	t3__5	Asthma/Chronic lung disease									
1	t3__1	Sleep apnea																									
2	t3__2	Diabetes																									
3	t3__3	High blood pressure																									
4	t3__4	Depression																									
5	t3__5	Asthma/Chronic lung disease																									
481	[t4]	Has a healthcare provider ever told you that you have any of the following:	checkbox <table border="1"> <tr><td>1</td><td>t4__1</td><td>Bladder cancer</td></tr> <tr><td>2</td><td>t4__2</td><td>Pelvic organ prolapse, dropped bladder or uterus</td></tr> <tr><td>3</td><td>t4__3</td><td>Interstitial cystitis</td></tr> <tr><td>4</td><td>t4__4</td><td>Accidental bowel leakage</td></tr> </table> Custom alignment: LV Question number: T4	1	t4__1	Bladder cancer	2	t4__2	Pelvic organ prolapse, dropped bladder or uterus	3	t4__3	Interstitial cystitis	4	t4__4	Accidental bowel leakage												
1	t4__1	Bladder cancer																									
2	t4__2	Pelvic organ prolapse, dropped bladder or uterus																									
3	t4__3	Interstitial cystitis																									
4	t4__4	Accidental bowel leakage																									
482	[t5]	Has a healthcare provider ever told you that you have any of the following:	checkbox <table border="1"> <tr><td>1</td><td>t5__1</td><td>Cerebral palsy</td></tr> <tr><td>2</td><td>t5__2</td><td>Parkinson's disease</td></tr> <tr><td>3</td><td>t5__3</td><td>Multiple sclerosis</td></tr> <tr><td>4</td><td>t5__4</td><td>Spinal cord injury</td></tr> <tr><td>5</td><td>t5__5</td><td>Stroke</td></tr> <tr><td>6</td><td>t5__6</td><td>Spina bifida</td></tr> </table> Custom alignment: LV Question number: T5	1	t5__1	Cerebral palsy	2	t5__2	Parkinson's disease	3	t5__3	Multiple sclerosis	4	t5__4	Spinal cord injury	5	t5__5	Stroke	6	t5__6	Spina bifida						
1	t5__1	Cerebral palsy																									
2	t5__2	Parkinson's disease																									
3	t5__3	Multiple sclerosis																									
4	t5__4	Spinal cord injury																									
5	t5__5	Stroke																									
6	t5__6	Spina bifida																									
483	[t6]	Have you ever used/had/been treated with any of the following?	checkbox <table border="1"> <tr><td>1</td><td>t6__1</td><td>Pessary or Impresa</td></tr> <tr><td>2</td><td>t6__2</td><td>Botox in the bladder</td></tr> <tr><td>3</td><td>t6__3</td><td>Current dialysis</td></tr> <tr><td>4</td><td>t6__4</td><td>Bladder pacemaker/Nerve stimulation</td></tr> </table> Custom alignment: LV Question number: T6	1	t6__1	Pessary or Impresa	2	t6__2	Botox in the bladder	3	t6__3	Current dialysis	4	t6__4	Bladder pacemaker/Nerve stimulation												
1	t6__1	Pessary or Impresa																									
2	t6__2	Botox in the bladder																									
3	t6__3	Current dialysis																									
4	t6__4	Bladder pacemaker/Nerve stimulation																									
484	[t_start]	Section T Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																								
485	[t7]	Section Header: Have you ever had any of the following surgical procedures?	checkbox <table border="1"> <tr><td>1</td><td>t7__1</td><td>Surgery for urine leakage</td></tr> <tr><td>2</td><td>t7__2</td><td>Hysterectomy (removal of uterus)</td></tr> <tr><td>3</td><td>t7__3</td><td>Removal of bladder tumor</td></tr> <tr><td>4</td><td>t7__4</td><td>Removal of ovaries</td></tr> <tr><td>5</td><td>t7__5</td><td>Kidney transplant</td></tr> <tr><td>6</td><td>t7__6</td><td>Urethral surgery</td></tr> <tr><td>7</td><td>t7__7</td><td>Radiation to the pelvis</td></tr> <tr><td>8</td><td>t7__8</td><td>Surgery for pelvic prolapse (dropped bladder, uterus, rectum)</td></tr> </table> Custom alignment: LV Question number: T7	1	t7__1	Surgery for urine leakage	2	t7__2	Hysterectomy (removal of uterus)	3	t7__3	Removal of bladder tumor	4	t7__4	Removal of ovaries	5	t7__5	Kidney transplant	6	t7__6	Urethral surgery	7	t7__7	Radiation to the pelvis	8	t7__8	Surgery for pelvic prolapse (dropped bladder, uterus, rectum)
1	t7__1	Surgery for urine leakage																									
2	t7__2	Hysterectomy (removal of uterus)																									
3	t7__3	Removal of bladder tumor																									
4	t7__4	Removal of ovaries																									
5	t7__5	Kidney transplant																									
6	t7__6	Urethral surgery																									
7	t7__7	Radiation to the pelvis																									
8	t7__8	Surgery for pelvic prolapse (dropped bladder, uterus, rectum)																									

486	[t8]	Are you currently taking any prescription medication for incontinence or bladder leaks, overactive bladder, or UTI?	<table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: LV Question number: T8</p>	1	No	2	Yes						
1	No												
2	Yes												
487	[t8a] Show the field ONLY if: [t8] = 2	Please check the box next to any medications you are currently taking.	<table border="1"> <tr><td colspan="2">checkbox</td></tr> <tr><td>1</td><td>t8a__1 Hormone replacement</td></tr> <tr><td>2</td><td>t8a__2 Vaginal estrogen</td></tr> <tr><td>3</td><td>t8a__3 Medication for urine leakage</td></tr> <tr><td>4</td><td>t8a__4 Antibiotics to prevent UTI</td></tr> </table> <p>Custom alignment: LV</p>	checkbox		1	t8a__1 Hormone replacement	2	t8a__2 Vaginal estrogen	3	t8a__3 Medication for urine leakage	4	t8a__4 Antibiotics to prevent UTI
checkbox													
1	t8a__1 Hormone replacement												
2	t8a__2 Vaginal estrogen												
3	t8a__3 Medication for urine leakage												
4	t8a__4 Antibiotics to prevent UTI												
488	[t9]	Are you currently taking a diuretic or "water pill" for either high blood pressure, swelling, or any other reason?	<table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV Question number: T9</p>	1	No	2	Yes	3	Don't know				
1	No												
2	Yes												
3	Don't know												
489	[t10]	Have you ever heard of Kegel exercises?	<table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: LV Question number: T10</p>	1	No	2	Yes						
1	No												
2	Yes												
490	[t10a] Show the field ONLY if: [t10] = 2	Do you do Kegel exercises?	<table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: LV</p>	1	No	2	Yes						
1	No												
2	Yes												
491	[t10b] Show the field ONLY if: [t10a] = 2	Have you ever received instruction on how to do a Kegel exercise?	<table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: LV</p>	1	No	2	Yes						
1	No												
2	Yes												
492	[t11]	Has a doctor, nurse, or therapist ever taught you how to do pelvic floor muscle exercises with or without biofeedback?	<table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: LV Question number: T11</p>	1	No	2	Yes						
1	No												
2	Yes												
493	[t_p2]	Section T P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
494	[t12]	Section Header: Have you ever been pregnant?	<table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: LV Question number: T12</p>	1	No	2	Yes						
1	No												
2	Yes												
495	[t12a] Show the field ONLY if: [t12] = 2	Number of pregnancies:	text (integer, Min: 0, Max: 99) Custom alignment: RH										
496	[t12b] Show the field ONLY if: [t12] = 2	Number of births:	text (integer, Min: 0, Max: 99) Custom alignment: RH										
497	[t12c] Show the field ONLY if: [t12b]*1 > '0'	Number of vaginal deliveries:	text (integer, Min: 0, Max: 99) Custom alignment: RH										
498	[t12d] Show the field ONLY if: [t12b]*1 > '0'	Number of caesarian deliveries:	text (integer, Min: 0, Max: 99) Custom alignment: RH										
499	[t12e] Show the field ONLY if: [t12b]*1 > '0'	Your age at first baby's birth: <i>years old</i>	text (integer, Min: 0, Max: 99) Custom alignment: RH										

500	[t13]	Have you smoked at least 100 cigarettes in your ENTIRE LIFE?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV Question number: T13</p>	1	Yes	2	No	3	Don't know		
1	Yes										
2	No										
3	Don't know										
501	[t13a] Show the field ONLY if: [t13] = 1	Do you NOW smoke cigarettes every day, some days, or not at all?	<table border="1"> <tr><td>1</td><td>Every day</td></tr> <tr><td>2</td><td>Some days</td></tr> <tr><td>3</td><td>Not at all</td></tr> <tr><td>4</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV Question number: T13a</p>	1	Every day	2	Some days	3	Not at all	4	Don't know
1	Every day										
2	Some days										
3	Not at all										
4	Don't know										
502	[t_end]	Section T End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY								
503	[form_assist]	Section Header: Did anyone help you complete this form?	<table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Custom alignment: LV</p>	1	No	2	Yes				
1	No										
2	Yes										
504	[consent_desc] Show the field ONLY if: [gp_niddkrandgroup] = '2'	<p>We would like to include your responses in a data repository to make data available for use in research after the VIEW study is completed. This repository is maintained by the National Institutes of Health. No identifying information will be sent. If you agree to share your data, you can change your mind up until the end of the VIEW study. When we receive written instructions from you, we will destroy your data and all information that identifies you. After the VIEW study ends, you will not be able to withdraw your data because the Repository will not know which data are yours. Your data will stay in the Repository indefinitely.</p> <p>Consent to Share Data with the Repository Please indicate whether you will allow us to share your information with the Repository by putting your initials next to one of the following choices:</p>	descriptive								
505	[niddk_table] Show the field ONLY if: [gp_niddkrandgroup] = '2'	The content of this field is generated by the Shazam External Module	descriptive								
506	[niddk_no] Show the field ONLY if: [gp_niddkrandgroup] = '2'	No, I do not consent to sharing my de-identified information with the Repository	text								
507	[niddk_yes] Show the field ONLY if: [gp_niddkrandgroup] = '2'	Yes, I do consent to sharing my de-identified information with the Repository	text								
508	[niddk_check] Show the field ONLY if: [gp_niddkrandgroup] = '2' and [niddk_no] <> "" and [niddk_yes] <> ""	You put your initials next to both Yes and No. Please only put your initials next to one option.	<table border="1"> <tr><td>1</td><td>ok</td></tr> </table> <p>Custom alignment: LV Field Annotation: @HIDECHOICE='1'</p>	1	ok						
1	ok										
509	[niddk_start]	NIDDK Section Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY								
510	[survey_end_desc]	Section Header: If you are ready to submit your survey, press the "Submit" button below.	descriptive								
511	[survey_end]	Survey End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @HIDDEN-SURVEY								
512	[bhi_survey_complete]	Section Header: <i>Form Status</i> Complete?	<table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: GiftCard Redirect (giftcard_redirect) Enabled as survey			[collapsed]								
Instrument: email (email) Enabled as survey			[collapsed]								
Instrument: BHI Survey ReTest (bhi_survey_retest) Enabled as survey											

526	[device_rt]	What type of device are you using to complete this questionnaire?	radio <table border="1"> <tr><td>1</td><td>Phone (such as iPhone, Android, etc.)</td></tr> <tr><td>2</td><td>Tablet (such as an iPad, Samsung Galaxy Tab, etc.)</td></tr> <tr><td>3</td><td>Computer (Laptop or Desktop)</td></tr> </table> Custom alignment: LV	1	Phone (such as iPhone, Android, etc.)	2	Tablet (such as an iPad, Samsung Galaxy Tab, etc.)	3	Computer (Laptop or Desktop)				
1	Phone (such as iPhone, Android, etc.)												
2	Tablet (such as an iPad, Samsung Galaxy Tab, etc.)												
3	Computer (Laptop or Desktop)												
527	[device_desc_rt] Show the field ONLY if: [device_rt] = '1'	It is recommended that you use a tablet or a PC to complete this questionnaire. Some of the material will be difficult to view and respond to on a smart phone.	descriptive										
528	[a_start_rt]	Section Header: <i>Section A: General Health</i> Section A Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
529	[a1_rt]	Overall, how would you rate your well being?	radio <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> </table> Custom alignment: LV Question number: A1	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent												
2	Very good												
3	Good												
4	Fair												
5	Poor												
530	[a2_rt]	Taken all together, how would you say things are these days - would you say that your life is very enjoyable, pretty enjoyable, or not too enjoyable?	radio <table border="1"> <tr><td>1</td><td>Very enjoyable</td></tr> <tr><td>2</td><td>Pretty enjoyable</td></tr> <tr><td>3</td><td>Not too enjoyable</td></tr> </table> Custom alignment: LV Question number: A2	1	Very enjoyable	2	Pretty enjoyable	3	Not too enjoyable				
1	Very enjoyable												
2	Pretty enjoyable												
3	Not too enjoyable												
531	[a3_rt]	In general, would you say your health is:	radio <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> </table> Custom alignment: LV Question number: A3	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent												
2	Very good												
3	Good												
4	Fair												
5	Poor												
532	[a4_rt]	How is your health, compared with others your age?	radio <table border="1"> <tr><td>1</td><td>Much better</td></tr> <tr><td>2</td><td>Somewhat better</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Somewhat worse</td></tr> <tr><td>5</td><td>Much worse</td></tr> </table> Custom alignment: LV Question number: A4	1	Much better	2	Somewhat better	3	About the same	4	Somewhat worse	5	Much worse
1	Much better												
2	Somewhat better												
3	About the same												
4	Somewhat worse												
5	Much worse												
533	[a5_rt]	Compared to one year ago, how would you rate your health in general now?	radio <table border="1"> <tr><td>1</td><td>Much better now than one year ago</td></tr> <tr><td>2</td><td>Somewhat better now than one year ago</td></tr> <tr><td>3</td><td>About the same as one year ago</td></tr> <tr><td>4</td><td>Somewhat worse now than one year ago</td></tr> <tr><td>5</td><td>Much worse now than one year ago</td></tr> </table> Custom alignment: LV Question number: A5	1	Much better now than one year ago	2	Somewhat better now than one year ago	3	About the same as one year ago	4	Somewhat worse now than one year ago	5	Much worse now than one year ago
1	Much better now than one year ago												
2	Somewhat better now than one year ago												
3	About the same as one year ago												
4	Somewhat worse now than one year ago												
5	Much worse now than one year ago												
534	[a6_rt]	How often do you wake up feeling refreshed and well rested?	radio <table border="1"> <tr><td>1</td><td>Almost never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Almost always</td></tr> </table> Custom alignment: LV Question number: A6	1	Almost never	2	Rarely	3	Sometimes	4	Usually	5	Almost always
1	Almost never												
2	Rarely												
3	Sometimes												
4	Usually												
5	Almost always												

535	[a7_rt]	Section Header: These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.	descriptive Question number: A7										
536	[a7a_rt]	Have you felt full of life?	radio (Matrix) <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> Question number: a.	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												
537	[a7b_rt]	Have you been very nervous?	radio (Matrix) <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> Question number: b.	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												
538	[a7c_rt]	Have you been happy?	radio (Matrix) <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> Question number: c.	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												
539	[a7d_rt]	Have you felt downhearted and depressed?	radio (Matrix) <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> Question number: d.	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												
540	[a_p2_rt]	Section A P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
541	[a8_rt]	Section Header: How much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?	descriptive Question number: A8										
542	[a8a_rt]	Accomplished less than you would like	radio (Matrix) <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> Question number: a.	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												
543	[a8b_rt]	Were limited in the kind of work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> Question number: b.	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time
1	All of the time												
2	Most of the time												
3	Some of the time												
4	A little of the time												
5	None of the time												

544	[a8c_rt]	Cut down on the amount of time you spent on work or other activities	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>All of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>5</td><td>None of the time</td></tr> </table> <p>Question number: c.</p>	1	All of the time	2	Most of the time	3	Some of the time	4	A little of the time	5	None of the time						
1	All of the time																		
2	Most of the time																		
3	Some of the time																		
4	A little of the time																		
5	None of the time																		
545	[a_p3_rt]	Section A P3 Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>																
546	[a9_rt]	Section Header:	<p>descriptive Question number: A9</p>																
547	[a9a_rt]	To what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Extremely</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	Slightly	3	Moderately	4	Quite a bit	5	Extremely						
1	Not at all																		
2	Slightly																		
3	Moderately																		
4	Quite a bit																		
5	Extremely																		
548	[a9b_rt]	How much did pain interfere with your normal work (including both work outside the home and housework)?	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>5</td><td>Extremely</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	Slightly	3	Moderately	4	Quite a bit	5	Extremely						
1	Not at all																		
2	Slightly																		
3	Moderately																		
4	Quite a bit																		
5	Extremely																		
549	[a_p4_rt]	Section A P4 Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>																
550	[a10_rt]	Section Header: How much problem or difficulty do you have doing the following:	<p>descriptive Question number: A10</p>																
551	[a10_table_rt]	Can't do it at all No problem at all	<p>descriptive</p>																
552	[a10a_rt]	Vigorous physical activities: -Hard physical work such as lifting or carrying heavy objects (over 25 pounds) or exercise such as cross-fit, weightlifting, long distance running, etc.	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: a.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
553	[a10b_rt]	Moderate physical activities: -Moderate physical work, such as lifting or carrying things that weigh 5 to 25 pounds (e.g., a heavy bag of groceries, etc.) or exercise such as dancing, jogging, Zumba, aerobics, etc.	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: b.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		

554	[a10c_rt]	Light physical activities: -Lifting or carrying things that weight under 5 pounds or exercise such as stretching, yoga, walking, etc.	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: c.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
555	[a_p5_rt]	Section A P5 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
556	[a11_desc_rt]	Section Header: The content of this field is generated by the Shazam External Module	descriptive Question number: A11																
557	[a11_rt]	If you do not take any medications or supplements, check here:	radio <table border="1"> <tr><td>1</td></tr> </table> <p>Custom alignment: RH Question number: A11</p>	1															
1																			
558	[a11a_rt] Show the field ONLY if: [a11_rt] <> '1'	Muscles/movement (stiffness, aches, shaking, feel jittery, etc.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Question number: a.</p>	1	No	2	Yes												
1	No																		
2	Yes																		
559	[a11b_rt] Show the field ONLY if: [a11_rt] <> '1'	Peeing/urine (such as peeing more or less often, urine color/odor, etc.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Question number: b.</p>	1	No	2	Yes												
1	No																		
2	Yes																		
560	[a11c_rt] Show the field ONLY if: [a11_rt] <> '1'	Sleep (sleeping a lot, trouble getting to sleep, waking up, etc.)	radio (Matrix) <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Question number: c.</p>	1	No	2	Yes												
1	No																		
2	Yes																		
561	[a11d_rt] Show the field ONLY if: [a11_rt] <> '1'	Appetite/weight (gain or loss)	radio (Matrix) <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Question number: d.</p>	1	No	2	Yes												
1	No																		
2	Yes																		
562	[a11e_rt] Show the field ONLY if: [a11_rt] <> '1'	Fatigue (feeling tired, hard to concentrate)	radio (Matrix) <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> <p>Question number: e.</p>	1	No	2	Yes												
1	No																		
2	Yes																		
563	[a11_desc2_rt] Show the field ONLY if: [a11_rt] <> '1'	When answering the rest of the questions in this survey, please include these side effects even if it is a side effect of a medication or supplement.	descriptive																
564	[a_end_rt]	Section A End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
565	[b_start_rt]	Section Header: <i>Section B: General Bladder Health & Performance</i> Section B Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
566	[b1_rt]	When was the last time you thought about your bladder?	radio <table border="1"> <tr><td>1</td><td>Hardly ever, I can't remember the last time</td></tr> <tr><td>2</td><td>In the past hour</td></tr> <tr><td>3</td><td>Within the past few hours</td></tr> <tr><td>4</td><td>At least once today</td></tr> <tr><td>5</td><td>Within the past week</td></tr> <tr><td>6</td><td>At least a month or longer</td></tr> </table> <p>Custom alignment: LV Question number: B1</p>	1	Hardly ever, I can't remember the last time	2	In the past hour	3	Within the past few hours	4	At least once today	5	Within the past week	6	At least a month or longer				
1	Hardly ever, I can't remember the last time																		
2	In the past hour																		
3	Within the past few hours																		
4	At least once today																		
5	Within the past week																		
6	At least a month or longer																		

567	[b2_rt]	Which of the following best captures how you feel about your bladder?	<p>radio</p> <table border="1"> <tr><td>1</td><td>It should be in the Bladder Hall of Fame</td></tr> <tr><td>2</td><td>I have a good one</td></tr> <tr><td>3</td><td>It works well enough</td></tr> <tr><td>4</td><td>It's not great</td></tr> <tr><td>5</td><td>I wish I could return it</td></tr> <tr><td>6</td><td>I got a lemon/I want a new one</td></tr> </table> <p>Custom alignment: LV Question number: B2</p>	1	It should be in the Bladder Hall of Fame	2	I have a good one	3	It works well enough	4	It's not great	5	I wish I could return it	6	I got a lemon/I want a new one
1	It should be in the Bladder Hall of Fame														
2	I have a good one														
3	It works well enough														
4	It's not great														
5	I wish I could return it														
6	I got a lemon/I want a new one														
568	[b3_rt]	How strongly do you agree with the following statement:A healthy bladder is a bladder you don't think about.	<p>radio</p> <table border="1"> <tr><td>1</td><td>Strongly Agree</td></tr> <tr><td>2</td><td>Somewhat Agree</td></tr> <tr><td>3</td><td>Somewhat Disagree</td></tr> <tr><td>4</td><td>Disagree</td></tr> <tr><td>5</td><td>Strongly Disagree</td></tr> </table> <p>Custom alignment: LV Question number: B3</p>	1	Strongly Agree	2	Somewhat Agree	3	Somewhat Disagree	4	Disagree	5	Strongly Disagree		
1	Strongly Agree														
2	Somewhat Agree														
3	Somewhat Disagree														
4	Disagree														
5	Strongly Disagree														
569	[b4_rt]	My bladder is...	<p>radio</p> <table border="1"> <tr><td>1</td><td>No bother at all</td></tr> <tr><td>2</td><td>A little bothersome</td></tr> <tr><td>3</td><td>Somewhat bothersome</td></tr> <tr><td>4</td><td>Very bothersome</td></tr> <tr><td>5</td><td>A constant bother</td></tr> </table> <p>Custom alignment: LV Question number: B4</p>	1	No bother at all	2	A little bothersome	3	Somewhat bothersome	4	Very bothersome	5	A constant bother		
1	No bother at all														
2	A little bothersome														
3	Somewhat bothersome														
4	Very bothersome														
5	A constant bother														
570	[b5_rt]	How would you rate the function of your bladder?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very Good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>6</td><td>Terrible</td></tr> </table> <p>Custom alignment: LV Question number: B5</p>	1	Excellent	2	Very Good	3	Good	4	Fair	5	Poor	6	Terrible
1	Excellent														
2	Very Good														
3	Good														
4	Fair														
5	Poor														
6	Terrible														
571	[b6_rt]	Compared to others your age, is your bladder function...	<p>radio</p> <table border="1"> <tr><td>1</td><td>Much better</td></tr> <tr><td>2</td><td>Somewhat better</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Somewhat worse</td></tr> <tr><td>5</td><td>Much worse</td></tr> </table> <p>Custom alignment: LV Question number: B6</p>	1	Much better	2	Somewhat better	3	About the same	4	Somewhat worse	5	Much worse		
1	Much better														
2	Somewhat better														
3	About the same														
4	Somewhat worse														
5	Much worse														
572	[b7_rt]	Compared to a year ago, is your bladder function...	<p>radio</p> <table border="1"> <tr><td>1</td><td>Much better now</td></tr> <tr><td>2</td><td>Somewhat better now</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Somewhat worse now</td></tr> <tr><td>5</td><td>Much worse now</td></tr> </table> <p>Custom alignment: LV Question number: B7</p>	1	Much better now	2	Somewhat better now	3	About the same	4	Somewhat worse now	5	Much worse now		
1	Much better now														
2	Somewhat better now														
3	About the same														
4	Somewhat worse now														
5	Much worse now														

573	[b8_rt]	When you laugh, cough, or sneeze do you ever leak even a few drops of urine/pee?	radio <table border="1"> <tr><td>1</td><td>No, it has never happened</td></tr> <tr><td>2</td><td>Yes, but very rarely</td></tr> <tr><td>3</td><td>Yes, rarely</td></tr> <tr><td>4</td><td>Yes, sometimes</td></tr> <tr><td>5</td><td>Yes, often</td></tr> <tr><td>6</td><td>Yes, all the time</td></tr> </table> Custom alignment: LV Question number: B8	1	No, it has never happened	2	Yes, but very rarely	3	Yes, rarely	4	Yes, sometimes	5	Yes, often	6	Yes, all the time		
1	No, it has never happened																
2	Yes, but very rarely																
3	Yes, rarely																
4	Yes, sometimes																
5	Yes, often																
6	Yes, all the time																
574	[b9_table_rt]	Section Header: The content of this field is generated by the Shazam External Module	descriptive Question number: B9														
575	[b9_rt]		radio <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> </table> Custom alignment: LH	1	1	2	2	3	3	4	4	5	5	6	6	7	7
1	1																
2	2																
3	3																
4	4																
5	5																
6	6																
7	7																
576	[b10_rt]	In the past month, how often did you wake up during the night and have trouble getting back to sleep?	radio <table border="1"> <tr><td>1</td><td>Every night</td></tr> <tr><td>2</td><td>Almost always, several nights a week</td></tr> <tr><td>3</td><td>Often, at least once a week</td></tr> <tr><td>4</td><td>Sometimes, several times a month</td></tr> <tr><td>5</td><td>Rarely, less than once a month</td></tr> <tr><td>6</td><td>Never</td></tr> </table> Custom alignment: LV Question number: B10	1	Every night	2	Almost always, several nights a week	3	Often, at least once a week	4	Sometimes, several times a month	5	Rarely, less than once a month	6	Never		
1	Every night																
2	Almost always, several nights a week																
3	Often, at least once a week																
4	Sometimes, several times a month																
5	Rarely, less than once a month																
6	Never																
577	[b10_missing_rt] Show the field ONLY if: [b10_rt] = "	Your answer to B10 determines where you go next. Please provide a response.	descriptive														
578	[b10a_rt] Show the field ONLY if: [b10_rt]<>'6'	How often is this due to your bladder, such as needing to get up to pee or feeling discomfort?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Every time</td></tr> </table> Custom alignment: LV Question number: B10a	1	Never	2	Rarely	3	Sometimes	4	Often	5	Every time				
1	Never																
2	Rarely																
3	Sometimes																
4	Often																
5	Every time																
579	[b11_rt]	Which best describes your getting to the bathroom in the morning?	radio <table border="1"> <tr><td>1</td><td>I have no problem holding it until I get to the bathroom</td></tr> <tr><td>2</td><td>I worry about whether I can hold it until I get to the bathroom although I always make it</td></tr> <tr><td>3</td><td>I can't always hold it until I get to the bathroom</td></tr> <tr><td>4</td><td>I usually can't hold it until I get to the bathroom</td></tr> <tr><td>5</td><td>I can never hold it until I get to the bathroom</td></tr> </table> Custom alignment: LV Question number: B11	1	I have no problem holding it until I get to the bathroom	2	I worry about whether I can hold it until I get to the bathroom although I always make it	3	I can't always hold it until I get to the bathroom	4	I usually can't hold it until I get to the bathroom	5	I can never hold it until I get to the bathroom				
1	I have no problem holding it until I get to the bathroom																
2	I worry about whether I can hold it until I get to the bathroom although I always make it																
3	I can't always hold it until I get to the bathroom																
4	I usually can't hold it until I get to the bathroom																
5	I can never hold it until I get to the bathroom																
580	[b12_rt]	When you feel the need to pee, once you get to the bathroom how well does "getting done what you need to do" happen for you?	radio <table border="1"> <tr><td>1</td><td>I am just in and out and on with my day</td></tr> <tr><td>2</td><td>I take care of things pretty well</td></tr> <tr><td>3</td><td>It can be more of a chore than I would like</td></tr> <tr><td>4</td><td>I dread when I need to pee</td></tr> </table> Custom alignment: LV Question number: B12	1	I am just in and out and on with my day	2	I take care of things pretty well	3	It can be more of a chore than I would like	4	I dread when I need to pee						
1	I am just in and out and on with my day																
2	I take care of things pretty well																
3	It can be more of a chore than I would like																
4	I dread when I need to pee																
581	[b_p2_rt]	Section B P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														

582	[b13_table_rt]	Section Header: The content of this field is generated by the Shazam External Module	descriptive Question number: B13																						
583	[b13_rt]	When it comes to my bladder...	radio <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>10</td><td>9</td></tr> <tr><td>11</td><td>10</td></tr> </table> Custom alignment: RH Question number: B13	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	10	9	11	10
1	0																								
2	1																								
3	2																								
4	3																								
5	4																								
6	5																								
7	6																								
8	7																								
9	8																								
10	9																								
11	10																								
584	[b_end_rt]	Section B End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																						
585	[c1_rt]	Section Header: <i>Section C: Your Bladder and General Day to Day</i> The content of this field is generated by the Shazam External Module	descriptive Question number: C1																						
586	[c1o1_rt]	I don't think about my bladder, outside of it letting me know that I need to pee	radio <table border="1"> <tr><td>1</td></tr> </table> Custom alignment: RH	1																					
1																									
587	[c1o2_rt]	I think about or plan some things around my bladder such as limiting how much or what I drink, knowing where bathrooms are, always use bathroom before I leave the house, etc.	radio <table border="1"> <tr><td>1</td></tr> </table> Custom alignment: RH	1																					
1																									
588	[c1o3_rt]	Somewhere between option 1 and 2	radio <table border="1"> <tr><td>1</td></tr> </table> Custom alignment: RH	1																					
1																									
589	[c1_check_rt] Show the field ONLY if: sum([c1o1_rt], [c1o2_rt], [c1o3_rt]) > 1	Please choose only one of the above options.	descriptive																						
590	[c1a_rt] Show the field ONLY if: [c1o1_rt] = '1'	Has there ever been a time in your life when your bladder interfered with your day to day activities, no matter how minor?	radio <table border="1"> <tr><td>1</td><td>No, not even once</td></tr> <tr><td>2</td><td>Yes, it has happened at least once or twice recently</td></tr> <tr><td>3</td><td>Yes, it has happened at least once or twice in the past, but not recently</td></tr> </table> Custom alignment: LV Question number: C1a	1	No, not even once	2	Yes, it has happened at least once or twice recently	3	Yes, it has happened at least once or twice in the past, but not recently																
1	No, not even once																								
2	Yes, it has happened at least once or twice recently																								
3	Yes, it has happened at least once or twice in the past, but not recently																								
591	[c1_missing_rt] Show the field ONLY if: [c1o1_rt] = "" and [c1o2_rt] = "" and [c1o3_rt] = ""	Your answer to C1 determines where you go next. Please provide a response.	descriptive																						
592	[c1a_missing_rt] Show the field ONLY if: [c1o1_rt] = '1' and [c1a_rt] = ""	Your answer to C1a determines where you go next. Please provide a response.	descriptive																						
593	[c_start_rt]	Section C Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																						
594	[c2_desc_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	Section Header: How easy or difficult are each of the following?	descriptive Question number: C2																						

595	[c2a_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	When you feel the need to pee, how easy or difficult is it to hold it?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Very Easy</td></tr> <tr><td>2</td><td>Easy</td></tr> <tr><td>3</td><td>Somewhat Easy</td></tr> <tr><td>4</td><td>Somewhat Difficult</td></tr> <tr><td>5</td><td>Difficult</td></tr> <tr><td>6</td><td>Very Difficult</td></tr> </table> <p>Question number: a.</p>	1	Very Easy	2	Easy	3	Somewhat Easy	4	Somewhat Difficult	5	Difficult	6	Very Difficult
1	Very Easy														
2	Easy														
3	Somewhat Easy														
4	Somewhat Difficult														
5	Difficult														
6	Very Difficult														
596	[c2b_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	When you feel the need to pee, how easy or difficult is it to start peeing?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Very Easy</td></tr> <tr><td>2</td><td>Easy</td></tr> <tr><td>3</td><td>Somewhat Easy</td></tr> <tr><td>4</td><td>Somewhat Difficult</td></tr> <tr><td>5</td><td>Difficult</td></tr> <tr><td>6</td><td>Very Difficult</td></tr> </table> <p>Question number: b.</p>	1	Very Easy	2	Easy	3	Somewhat Easy	4	Somewhat Difficult	5	Difficult	6	Very Difficult
1	Very Easy														
2	Easy														
3	Somewhat Easy														
4	Somewhat Difficult														
5	Difficult														
6	Very Difficult														
597	[c2c_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	When you pee, how easy or difficult is it to completely empty your bladder?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Very Easy</td></tr> <tr><td>2</td><td>Easy</td></tr> <tr><td>3</td><td>Somewhat Easy</td></tr> <tr><td>4</td><td>Somewhat Difficult</td></tr> <tr><td>5</td><td>Difficult</td></tr> <tr><td>6</td><td>Very Difficult</td></tr> </table> <p>Question number: c.</p>	1	Very Easy	2	Easy	3	Somewhat Easy	4	Somewhat Difficult	5	Difficult	6	Very Difficult
1	Very Easy														
2	Easy														
3	Somewhat Easy														
4	Somewhat Difficult														
5	Difficult														
6	Very Difficult														
598	[c_p2_rt]	Section C P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
599	[c3_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	Section Header: How often have you had any of the following problems with your work or other regular daily activities as a result of your bladder?	descriptive Question number: C3												
600	[c3a_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	Accomplished less than you would like	radio (Matrix) <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table> <p>Question number: a.</p>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time		
1	None of the time														
2	A little of the time														
3	Some of the time														
4	Most of the time														
5	All of the time														
601	[c3b_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	Were limited in the kind of work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table> <p>Question number: b.</p>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time		
1	None of the time														
2	A little of the time														
3	Some of the time														
4	Most of the time														
5	All of the time														
602	[c3c_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	Cut down on the amount of time you spent on work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All of the time</td></tr> </table> <p>Question number: c.</p>	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All of the time		
1	None of the time														
2	A little of the time														
3	Some of the time														
4	Most of the time														
5	All of the time														
603	[c_p3_rt]	Section C P3 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
604	[c4_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	Section Header: How much does your bladder each of the following, with 0 being no impact and 7 being dramatic negative impact?	descriptive Question number: C4												

605	[c4_table_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	No Impact Dramatic Negative Impact	descriptive																
606	[c4a_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	Your ability to enjoy life	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> Question number: a.	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
607	[c4b_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	How you feel about your overall health	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> Question number: b.	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
608	[c4c_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	How you feel about yourself as a person	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> Question number: c.	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
609	[c4d_rt] Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'	Your life in general	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> Question number: d.	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
610	[c_p4_rt]	Section C P4 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																

611	<p>[c5_rt]</p> <p>Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'</p>	<p>Section Header:</p> <p>Thinking about the most recent time your bladder affected you, how long did this last?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>A day or two</td></tr> <tr><td>2</td><td>A week</td></tr> <tr><td>3</td><td>A month or two</td></tr> <tr><td>4</td><td>The past 6 months</td></tr> <tr><td>5</td><td>The past year</td></tr> <tr><td>6</td><td>Longer than that</td></tr> </table> <p>Custom alignment: LV Question number: C5</p>	1	A day or two	2	A week	3	A month or two	4	The past 6 months	5	The past year	6	Longer than that
1	A day or two														
2	A week														
3	A month or two														
4	The past 6 months														
5	The past year														
6	Longer than that														
612	<p>[c6_rt]</p> <p>Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'</p>	<p>Have you ever stopped doing things you enjoy, even if for just a short period of time, because of your bladder?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No, it never stopped me from doing things I enjoy</td></tr> <tr><td>2</td><td>Yes, I stopped doing one or two things</td></tr> <tr><td>3</td><td>Yes, I stopped doing three or four things</td></tr> <tr><td>4</td><td>Yes, I stopped doing many things</td></tr> </table> <p>Custom alignment: LV Question number: C6</p>	1	No, it never stopped me from doing things I enjoy	2	Yes, I stopped doing one or two things	3	Yes, I stopped doing three or four things	4	Yes, I stopped doing many things				
1	No, it never stopped me from doing things I enjoy														
2	Yes, I stopped doing one or two things														
3	Yes, I stopped doing three or four things														
4	Yes, I stopped doing many things														
613	<p>[c6a_rt]</p> <p>Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3' and [c6_rt] <> '1'</p>	<p>When was the most recent time you stopped doing something you enjoy because of your bladder?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past six months</td></tr> <tr><td>4</td><td>Longer than that</td></tr> </table> <p>Custom alignment: LV Question number: C6a</p>	1	Within the past month	2	Within the past few months	3	Within the past six months	4	Longer than that				
1	Within the past month														
2	Within the past few months														
3	Within the past six months														
4	Longer than that														
614	<p>[c7_rt]</p> <p>Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'</p>	<p>My bladder is...</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No bother at all</td></tr> <tr><td>2</td><td>A little bothersome</td></tr> <tr><td>3</td><td>Somewhat bothersome</td></tr> <tr><td>4</td><td>Very bothersome</td></tr> <tr><td>5</td><td>A constant bother</td></tr> </table> <p>Custom alignment: LV Question number: C7</p>	1	No bother at all	2	A little bothersome	3	Somewhat bothersome	4	Very bothersome	5	A constant bother		
1	No bother at all														
2	A little bothersome														
3	Somewhat bothersome														
4	Very bothersome														
5	A constant bother														
615	<p>[c8_rt]</p> <p>Show the field ONLY if: [c1a_rt] <> '1' and [c1a_rt] <> '3'</p>	<p>Have there been times in your life when your bladder interfered with your life more than it does now?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No, never</td></tr> <tr><td>2</td><td>Yes, but not recently</td></tr> </table> <p>Custom alignment: LV Question number: C8</p>	1	No, never	2	Yes, but not recently								
1	No, never														
2	Yes, but not recently														
616	<p>[c8a_desc_rt]</p> <p>Show the field ONLY if: [c8_rt] = '2'</p>	<p>At its worst, how much did your bladder affect each of the following:</p>	<p>descriptive Question number: C8a</p>												
617	<p>[c8a_rt]</p> <p>Show the field ONLY if: [c8_rt] = '2'</p>	<p>I accomplished less than I would like</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	A little	3	Some	4	A lot				
1	Not at all														
2	A little														
3	Some														
4	A lot														
618	<p>[c8b_rt]</p> <p>Show the field ONLY if: [c8_rt] = '2'</p>	<p>I was limited in the kind of work or other activities I could do</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	A little	3	Some	4	A lot				
1	Not at all														
2	A little														
3	Some														
4	A lot														

619	[c8c_rt] Show the field ONLY if: [c8_rt] = '2'	I had to cut down on the amount of time I spent on work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: c.	1	Not at all	2	A little	3	Some	4	A lot								
1	Not at all																		
2	A little																		
3	Some																		
4	A lot																		
620	[c8_missing_rt] Show the field ONLY if: ([c1a_rt] <> '1' and [c1a_rt] <> '3') and [c8_rt] = ''	Your answer to C8 determines where you go next. Please provide a response.	descriptive																
621	[c_end_rt]	Section C End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
622	[d1_rt] Show the field ONLY if: [c1a_rt] = '3'	Section Header: <i>Section D: Your Bladder In the Past</i> While your bladder doesn't currently affect you, you indicated that it has in the past. During the time when your bladder was at its worst, how often did you have any of the following problems with your work or other regular daily activities as a result of your bladder?	descriptive Question number: D1																
623	[d1a_rt] Show the field ONLY if: [c1a_rt] = '3'	Accomplished less than you would like	radio (Matrix) <table border="1"> <tr><td>1</td><td>All ofthe time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some ofthe time</td></tr> <tr><td>4</td><td>A little ofthe time</td></tr> <tr><td>5</td><td>None ofthe time</td></tr> </table> Question number: a.	1	All ofthe time	2	Most of the time	3	Some ofthe time	4	A little ofthe time	5	None ofthe time						
1	All ofthe time																		
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3	Some ofthe time																		
4	A little ofthe time																		
5	None ofthe time																		
624	[d1b_rt] Show the field ONLY if: [c1a_rt] = '3'	Were limited in the kind of work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>All ofthe time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some ofthe time</td></tr> <tr><td>4</td><td>A little ofthe time</td></tr> <tr><td>5</td><td>None ofthe time</td></tr> </table> Question number: b.	1	All ofthe time	2	Most of the time	3	Some ofthe time	4	A little ofthe time	5	None ofthe time						
1	All ofthe time																		
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3	Some ofthe time																		
4	A little ofthe time																		
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625	[d1c_rt] Show the field ONLY if: [c1a_rt] = '3'	Cut down on the amount of time you spent on work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>All ofthe time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>3</td><td>Some ofthe time</td></tr> <tr><td>4</td><td>A little ofthe time</td></tr> <tr><td>5</td><td>None ofthe time</td></tr> </table> Question number: c.	1	All ofthe time	2	Most of the time	3	Some ofthe time	4	A little ofthe time	5	None ofthe time						
1	All ofthe time																		
2	Most of the time																		
3	Some ofthe time																		
4	A little ofthe time																		
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626	[d_start_rt]	Section D Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
627	[d2_rt] Show the field ONLY if: [c1a_rt] = '3'	Section Header: During the time when your bladder affected your the most, how much did your bladder impact each of the following, with 0 being no impact and 7 being dramatic negative impact?	descriptive Question number: D2																
628	[d2_table_rt] Show the field ONLY if: [c1a_rt] = '3'	NoImpact DramaticNegative Impact	descriptive																
629	[d2a_rt] Show the field ONLY if: [c1a_rt] = '3'	Your ability to enjoy life	radio (Matrix) <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> Question number: a.	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
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3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		

630	<p>[d2b_rt]</p> <p>Show the field ONLY if: [c1a_rt] = '3'</p>	How you feel about your overall health	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: b.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
631	<p>[d2c_rt]</p> <p>Show the field ONLY if: [c1a_rt] = '3'</p>	How you feel about yourself as a person	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: c.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
632	<p>[d2d_rt]</p> <p>Show the field ONLY if: [c1a_rt] = '3'</p>	Your life in general	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: d.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
633	[d_p2_rt]	Section D P2 Timestamp	<p>text (datetime_seconds_mdy)</p> <p>Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>																
634	<p>[d3_rt]</p> <p>Show the field ONLY if: [c1a_rt] = '3'</p>	<p>Section Header:</p> <p>Have you ever stopped doing things you enjoy, even if for just a short period of time, because of your bladder?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No, it never stopped me from doing things I enjoy</td></tr> <tr><td>2</td><td>Yes, I stopped doing one or two things</td></tr> <tr><td>3</td><td>Yes, I stopped doing three or four things</td></tr> <tr><td>4</td><td>Yes, I stopped doing many things</td></tr> </table> <p>Custom alignment: LV</p> <p>Question number: D3</p>	1	No, it never stopped me from doing things I enjoy	2	Yes, I stopped doing one or two things	3	Yes, I stopped doing three or four things	4	Yes, I stopped doing many things								
1	No, it never stopped me from doing things I enjoy																		
2	Yes, I stopped doing one or two things																		
3	Yes, I stopped doing three or four things																		
4	Yes, I stopped doing many things																		
635	<p>[d3_missing_rt]</p> <p>Show the field ONLY if: [c1a_rt] = '3' and [d3_rt] = ""</p>	Your answer to D3 determines where you go next. Please provide a response.	descriptive																
636	<p>[d3a_rt]</p> <p>Show the field ONLY if: [c1a_rt] = '3' and [d3_rt] <> '1'</p>	When was the most recent time you stopped doing something you enjoy because of your bladder?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Within the past 6 months</td></tr> <tr><td>2</td><td>Within the past year</td></tr> <tr><td>3</td><td>Within the past couple of years</td></tr> <tr><td>4</td><td>Longer than that</td></tr> </table> <p>Custom alignment: LV</p> <p>Question number: D3a</p>	1	Within the past 6 months	2	Within the past year	3	Within the past couple of years	4	Longer than that								
1	Within the past 6 months																		
2	Within the past year																		
3	Within the past couple of years																		
4	Longer than that																		

637	[d4_rt] Show the field ONLY if: [c1a_rt] = '3'	In the past when your bladder affected you the most, how long did that last?	radio <table border="1"> <tr><td>1</td><td>A day or two</td></tr> <tr><td>2</td><td>A week</td></tr> <tr><td>3</td><td>A month or two</td></tr> <tr><td>4</td><td>At least 6 months</td></tr> <tr><td>5</td><td>At least a year</td></tr> <tr><td>6</td><td>Longer than that</td></tr> </table> Custom alignment: LV Question number: D4	1	A day or two	2	A week	3	A month or two	4	At least 6 months	5	At least a year	6	Longer than that
1	A day or two														
2	A week														
3	A month or two														
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5	At least a year														
6	Longer than that														
638	[d5_rt] Show the field ONLY if: [c1a_rt] = '3'	At its worst my bladder was...	radio <table border="1"> <tr><td>1</td><td>No bother at all</td></tr> <tr><td>2</td><td>A little bothersome</td></tr> <tr><td>3</td><td>Somewhat bothersome</td></tr> <tr><td>4</td><td>Very bothersome</td></tr> <tr><td>5</td><td>A constant bother</td></tr> </table> Custom alignment: LV Question number: D5	1	No bother at all	2	A little bothersome	3	Somewhat bothersome	4	Very bothersome	5	A constant bother		
1	No bother at all														
2	A little bothersome														
3	Somewhat bothersome														
4	Very bothersome														
5	A constant bother														
639	[d_p3_rt]	Section D P3 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
640	[d6a_desc_rt] Show the field ONLY if: [c1a_rt] = '3'	Section Header: At its worst, how much did your bladder affect each of the following:	descriptive Question number: D6												
641	[d6a_rt] Show the field ONLY if: [c1a_rt] = '3'	I accomplished less than I would like	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: a.	1	Not at all	2	A little	3	Some	4	A lot				
1	Not at all														
2	A little														
3	Some														
4	A lot														
642	[d6b_rt] Show the field ONLY if: [c1a_rt] = '3'	I was limited in the kind of work or other activities I could do	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: b.	1	Not at all	2	A little	3	Some	4	A lot				
1	Not at all														
2	A little														
3	Some														
4	A lot														
643	[d6c_rt] Show the field ONLY if: [c1a_rt] = '3'	I had to cut down on the amount of time I spent on work or other activities	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> Question number: c.	1	Not at all	2	A little	3	Some	4	A lot				
1	Not at all														
2	A little														
3	Some														
4	A lot														
644	[d_end_rt]	Section D End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
645	[e1_rt]	Section Header: <i>Section E: Your Bladder & Specific Activities</i> Due to your bladder, how much difficulty do you currently have with the following types of physical activity?	descriptive Question number: E1												
646	[e1_table_rt]	Can't do it at all Due to my bladder No problem at all	descriptive												

647	[e1a_rt]	Vigorous physical activities that your bladder interferes with:• Hard physical work such as lifting or carrying heavy objects (over 25 pounds) or exercise such as cross-fit, weightlifting, long distance running, etc.	radio (Matrix) <table border="1" data-bbox="1055 31 1112 325"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: a.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
648	[e1b_rt]	Moderate physical activities that your bladder interferes with:• Moderate physical work, such as lifting or carrying things that weight 5 to 25 pounds (e.g., a heavy bag of groceries, etc.) or exercise such as dancing, jogging, Zumba, aerobics, etc.	radio (Matrix) <table border="1" data-bbox="1055 409 1112 703"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: b.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
649	[e1c_rt]	Light physical activities that your bladder interferes with:• Lifting or carrying things that weigh under 5 pounds or exercise such as stretching, yoga, walking, etc.	radio (Matrix) <table border="1" data-bbox="1055 787 1112 1081"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Question number: c.</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
650	[e_start_rt]	Section E Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
651	[e2a_desc_rt]	Section Header: How much do you think about your bladder with each of the following types of travel?	descriptive Question number: E2																
652	[e2a_rt]	Getting around town using your own car (running errands, getting to work, etc.)	radio (Matrix) <table border="1" data-bbox="1055 1312 1429 1575"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> <tr><td>7</td><td>Not Applicable</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this	7	Not Applicable		
1	Not at all																		
2	A little bit																		
3	Some																		
4	A lot																		
5	All the time																		
6	My bladder prevents me from doing this																		
7	Not Applicable																		
653	[e2b_rt]	Getting around town using public transportation (bus, light rail, train) to run errands, get to work, etc.	radio (Matrix) <table border="1" data-bbox="1055 1659 1429 1921"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> <tr><td>7</td><td>Not Applicable</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this	7	Not Applicable		
1	Not at all																		
2	A little bit																		
3	Some																		
4	A lot																		
5	All the time																		
6	My bladder prevents me from doing this																		
7	Not Applicable																		

654	[e2c_rt]	Long distance traveling in your own car	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> <tr><td>7</td><td>Not Applicable</td></tr> </table> <p>Question number: c.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this	7	Not Applicable
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	All the time																
6	My bladder prevents me from doing this																
7	Not Applicable																
655	[e2d_rt]	Long distance traveling by plane, train, or bus	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> <tr><td>7</td><td>Not Applicable</td></tr> </table> <p>Question number: d.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this	7	Not Applicable
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	All the time																
6	My bladder prevents me from doing this																
7	Not Applicable																
656	[e_p2_rt]	Section E P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
657	[e3a_desc_rt]	Section Header: How much do you think about your bladder for each of the following types of social activities?	descriptive Question number: E3														
658	[e3a_rt]	Going out to dinner, movies, plays, concerts, etc.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this		
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	All the time																
6	My bladder prevents me from doing this																
659	[e3b_rt]	Going out to social events like religious services (church, mosque, temple, etc.), a wedding, or a funeral	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this		
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3	Some																
4	A lot																
5	All the time																
6	My bladder prevents me from doing this																
660	[e3c_rt]	Going to home of friends or family for a dinner or party	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: c.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this		
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	All the time																
6	My bladder prevents me from doing this																
661	[e3d_rt]	Having friends or family come to my home for a dinner or party	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: d.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this		
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	All the time																
6	My bladder prevents me from doing this																

662	[e3e_rt]	Spending time with friends	<table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: e.</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this
1	Not at all														
2	A little bit														
3	Some														
4	A lot														
5	All the time														
6	My bladder prevents me from doing this														
663	[e_p3_rt]	Section E P3 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
664	[e4a_desc_rt]	Section Header: For each of the following, please indicate the extent to which your bladder currently impacts your daily work, home, or school obligations.	descriptive Question number: E4												
665	[e4a_rt]	Ability to focus your responsibilities	<table border="1"> <tr><td>1</td><td>None at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: a.</p>	1	None at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this
1	None at all														
2	A little bit														
3	Some														
4	A lot														
5	All the time														
6	My bladder prevents me from doing this														
666	[e4b_rt]	Participating in meetings or other group activities	<table border="1"> <tr><td>1</td><td>None at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: b.</p>	1	None at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this
1	None at all														
2	A little bit														
3	Some														
4	A lot														
5	All the time														
6	My bladder prevents me from doing this														
667	[e4c_rt]	Getting to things on time or keeping to a schedule	<table border="1"> <tr><td>1</td><td>None at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: c.</p>	1	None at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this
1	None at all														
2	A little bit														
3	Some														
4	A lot														
5	All the time														
6	My bladder prevents me from doing this														
668	[e4d_rt]	Meeting your responsibilities, such as getting everything done that is expected of you	<table border="1"> <tr><td>1</td><td>None at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>6</td><td>My bladder prevents me from doing this</td></tr> </table> <p>Question number: d.</p>	1	None at all	2	A little bit	3	Some	4	A lot	5	All the time	6	My bladder prevents me from doing this
1	None at all														
2	A little bit														
3	Some														
4	A lot														
5	All the time														
6	My bladder prevents me from doing this														
669	[e_p4_rt]	Section E P4 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
670	[e5_table_rt]	Section Header: The content of this field is generated by the Shazam External Module	descriptive Question number: E5												

671	[e5_rt]		<table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> </table> <p>Custom alignment: LH</p>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7
1	0																		
2	1																		
3	2																		
4	3																		
5	4																		
6	5																		
7	6																		
8	7																		
672	[e_p5_rt]	Section E P5 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																
673	[e6a_desc_rt]	Section Header: Some women find that bladder issues may affect intimacy and their relationships with others, how much does your bladder affect:	descriptive Question number: E6																
674	[e6a_rt]	Emotional intimacy with others	<table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	A little bit	3	Some	4	A lot								
1	Not at all																		
2	A little bit																		
3	Some																		
4	A lot																		
675	[e6b_rt]	Physical intimacy, other than sex	<table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	A little bit	3	Some	4	A lot								
1	Not at all																		
2	A little bit																		
3	Some																		
4	A lot																		
676	[e6c_rt]	Sexual intimacy	<table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Question number: c.</p>	1	Not at all	2	A little bit	3	Some	4	A lot								
1	Not at all																		
2	A little bit																		
3	Some																		
4	A lot																		
677	[e7_rt]	Are you currently	<table border="1"> <tr><td>1</td><td>Single, not seeking to be in a relationship</td></tr> <tr><td>2</td><td>Single, open to or seeking to be in a relationship</td></tr> <tr><td>3</td><td>In a relationship</td></tr> </table> <p>Custom alignment: LV Question number: E7</p>	1	Single, not seeking to be in a relationship	2	Single, open to or seeking to be in a relationship	3	In a relationship										
1	Single, not seeking to be in a relationship																		
2	Single, open to or seeking to be in a relationship																		
3	In a relationship																		
678	[e7a_rt] Show the field ONLY if: [e7_rt] = '1'	How much, if at all, is this due to your bladder?	<table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>My bladder is the primary reason I am not in or seeking to be in a relationship</td></tr> </table> <p>Custom alignment: LV Question number: E7a</p>	1	Not at all	2	A little	3	Some	4	A lot	5	My bladder is the primary reason I am not in or seeking to be in a relationship						
1	Not at all																		
2	A little																		
3	Some																		
4	A lot																		
5	My bladder is the primary reason I am not in or seeking to be in a relationship																		
679	[e7b_rt] Show the field ONLY if: [e7_rt] = '2'	How much, if at all, is your bladder a consideration in this?	<table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> </table> <p>Custom alignment: LV Question number: E7b</p>	1	Not at all	2	A little	3	Some	4	A lot								
1	Not at all																		
2	A little																		
3	Some																		
4	A lot																		

680	[e7_missing_rt] Show the field ONLY if: [e7_rt] = "	Your answer to E7 determines where you go next. Please provide a response.	descriptive												
681	[e_end_rt]	Section E End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
682	[f1a_desc_rt]	Section Header: <i>Section F: Your Bladder & Mind</i> How strongly do you agree or disagree with each of the following: Due to my bladder:	descriptive Question number: F1												
683	[f1a_rt]	I feel like I am not a healthy person	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> Question number: a.	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														
684	[f1b_rt]	I enjoy life less	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> Question number: b.	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
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3	Somewhat agree														
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5	Disagree														
6	Strongly disagree														
685	[f1c_rt]	I feel different from other people	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> Question number: c.	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														
686	[f1d_rt]	I lack confidence	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> Question number: d.	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														
687	[f2a_desc_rt]	How strongly do you agree or disagree with each of the following:	descriptive Question number: F2												
688	[f2a_rt]	My bladder runs my life	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> Question number: a.	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														

689	[f2b_rt]	My bladder is always on my mind	radio (Matrix) <table border="1"> <tr><td>1</td><td>Strongly agree</td></tr> <tr><td>2</td><td>Agree</td></tr> <tr><td>3</td><td>Somewhat agree</td></tr> <tr><td>4</td><td>Somewhat Disagree</td></tr> <tr><td>5</td><td>Disagree</td></tr> <tr><td>6</td><td>Strongly disagree</td></tr> </table> <p>Question number: b.</p>	1	Strongly agree	2	Agree	3	Somewhat agree	4	Somewhat Disagree	5	Disagree	6	Strongly disagree
1	Strongly agree														
2	Agree														
3	Somewhat agree														
4	Somewhat Disagree														
5	Disagree														
6	Strongly disagree														
690	[f_start_rt]	Section F Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
691	[f3_rt]	Section Header: The questions below refer to areas in your life which may have been influenced or changed due to problems with your bladder. For each question, check the response that best describes how much your activities, relationships, and feelings are being affected by any bladder issues.	descriptive Question number: F3												
692	[f3a_rt]	Way you dress	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
693	[f3b_rt]	Emotional health	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
694	[f3c_rt]	Does fear of odor restrict your activities?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: c.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
695	[f3d_rt]	Does fear of embarrassment restrict your activities?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: d.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
696	[f4_rt]	Does your bladder cause you to experience any of the following feelings?	descriptive Question number: F4												
697	[f4a_rt]	Nervousness	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: a.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
698	[f4b_rt]	Fear	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: b.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														

699

[f4c_rt]

Frustration

radio (Matrix)

1	Not at all
2	Slightly

			<table border="1"> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: c.</p>	3	Moderately	4	Greatly								
3	Moderately														
4	Greatly														
700	[f4d_rt]	Anger	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: d.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
701	[f4e_rt]	Depression	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: e.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
702	[f4f_rt]	Embarrassment	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: f.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
703	[f4g_rt]	Shame	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> </table> <p>Question number: g.</p>	1	Not at all	2	Slightly	3	Moderately	4	Greatly				
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
704	[f_p2_rt]	Section F P2 Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>												
705	[f5_rt]	<p>Section Header:</p> <p>How often do you worry about your bladder, such as worrying about accidental leakage, being able to make it to the bathroom in time, being able to start peeing when you feel the need, etc.?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> <p>Custom alignment: LV Question number: F5</p>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	All the time		
1	Never														
2	Rarely														
3	Sometimes														
4	Usually														
5	All the time														
706	[f6_rt]	How much do you think that your bladder contributes to how you feel about your overall health?	<p>radio</p> <table border="1"> <tr><td>1</td><td>I have never thought about my bladder contributing to my overall health</td></tr> <tr><td>2</td><td>Not at all</td></tr> <tr><td>3</td><td>Maybe, a little</td></tr> <tr><td>4</td><td>Definitely, a little</td></tr> <tr><td>5</td><td>Definitely, some</td></tr> <tr><td>6</td><td>Definitely, a lot</td></tr> </table> <p>Custom alignment: LV Question number: F6</p>	1	I have never thought about my bladder contributing to my overall health	2	Not at all	3	Maybe, a little	4	Definitely, a little	5	Definitely, some	6	Definitely, a lot
1	I have never thought about my bladder contributing to my overall health														
2	Not at all														
3	Maybe, a little														
4	Definitely, a little														
5	Definitely, some														
6	Definitely, a lot														
707	[f_end_rt]	Section F End Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>												
708	[g1_rt]	<p>Section Header: <i>Section G: Responding to your Bladder</i></p> <p>During a typical day (waking time), how often do you pee? <i># times pee waking time</i></p>	<p>text (integer, Min: 0, Max: 100) Custom alignment: LV Question number: G1</p>												
709	[g2_rt]	<p>During a typical night (sleeping time), how often do you get up to pee? If you do not get up to pee at least once per night enter 0 (zero). <i># times pee sleeping time</i></p>	<p>text (integer, Min: 0, Max: 100) Custom alignment: LV Question number: G2</p>												
710	[g_start_rt]	Section A P2 Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>												

711	[g3_rt]	Section Header: How often do you use a liner, pad, or absorbent underwear, in case of accidental urine leakage?	radio <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV Question number: G3	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All the time												
712	[g3_missing_rt] Show the field ONLY if: [g3_rt] = ""	Your answer to G3 determines where you go next. Please provide a response.	descriptive										
713	[g3a_rt] Show the field ONLY if: [g3_rt] > '1'	How much confidence does this give you?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Complete confidence</td></tr> </table> Custom alignment: LV Question number: G3a	1	Not much at all	2	A little	3	Some	4	A lot	5	Complete confidence
1	Not much at all												
2	A little												
3	Some												
4	A lot												
5	Complete confidence												
714	[g_p2_rt]	Section G P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
715	[g4_rt]	Section Header: How often is finding out where the bathrooms are one of the first things you do when you go someplace?	radio <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV Question number: G4	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All the time												
716	[g4_missing_rt] Show the field ONLY if: [g4_rt] = ""	Your answer to G4 determines where you go next. Please provide a response.	descriptive										
717	[g4a_rt] Show the field ONLY if: [g4_rt] > '1'	How much confidence does this give you?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Complete confidence</td></tr> </table> Custom alignment: LV Question number: G4a	1	Not much at all	2	A little	3	Some	4	A lot	5	Complete confidence
1	Not much at all												
2	A little												
3	Some												
4	A lot												
5	Complete confidence												
718	[g_p3_rt]	Section G P3 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
719	[g5_rt]	Section Header: How often do you stay as close to a bathroom as possible when you are away from home?	radio <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV Question number: G5	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All the time												
720	[g5_missing_rt] Show the field ONLY if: [g5_rt] = ""	Your answer to G5 determines where you go next. Please provide a response.	descriptive										

721	[g5a_rt] Show the field ONLY if: [g5_rt] > '1'	How much confidence does this give you?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Complete confidence</td></tr> </table> Custom alignment: LV Question number: G5a	1	Not much at all	2	A little	3	Some	4	A lot	5	Complete confidence
1	Not much at all												
2	A little												
3	Some												
4	A lot												
5	Complete confidence												
722	[g_p4_rt]	Section G P4 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
723	[g6_rt]	Section Header: How often do you make sure you use the bathroom before you leave home?	radio <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV Question number: G6	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All the time												
724	[g6_missing_rt] Show the field ONLY if: [g6_rt] = ''	Your answer to G6 determines where you go next. Please provide a response.	descriptive										
725	[g6a_rt] Show the field ONLY if: [g6_rt] > '1'	How much confidence does this give you?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Won't leave home without using the bathroom first</td></tr> </table> Custom alignment: LV Question number: G6a	1	Not much at all	2	A little	3	Some	4	A lot	5	Won't leave home without using the bathroom first
1	Not much at all												
2	A little												
3	Some												
4	A lot												
5	Won't leave home without using the bathroom first												
726	[g_p5_rt]	Section G P5 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
727	[g7_rt]	Section Header: When you plan to leave your home or go out to do things, how much do you cut down on drinking liquids?	radio <table border="1"> <tr><td>1</td><td>None of the time</td></tr> <tr><td>2</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV Question number: G7	1	None of the time	2	A little of the time	3	Some of the time	4	Most of the time	5	All the time
1	None of the time												
2	A little of the time												
3	Some of the time												
4	Most of the time												
5	All the time												
728	[g7_missing_rt] Show the field ONLY if: [g7_rt] = ''	Your answer to G7 determines where you go next. Please provide a response.	descriptive										
729	[g7a_rt] Show the field ONLY if: [g7_rt] > '1'	How much confidence does this give you?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Complete confidence</td></tr> </table> Custom alignment: LV Question number: G7a	1	Not much at all	2	A little	3	Some	4	A lot	5	Complete confidence
1	Not much at all												
2	A little												
3	Some												
4	A lot												
5	Complete confidence												
730	[g_p6_rt]	Section G P6 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										

731	[g8_rt]	Section Header: How often do you carry supplies such as: panty liners or pads, extra underwear, etc. with you because of your bladder?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Usually</td></tr> <tr><td>5</td><td>Won't leave home without it</td></tr> </table> Custom alignment: LV Question number: G8	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Won't leave home without it		
1	Never														
2	Rarely														
3	Sometimes														
4	Usually														
5	Won't leave home without it														
732	[g8_missing_rt] Show the field ONLY if: [g8_rt] = ""	Your answer to G8 determines where you go next. Please provide a response.	descriptive												
733	[g8a_rt] Show the field ONLY if: [g8_rt] > '1'	How often do you have to use any of these?	radio <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Monthly</td></tr> <tr><td>4</td><td>Every month or two</td></tr> <tr><td>5</td><td>Every three or four months</td></tr> <tr><td>6</td><td>Less often than that</td></tr> </table> Custom alignment: LV Question number: G8a	1	Daily	2	Weekly	3	Monthly	4	Every month or two	5	Every three or four months	6	Less often than that
1	Daily														
2	Weekly														
3	Monthly														
4	Every month or two														
5	Every three or four months														
6	Less often than that														
734	[g8b_rt] Show the field ONLY if: [g8_rt] > '1'	How much does having these things available give you the confidence to do the things you need or want to do?	radio <table border="1"> <tr><td>1</td><td>Not much at all</td></tr> <tr><td>2</td><td>A little</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Extremely</td></tr> </table> Custom alignment: LV Question number: G8b	1	Not much at all	2	A little	3	Some	4	A lot	5	Extremely		
1	Not much at all														
2	A little														
3	Some														
4	A lot														
5	Extremely														
735	[g_end_rt]	Section G End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
736	[h_desc_rt]	Section Header: The next set of questions are about things you may have experienced. Before starting on the questions please look at each of the following descriptions of bladder related things. Urinary tract infections or bladder infections that you had to take antibiotics for Had times when you peed more often than usual or expected A sudden and urgent need to pee, that "gotta go" feeling that you just had to go Discomfort, pain, pressure, or burning in your bladder when peeing Trouble starting to pee, or completely emptying your bladder, or dribbling a few drops after you finish peeing	descriptive												
737	[h_start_rt]	Section H StartTimestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY												
738	[h1_rt]	Section Header: <i>Section H: Urinary Tract Infections (UTIs)</i> In the past year have you been told by a health care provider that you had a urinary tract infection (UTI)?	radio <table border="1"> <tr><td>1</td><td>I have never had a UTI in my life</td></tr> <tr><td>2</td><td>No, I haven't had a UTI in the past year, but I have had at least one in my life</td></tr> <tr><td>3</td><td>Yes</td></tr> </table> Custom alignment: LV Question number: H1	1	I have never had a UTI in my life	2	No, I haven't had a UTI in the past year, but I have had at least one in my life	3	Yes						
1	I have never had a UTI in my life														
2	No, I haven't had a UTI in the past year, but I have had at least one in my life														
3	Yes														
739	[h1_missing_rt] Show the field ONLY if: [h1_rt] = ""	Your answer to H1 determines where you go next. Please provide a response.	descriptive												
740	[h1a_rt] Show the field ONLY if: [h1_rt] = '3'	How many UTIs have you had in the past year?	radio <table border="1"> <tr><td>1</td><td>Only one</td></tr> <tr><td>2</td><td>Two</td></tr> <tr><td>3</td><td>Three</td></tr> <tr><td>4</td><td>Four or more</td></tr> </table> Custom alignment: LV Question number: H1a	1	Only one	2	Two	3	Three	4	Four or more				
1	Only one														
2	Two														
3	Three														
4	Four or more														

741	[h1a_missing_rt] Show the field ONLY if: [h1_rt] = '3' and [h1a_rt] = ""	Your answer to H1a determines where you go next. Please provide a response.	descriptive														
742	[h2_rt] Show the field ONLY if: [h1a_rt] > 2	Which of the following best describes your UTIs during the past year?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same for the entire year</td></tr> <tr><td>2</td><td>Intermittent - sometimes it is better and other times it is worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: H2	1	Constant - more or less the same for the entire year	2	Intermittent - sometimes it is better and other times it is worse	3	Sporadic - it happens every once in awhile								
1	Constant - more or less the same for the entire year																
2	Intermittent - sometimes it is better and other times it is worse																
3	Sporadic - it happens every once in awhile																
743	[h3_rt] Show the field ONLY if: [h1a_rt] > 2	When you had UTIs, does your bladder got back to your normal or baseline...	radio <table border="1"> <tr><td>1</td><td>Very Quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It never seems to get completely better</td></tr> </table> Custom alignment: LV Question number: H3	1	Very Quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It never seems to get completely better
1	Very Quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It never seems to get completely better																
744	[h4_rt] Show the field ONLY if: [h1a_rt] > 2	Overall, how much has this interfered with your life in the past year?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> Custom alignment: LV Question number: H4	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely				
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	Completely																
745	[h_p2_rt]	Section H P2 Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
746	[h5_rt] Show the field ONLY if: [h1_rt] = '2' or [h1a_rt] = '1' or [h1a_rt] = '2'	Section Header: Have you ever in your life had 3 or more urinary tract infections in a year?	radio <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> Custom alignment: LV Question number: H5	1	No	2	Yes										
1	No																
2	Yes																
747	[h5_missing_rt] Show the field ONLY if: ([h1_rt] = '2' or [h1a_rt] = '1' or [h1a_rt] = '2') and [h5_rt] = ""	Your answer to H5 determines where you go next. Please provide a response.	descriptive Custom alignment: LV														
748	[h6_rt] Show the field ONLY if: [h5_rt] = '2'	During the year when you had at least 3 UTIs, which of the following best describes your experiences with those UTIs?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same for the entire year</td></tr> <tr><td>2</td><td>Intermittent - sometimes it is better and other times it is worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: H6	1	Constant - more or less the same for the entire year	2	Intermittent - sometimes it is better and other times it is worse	3	Sporadic - it happens every once in awhile								
1	Constant - more or less the same for the entire year																
2	Intermittent - sometimes it is better and other times it is worse																
3	Sporadic - it happens every once in awhile																
749	[h7_rt] Show the field ONLY if: [h5_rt] = '2'	When you had UTIs, would you say that your bladder got back to your normal or baseline...	radio <table border="1"> <tr><td>1</td><td>Very Quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It has never seemed to get completely better</td></tr> </table> Custom alignment: LV Question number: H7	1	Very Quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It has never seemed to get completely better
1	Very Quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It has never seemed to get completely better																

750	[h8_rt] Show the field ONLY if: [h5_rt] = '2'	Overall, how much did the UTIs interfere with your life?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> Custom alignment: LV Question number: H8	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely
1	Not at all												
2	A little bit												
3	Some												
4	A lot												
5	Completely												
751	[h_end_rt]	Section H End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
752	[i1_rt]	Section Header: <i>Section I: How Often You Pee</i> Since you were 11 years old, have you ever had times when you peed more often than usual? Please do NOT count or consider times when this was a result of having a UTI.	radio <table border="1"> <tr><td>1</td><td>No, not even once</td></tr> <tr><td>2</td><td>Yes, but it lasted less than a day</td></tr> <tr><td>3</td><td>Yes, and it lasted for a full day</td></tr> <tr><td>4</td><td>Yes, and it lasted up to several days</td></tr> <tr><td>5</td><td>Yes, and it lasted for longer than that</td></tr> </table> Custom alignment: LV Question number: I1	1	No, not even once	2	Yes, but it lasted less than a day	3	Yes, and it lasted for a full day	4	Yes, and it lasted up to several days	5	Yes, and it lasted for longer than that
1	No, not even once												
2	Yes, but it lasted less than a day												
3	Yes, and it lasted for a full day												
4	Yes, and it lasted up to several days												
5	Yes, and it lasted for longer than that												
753	[i1_missing_rt] Show the field ONLY if: [i1_rt] = "	Your answer to I1 determines where you go next. Please provide a response.	descriptive Custom alignment: LV										
754	[i1a_rt] Show the field ONLY if: [i1_rt] = '5'	How much longer?	radio <table border="1"> <tr><td>1</td><td>It lasted at least a week</td></tr> <tr><td>2</td><td>It lasted several weeks</td></tr> <tr><td>3</td><td>It lasted for a month or longer</td></tr> <tr><td>4</td><td>It was constant</td></tr> </table> Custom alignment: LV Question number: I1a	1	It lasted at least a week	2	It lasted several weeks	3	It lasted for a month or longer	4	It was constant		
1	It lasted at least a week												
2	It lasted several weeks												
3	It lasted for a month or longer												
4	It was constant												
755	[i2_rt] Show the field ONLY if: [i1_rt] > 1	When did having to pee more often than usual most recently happen?	radio <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past 6 months</td></tr> <tr><td>4</td><td>Within the past year</td></tr> <tr><td>5</td><td>Longer than that</td></tr> </table> Custom alignment: LV Question number: I2	1	Within the past month	2	Within the past few months	3	Within the past 6 months	4	Within the past year	5	Longer than that
1	Within the past month												
2	Within the past few months												
3	Within the past 6 months												
4	Within the past year												
5	Longer than that												
756	[i3_rt] Show the field ONLY if: [i1_rt] > 1	Thinking about the last time this happened, how much more often than usual did you pee?	radio <table border="1"> <tr><td>1</td><td>At least four times more often than usual</td></tr> <tr><td>2</td><td>Three times more often than usual</td></tr> <tr><td>3</td><td>Twice as much as usual</td></tr> <tr><td>4</td><td>Less than that</td></tr> </table> Custom alignment: LV Question number: I3	1	At least four times more often than usual	2	Three times more often than usual	3	Twice as much as usual	4	Less than that		
1	At least four times more often than usual												
2	Three times more often than usual												
3	Twice as much as usual												
4	Less than that												
757	[i4_rt] Show the field ONLY if: [i1_rt] > 1	Thinking about the last time this happened, did this feeling of needing to pee more often than usual occur...	radio <table border="1"> <tr><td>1</td><td>During day/waking hours</td></tr> <tr><td>2</td><td>During night/sleeping hours</td></tr> <tr><td>3</td><td>During both the waking and sleeping hours</td></tr> </table> Custom alignment: LV Question number: I4	1	During day/waking hours	2	During night/sleeping hours	3	During both the waking and sleeping hours				
1	During day/waking hours												
2	During night/sleeping hours												
3	During both the waking and sleeping hours												
758	[i_start_rt]	Section I Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
759	[i5_rt] Show the field ONLY if: [i1_rt] > 1	Section Header: Thinking about the last time this happened, which of the following best describes your experiences with peeing more often than usual?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same</td></tr> <tr><td>2</td><td>Intermittent - sometimes it was better and other times it was worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: I5	1	Constant - more or less the same	2	Intermittent - sometimes it was better and other times it was worse	3	Sporadic - it happens every once in awhile				
1	Constant - more or less the same												
2	Intermittent - sometimes it was better and other times it was worse												
3	Sporadic - it happens every once in awhile												

760	[i6_rt] Show the field ONLY if: [i1_rt] > 1	Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline...	radio <table border="1"> <tr><td>1</td><td>Very Quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It never seems to get completely better</td></tr> </table> Custom alignment: LV Question number: i6	1	Very Quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It never seems to get completely better
1	Very Quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It never seems to get completely better																
761	[i7_rt] Show the field ONLY if: [i1_rt] > 1	At its worst, how much did this need to pee more often than usual interfere with your life?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> Custom alignment: LV Question number: i7	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely				
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	Completely																
762	[i8_rt] Show the field ONLY if: [i1_rt] > 1	Compared to one year ago, is your experience with peeing more often than usual...	radio <table border="1"> <tr><td>1</td><td>Much better now than one year ago</td></tr> <tr><td>2</td><td>Somewhat better now than one year ago</td></tr> <tr><td>3</td><td>About the same as one year ago</td></tr> <tr><td>4</td><td>Somewhat worse now than one year ago</td></tr> <tr><td>5</td><td>Much worse now than one year ago</td></tr> </table> Custom alignment: LV Question number: i8	1	Much better now than one year ago	2	Somewhat better now than one year ago	3	About the same as one year ago	4	Somewhat worse now than one year ago	5	Much worse now than one year ago				
1	Much better now than one year ago																
2	Somewhat better now than one year ago																
3	About the same as one year ago																
4	Somewhat worse now than one year ago																
5	Much worse now than one year ago																
763	[i_end_rt]	Section I End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
764	[j1_rt]	Section Header: <i>Section J: That "Gotta Go" Feeling</i> Since you were 11 years old, have you ever experienced a sudden and urgent need to pee, that "gotta go" feeling that you just had to go? Please do NOT count or consider times when this was a result of having a UTI.	radio <table border="1"> <tr><td>1</td><td>No, not even once</td></tr> <tr><td>2</td><td>Yes, and it never lasted for even a full day</td></tr> <tr><td>3</td><td>Yes, and it lasted for at least a full day</td></tr> <tr><td>4</td><td>Yes, and it lasted for several days</td></tr> <tr><td>5</td><td>Yes, and it lasted for longer than that</td></tr> </table> Custom alignment: LV Question number: J1	1	No, not even once	2	Yes, and it never lasted for even a full day	3	Yes, and it lasted for at least a full day	4	Yes, and it lasted for several days	5	Yes, and it lasted for longer than that				
1	No, not even once																
2	Yes, and it never lasted for even a full day																
3	Yes, and it lasted for at least a full day																
4	Yes, and it lasted for several days																
5	Yes, and it lasted for longer than that																
765	[j1_missing_rt] Show the field ONLY if: [j1_rt] = "	Your answer to J1 determines where you go next. Please provide a response.	descriptive Custom alignment: LV														
766	[j1a_rt] Show the field ONLY if: [j1_rt] = '5'	How much longer?	radio <table border="1"> <tr><td>1</td><td>It lasted at least a week</td></tr> <tr><td>2</td><td>It lasted several weeks</td></tr> <tr><td>3</td><td>It lasted for a month or longer</td></tr> <tr><td>4</td><td>It was constant</td></tr> </table> Custom alignment: LV Question number: J1a	1	It lasted at least a week	2	It lasted several weeks	3	It lasted for a month or longer	4	It was constant						
1	It lasted at least a week																
2	It lasted several weeks																
3	It lasted for a month or longer																
4	It was constant																
767	[j2_rt] Show the field ONLY if: [j1_rt] > 1	When did this "gotta go" feeling most recently happen?	radio <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past 6 months</td></tr> <tr><td>4</td><td>Within the past year</td></tr> <tr><td>5</td><td>Longer than that</td></tr> </table> Custom alignment: LV Question number: J2	1	Within the past month	2	Within the past few months	3	Within the past 6 months	4	Within the past year	5	Longer than that				
1	Within the past month																
2	Within the past few months																
3	Within the past 6 months																
4	Within the past year																
5	Longer than that																

768	[j3_rt] Show the field ONLY if: [j1_rt] > 1	When you experience that "gotta go" feeling, which best describes your getting to the bathroom?	radio <table border="1"> <tr><td>1</td><td>I have no problem holding it until I get to the bathroom</td></tr> <tr><td>2</td><td>I worry about whether I can hold it until I get to the bathroom although I always make it</td></tr> <tr><td>3</td><td>I can't always hold it until I get to the bathroom</td></tr> <tr><td>4</td><td>Usually can't hold it until I get to the bathroom</td></tr> <tr><td>5</td><td>I can never hold it until I get to the bathroom</td></tr> </table> Custom alignment: LV Question number: J3	1	I have no problem holding it until I get to the bathroom	2	I worry about whether I can hold it until I get to the bathroom although I always make it	3	I can't always hold it until I get to the bathroom	4	Usually can't hold it until I get to the bathroom	5	I can never hold it until I get to the bathroom				
1	I have no problem holding it until I get to the bathroom																
2	I worry about whether I can hold it until I get to the bathroom although I always make it																
3	I can't always hold it until I get to the bathroom																
4	Usually can't hold it until I get to the bathroom																
5	I can never hold it until I get to the bathroom																
769	[j4_rt] Show the field ONLY if: [j1_rt] > 1	Thinking about the last time this happened, did this occur...	radio <table border="1"> <tr><td>1</td><td>During day/waking hours</td></tr> <tr><td>2</td><td>During night/sleeping hours</td></tr> <tr><td>3</td><td>During both the waking and sleeping hours</td></tr> </table> Custom alignment: LV Question number: J4	1	During day/waking hours	2	During night/sleeping hours	3	During both the waking and sleeping hours								
1	During day/waking hours																
2	During night/sleeping hours																
3	During both the waking and sleeping hours																
770	[j_start_rt]	Section J Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
771	[j5_rt] Show the field ONLY if: [j1_rt] > 1	Section Header: Thinking about the last time this happened, which of the following best describes your experiences with the sudden and urgent need to pee?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same for the entire year</td></tr> <tr><td>2</td><td>Intermittent - sometimes it was better and other times it was worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: J5	1	Constant - more or less the same for the entire year	2	Intermittent - sometimes it was better and other times it was worse	3	Sporadic - it happens every once in awhile								
1	Constant - more or less the same for the entire year																
2	Intermittent - sometimes it was better and other times it was worse																
3	Sporadic - it happens every once in awhile																
772	[j6_rt] Show the field ONLY if: [j1_rt] > 1	Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline..	radio <table border="1"> <tr><td>1</td><td>Very quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It never seems to get completely better</td></tr> </table> Custom alignment: LV Question number: J6	1	Very quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It never seems to get completely better
1	Very quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It never seems to get completely better																
773	[j7_rt] Show the field ONLY if: [j1_rt] > 1	At its worst, how much did this sudden and urgent need to pee interfere with your life?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> Custom alignment: LV Question number: J7	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely				
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	Completely																
774	[j8_rt] Show the field ONLY if: [j1_rt] > 1	Compared to one year ago, is your experience with the sudden and urgent need to pee better or worse?	radio <table border="1"> <tr><td>1</td><td>Much better now than one year ago</td></tr> <tr><td>2</td><td>Somewhat better now than one year ago</td></tr> <tr><td>3</td><td>About the same as one year ago</td></tr> <tr><td>4</td><td>Somewhat worse now than one year ago</td></tr> <tr><td>5</td><td>Much worse now than one year ago</td></tr> </table> Custom alignment: LV Question number: J8	1	Much better now than one year ago	2	Somewhat better now than one year ago	3	About the same as one year ago	4	Somewhat worse now than one year ago	5	Much worse now than one year ago				
1	Much better now than one year ago																
2	Somewhat better now than one year ago																
3	About the same as one year ago																
4	Somewhat worse now than one year ago																
5	Much worse now than one year ago																
775	[j_end_rt]	Section J End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														

776	[k1_rt]	<p>Section Header: <i>Section K: Accidental Leakage of Urine</i></p> <p>Since you were 11 years old, have you ever accidentally leaked urine, or lost control of pee, even just a drop or two? Please do NOT count or consider times when this was a result of having a UTI.</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>No, not even once</td></tr> <tr><td>2</td><td>Only once or twice over the entire year</td></tr> <tr><td>3</td><td>Yes, once or twice over a month</td></tr> <tr><td>4</td><td>Yes, once or twice over a week</td></tr> <tr><td>5</td><td>Yes, daily</td></tr> </table> <p>Custom alignment: LV Question number: K1</p>	1	No, not even once	2	Only once or twice over the entire year	3	Yes, once or twice over a month	4	Yes, once or twice over a week	5	Yes, daily				
1	No, not even once																
2	Only once or twice over the entire year																
3	Yes, once or twice over a month																
4	Yes, once or twice over a week																
5	Yes, daily																
777	[k1_missing_rt] Show the field ONLY if: [k1_rt] = ""	Your answer to K1 determines where you go next. Please provide a response.	<p>descriptive Custom alignment: LV</p>														
778	[k2_rt] Show the field ONLY if: [k1_rt] > '1'	The last time this accidental urine leakage happened, how much would you say you leaked?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Just a drop or two</td></tr> <tr><td>2</td><td>Medium, more than a few drops but didn't soak through</td></tr> <tr><td>3</td><td>Large, soaked through everything</td></tr> </table> <p>Custom alignment: LV Question number: K1b</p>	1	Just a drop or two	2	Medium, more than a few drops but didn't soak through	3	Large, soaked through everything								
1	Just a drop or two																
2	Medium, more than a few drops but didn't soak through																
3	Large, soaked through everything																
779	[k3_rt] Show the field ONLY if: [k1_rt] > '1'	When did this most recently happen?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past 6 months</td></tr> <tr><td>4</td><td>Within the past year</td></tr> <tr><td>5</td><td>Longer than that</td></tr> </table> <p>Custom alignment: LV Question number: K2</p>	1	Within the past month	2	Within the past few months	3	Within the past 6 months	4	Within the past year	5	Longer than that				
1	Within the past month																
2	Within the past few months																
3	Within the past 6 months																
4	Within the past year																
5	Longer than that																
780	[k4_rt] Show the field ONLY if: [k1_rt] > '1'	Thinking about the lat time this happened, did this occur...	<p>radio</p> <table border="1"> <tr><td>1</td><td>During day/waking hours</td></tr> <tr><td>2</td><td>During night/sleeping hours</td></tr> <tr><td>3</td><td>During both the waking and sleeping hours</td></tr> </table> <p>Custom alignment: LV Question number: K3</p>	1	During day/waking hours	2	During night/sleeping hours	3	During both the waking and sleeping hours								
1	During day/waking hours																
2	During night/sleeping hours																
3	During both the waking and sleeping hours																
781	[k_start_rt]	Section K Start Timestamp	<p>text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY</p>														
782	[k5_rt] Show the field ONLY if: [k1_rt] > '1'	<p>Section Header:</p> <p>Thinking about the lat time this happened, which of the following best describes your experiences with accidentally leaking urine?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Constant - more or less the same</td></tr> <tr><td>2</td><td>Intermittent - sometimes it was better and other times it was worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> <p>Custom alignment: LV Question number: K4</p>	1	Constant - more or less the same	2	Intermittent - sometimes it was better and other times it was worse	3	Sporadic - it happens every once in awhile								
1	Constant - more or less the same																
2	Intermittent - sometimes it was better and other times it was worse																
3	Sporadic - it happens every once in awhile																
783	[k6_rt] Show the field ONLY if: [k1_rt] > '1'	Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline...	<p>radio</p> <table border="1"> <tr><td>1</td><td>Very quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It never seems to get completely better</td></tr> </table> <p>Custom alignment: LV Question number: K5</p>	1	Very quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It never seems to get completely better
1	Very quickly																
2	Quickly																
3	Somewhat quickly																
4	Somewhat slowly																
5	Slowly																
6	Very slowly																
7	It never seems to get completely better																
784	[k7_rt] Show the field ONLY if: [k1_rt] > '1'	At its worst, how much did this accidental urine leakage interfere with your life?	<p>radio</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> <p>Custom alignment: LV Question number: K6</p>	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely				
1	Not at all																
2	A little bit																
3	Some																
4	A lot																
5	Completely																

785	[k8_rt] Show the field ONLY if: [k1_rt] > '1'	Compared to one year ago, is your experience with accidentally leaking urine...	radio <table border="1"> <tr><td>1</td><td>Much better now than one year ago</td></tr> <tr><td>2</td><td>Somewhat better now than one year ago</td></tr> <tr><td>3</td><td>About the same as one year ago</td></tr> <tr><td>4</td><td>Somewhat worse now than one year ago</td></tr> <tr><td>5</td><td>Much worse now than one year ago</td></tr> </table> Custom alignment: LV Question number: K7	1	Much better now than one year ago	2	Somewhat better now than one year ago	3	About the same as one year ago	4	Somewhat worse now than one year ago	5	Much worse now than one year ago								
1	Much better now than one year ago																				
2	Somewhat better now than one year ago																				
3	About the same as one year ago																				
4	Somewhat worse now than one year ago																				
5	Much worse now than one year ago																				
786	[k_end_rt]	Section K End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																		
787	[l_desc2_rt]	Section Header: <i>Section L: Discomfort, Pressure, or Pain</i> The next questions are about some types of sensation in your pelvis or lower abdomen related to peeing or holding urine you may have experienced, such as: A cramping, aching, or stabbing sensation Discomfort or pressure Burning	descriptive																		
788	[l1_desc_rt]	The content of this field is generated by the Shazam External Module	descriptive Question number: L1																		
789	[row_clck_rt] Show the field ONLY if: ((l1a1_rt(1)) = '1' and [l1a1_rt(2)] = '1') or ((l1a1_rt(3)) = '1' and [l1a1_rt(4)] = '1') or ((l1a1_rt(5)) = '1' and [l1a1_rt(6)] = '1') or ((l1b1_rt(1)) = '1' and [l1b1_rt(2)] = '1') or ((l1b1_rt(3)) = '1' and [l1b1_rt(4)] = '1') or ((l1b1_rt(5)) = '1' and [l1b1_rt(6)] = '1') or ((l1c1_rt(1)) = '1' and [l1c1_rt(2)] = '1') or ((l1c1_rt(3)) = '1' and [l1c1_rt(4)] = '1') or ((l1c1_rt(5)) = '1' and [l1c1_rt(6)] = '1')	Please choose either yes or no for each category.	descriptive																		
790	[l1a_rt]	a. Cramping, aching or stabbing	radio <table border="1"> <tr><td>1</td><td>Yes → &nbsp;</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes → 	2	No														
1	Yes → 																				
2	No																				
791	[l1a1_rt] Show the field ONLY if: [l1a_rt] <> '2'	a. Cramping, aching or stabbing	checkbox <table border="1"> <tr><td>1</td><td>l1a1_rt__1</td><td>Yes</td></tr> <tr><td>2</td><td>l1a1_rt__2</td><td>No</td></tr> <tr><td>3</td><td>l1a1_rt__3</td><td>Yes</td></tr> <tr><td>4</td><td>l1a1_rt__4</td><td>No</td></tr> <tr><td>5</td><td>l1a1_rt__5</td><td>Yes</td></tr> <tr><td>6</td><td>l1a1_rt__6</td><td>No</td></tr> </table> Custom alignment: RH	1	l1a1_rt__1	Yes	2	l1a1_rt__2	No	3	l1a1_rt__3	Yes	4	l1a1_rt__4	No	5	l1a1_rt__5	Yes	6	l1a1_rt__6	No
1	l1a1_rt__1	Yes																			
2	l1a1_rt__2	No																			
3	l1a1_rt__3	Yes																			
4	l1a1_rt__4	No																			
5	l1a1_rt__5	Yes																			
6	l1a1_rt__6	No																			
792	[l1b_rt]	b. Discomfort or pressure	radio <table border="1"> <tr><td>1</td><td>Yes → &nbsp;</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes → 	2	No														
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793	[l1b1_rt] Show the field ONLY if: [l1b_rt] <> '2'	b. Discomfort or pressure	checkbox <table border="1"> <tr><td>1</td><td>l1b1_rt__1</td><td>Yes</td></tr> <tr><td>2</td><td>l1b1_rt__2</td><td>No</td></tr> <tr><td>3</td><td>l1b1_rt__3</td><td>Yes</td></tr> <tr><td>4</td><td>l1b1_rt__4</td><td>No</td></tr> <tr><td>5</td><td>l1b1_rt__5</td><td>Yes</td></tr> <tr><td>6</td><td>l1b1_rt__6</td><td>No</td></tr> </table> Custom alignment: RH	1	l1b1_rt__1	Yes	2	l1b1_rt__2	No	3	l1b1_rt__3	Yes	4	l1b1_rt__4	No	5	l1b1_rt__5	Yes	6	l1b1_rt__6	No
1	l1b1_rt__1	Yes																			
2	l1b1_rt__2	No																			
3	l1b1_rt__3	Yes																			
4	l1b1_rt__4	No																			
5	l1b1_rt__5	Yes																			
6	l1b1_rt__6	No																			
794	[l1c_rt]	c. Burning	radio <table border="1"> <tr><td>1</td><td>Yes → &nbsp;</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes → 	2	No														
1	Yes → 																				
2	No																				

795	<p>[l1c1_rt]</p> <p>Show the field ONLY if: [l1c_rt] <> '2'</p>	c. Burning	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>l1c1_rt__1</td><td>Yes</td></tr> <tr><td>2</td><td>l1c1_rt__2</td><td>No</td></tr> <tr><td>3</td><td>l1c1_rt__3</td><td>Yes</td></tr> <tr><td>4</td><td>l1c1_rt__4</td><td>No</td></tr> <tr><td>5</td><td>l1c1_rt__5</td><td>Yes</td></tr> <tr><td>6</td><td>l1c1_rt__6</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	l1c1_rt__1	Yes	2	l1c1_rt__2	No	3	l1c1_rt__3	Yes	4	l1c1_rt__4	No	5	l1c1_rt__5	Yes	6	l1c1_rt__6	No
1	l1c1_rt__1	Yes																			
2	l1c1_rt__2	No																			
3	l1c1_rt__3	Yes																			
4	l1c1_rt__4	No																			
5	l1c1_rt__5	Yes																			
6	l1c1_rt__6	No																			
796	<p>[l1a_missing_rt]</p> <p>Show the field ONLY if: ((l1a_rt = "" or (l1a_rt = '1' and ((l1a1_rt(1) = "" and [l1a1_rt(2)] = "" and [l1a1_rt(3)] = "" and [l1a1_rt(4)] = "" and [l1a1_rt(5)] = "" and [l1a1_rt(6)] = "")) or (l1b_rt = "" or ((l1b_rt = '1' and ((l1b1_rt(1) = "" and [l1b1_rt(2)] = "" and [l1b1_rt(3)] = "" and [l1b1_rt(4)] = "" and [l1b1_rt(5)] = "" and [l1b1_rt(6)] = "")) or (l1c_rt = "" or (l1c_rt = '1' and ((l1c1_rt(1) = "" and [l1c1_rt(2)] = "" and [l1c1_rt(3)] = "" and [l1c1_rt(4)] = "" and [l1c1_rt(5)] = "" and [l1c1_rt(6)] = "")))))</p>	Your answers to L1 determine where you go next. Please provide a response.	descriptive																		
797	<p>[l2_desc_rt]</p> <p>Show the field ONLY if: [l1a1_rt(5)] = '1' or [l1b1_rt(5)] = '1' or [l1c1_rt(5)] = '1'</p>	<p>How long did the sensation last after you peed? If the sensation went away when you peed, please check N/A.</p> <p>How long did this sensation last AFTER you peed?</p>	descriptive Question number: L2																		
798	<p>[l2a_rt]</p> <p>Show the field ONLY if: [l1a1_rt(5)] = '1'</p>	a. Cramping, aching or stabbing	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>N/A</td></tr> <tr><td>2</td><td>A few minutes</td></tr> <tr><td>3</td><td>Less than an hour</td></tr> <tr><td>4</td><td>1-4 hours</td></tr> <tr><td>5</td><td>5-12 hours</td></tr> <tr><td>6</td><td>It never really went away</td></tr> </table>	1	N/A	2	A few minutes	3	Less than an hour	4	1-4 hours	5	5-12 hours	6	It never really went away						
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799	<p>[l2b_rt]</p> <p>Show the field ONLY if: [l1b1_rt(5)] = '1'</p>	b. Discomfort or pressure	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>N/A</td></tr> <tr><td>2</td><td>A few minutes</td></tr> <tr><td>3</td><td>Less than an hour</td></tr> <tr><td>4</td><td>1-4 hours</td></tr> <tr><td>5</td><td>5-12 hours</td></tr> <tr><td>6</td><td>It never really went away</td></tr> </table>	1	N/A	2	A few minutes	3	Less than an hour	4	1-4 hours	5	5-12 hours	6	It never really went away						
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800	<p>[l2c_rt]</p> <p>Show the field ONLY if: [l1c1_rt(5)] = '1'</p>	c. Burning	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>N/A</td></tr> <tr><td>2</td><td>A few minutes</td></tr> <tr><td>3</td><td>Less than an hour</td></tr> <tr><td>4</td><td>1-4 hours</td></tr> <tr><td>5</td><td>5-12 hours</td></tr> <tr><td>6</td><td>It never really went away</td></tr> </table>	1	N/A	2	A few minutes	3	Less than an hour	4	1-4 hours	5	5-12 hours	6	It never really went away						
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801	[l_start_rt]	Section L Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																		
802	<p>[l3_rt]</p> <p>Show the field ONLY if: [l1a_rt] = '1' or [l1b_rt] = '1' or [l1c_rt] = '1'</p>	<p>Section Header: When did this sensation most recently happen?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past 6 months</td></tr> <tr><td>4</td><td>Within the past year</td></tr> <tr><td>5</td><td>Longer than that</td></tr> </table> <p>Custom alignment: LV Question number: L3</p>	1	Within the past month	2	Within the past few months	3	Within the past 6 months	4	Within the past year	5	Longer than that								
1	Within the past month																				
2	Within the past few months																				
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4	Within the past year																				
5	Longer than that																				

803	[l4_rt] Show the field ONLY if: [[1a_rt] = '1' or [[1b_rt] = '1' or [[1c_rt] = '1'	Thinking about the last time this happened, did this mostly occur...	radio <table border="1"> <tr><td>1</td><td>During day/waking hours</td></tr> <tr><td>2</td><td>During night/sleeping hours</td></tr> <tr><td>3</td><td>During both the waking and sleeping hours</td></tr> </table> Custom alignment: LV Question number: L4	1	During day/waking hours	2	During night/sleeping hours	3	During both the waking and sleeping hours								
1	During day/waking hours																
2	During night/sleeping hours																
3	During both the waking and sleeping hours																
804	[l5_rt] Show the field ONLY if: [[1a_rt] = '1' or [[1b_rt] = '1' or [[1c_rt] = '1'	Thinking about the last time this happened, which of the following best describes your experience?	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same for the entire year</td></tr> <tr><td>2</td><td>Intermittent - sometimes it was better and other times it was worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> Custom alignment: LV Question number: L5	1	Constant - more or less the same for the entire year	2	Intermittent - sometimes it was better and other times it was worse	3	Sporadic - it happens every once in awhile								
1	Constant - more or less the same for the entire year																
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805	[l6_rt] Show the field ONLY if: [[1a_rt] = '1' or [[1b_rt] = '1' or [[1c_rt] = '1'	Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline...	radio <table border="1"> <tr><td>1</td><td>Very quickly</td></tr> <tr><td>2</td><td>Quickly</td></tr> <tr><td>3</td><td>Somewhat quickly</td></tr> <tr><td>4</td><td>Somewhat slowly</td></tr> <tr><td>5</td><td>Slowly</td></tr> <tr><td>6</td><td>Very slowly</td></tr> <tr><td>7</td><td>It never seems to get completely better</td></tr> </table> Custom alignment: LV Question number: L6	1	Very quickly	2	Quickly	3	Somewhat quickly	4	Somewhat slowly	5	Slowly	6	Very slowly	7	It never seems to get completely better
1	Very quickly																
2	Quickly																
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6	Very slowly																
7	It never seems to get completely better																
806	[l7_rt] Show the field ONLY if: [[1a_rt] = '1' or [[1b_rt] = '1' or [[1c_rt] = '1'	At its worst, how much did this sensation interfere with your life?	radio <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>A little bit</td></tr> <tr><td>3</td><td>Some</td></tr> <tr><td>4</td><td>A lot</td></tr> <tr><td>5</td><td>Completely</td></tr> </table> Custom alignment: LV Question number: L7	1	Not at all	2	A little bit	3	Some	4	A lot	5	Completely				
1	Not at all																
2	A little bit																
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4	A lot																
5	Completely																
807	[l8_rt] Show the field ONLY if: [[1a_rt] = '1' or [[1b_rt] = '1' or [[1c_rt] = '1'	Compared to one year ago, is this better or worse?	radio <table border="1"> <tr><td>1</td><td>Much better now than one year ago</td></tr> <tr><td>2</td><td>Somewhat better now than one year ago</td></tr> <tr><td>3</td><td>About the same as one year ago</td></tr> <tr><td>4</td><td>Somewhat worse now than one year ago</td></tr> <tr><td>5</td><td>Much worse now than one year ago</td></tr> </table> Custom alignment: LV Question number: L8	1	Much better now than one year ago	2	Somewhat better now than one year ago	3	About the same as one year ago	4	Somewhat worse now than one year ago	5	Much worse now than one year ago				
1	Much better now than one year ago																
2	Somewhat better now than one year ago																
3	About the same as one year ago																
4	Somewhat worse now than one year ago																
5	Much worse now than one year ago																
808	[l_end_rt]	Section L End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY														
809	[m1_desc_rt]	Section Header: <i>Section M: Your Pee Stream</i> Please indicate how often each of the following have happened since you were 11 years old. Please do NOT count or consider times when this was a result of having a UTI.	descriptive Question number: M1														
810	[m1a_rt]	Trouble or difficulty starting to pee	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>At least once or twice</td></tr> </table> Question number: a.	1	Never	2	At least once or twice										
1	Never																
2	At least once or twice																
811	[m1b_rt]	When you pee it flows slowly (just seems to trickle out) or sprays	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>At least once or twice</td></tr> </table> Question number: b.	1	Never	2	At least once or twice										
1	Never																
2	At least once or twice																
812	[m1c_rt]	Your urine will start and stop while you are trying to pee	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>At least once or twice</td></tr> </table> Question number: c.	1	Never	2	At least once or twice										
1	Never																
2	At least once or twice																

813	[m1d_rt]	Feel like you are not completely emptying your bladder when you have finished peeing (feel like you still need to pee some more, but nothing comes out)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>At least once or twice</td></tr> </table> <p>Question number: d.</p>	1	Never	2	At least once or twice						
1	Never												
2	At least once or twice												
814	[m1e_rt]	Dribbling at least a few drops after you think you have finished peeing	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>At least once or twice</td></tr> </table> <p>Question number: e.</p>	1	Never	2	At least once or twice						
1	Never												
2	At least once or twice												
815	[m1a_missing_rt]	Your answers to M1 determine where you go next. Please provide a response. Show the field ONLY if: [m1a_rt] = " or [m1b_rt] = " or [m1c_rt] = " or [m1d_rt] = " or [m1e_rt] = "	descriptive										
816	[m2_rt]	When you experienced any of these things, how long did the longest one last? Show the field ONLY if: [m1a_rt] > '1' or [m1b_rt] > '1' or [m1c_rt] > '1' or [m1d_rt] > '1' or [m1e_rt] > '1'	radio <table border="1"> <tr><td>1</td><td>It never lasted for even a full day</td></tr> <tr><td>2</td><td>It lasted for at least a full day</td></tr> <tr><td>3</td><td>It lasted for several days</td></tr> <tr><td>4</td><td>It lasted for longer than that</td></tr> </table> <p>Custom alignment: LV Question number: M2</p>	1	It never lasted for even a full day	2	It lasted for at least a full day	3	It lasted for several days	4	It lasted for longer than that		
1	It never lasted for even a full day												
2	It lasted for at least a full day												
3	It lasted for several days												
4	It lasted for longer than that												
817	[m2_missing_rt]	Your answer to M2 determines where you go next. Please provide a response. Show the field ONLY if: ([m1a_rt] > '1' or [m1b_rt] > '1' or [m1c_rt] > '1' or [m1d_rt] > '1' or [m1e_rt] > '1') and [m2_rt] = "	descriptive										
818	[m2a_rt]	How much longer? Show the field ONLY if: [m2_rt] = '4'	radio <table border="1"> <tr><td>1</td><td>It lasted at least a week</td></tr> <tr><td>2</td><td>It lasted several weeks</td></tr> <tr><td>3</td><td>It lasted for a month or longer</td></tr> <tr><td>4</td><td>It was constant</td></tr> </table> <p>Custom alignment: LV Question number: M2a</p>	1	It lasted at least a week	2	It lasted several weeks	3	It lasted for a month or longer	4	It was constant		
1	It lasted at least a week												
2	It lasted several weeks												
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4	It was constant												
819	[m_start_rt]	Section M Start Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY										
820	[m3_rt]	Section Header: When did this most recently happen? Show the field ONLY if: [m1a_rt] > '1' or [m1b_rt] > '1' or [m1c_rt] > '1' or [m1d_rt] > '1' or [m1e_rt] > '1'	radio <table border="1"> <tr><td>1</td><td>Within the past month</td></tr> <tr><td>2</td><td>Within the past few months</td></tr> <tr><td>3</td><td>Within the past 6 months</td></tr> <tr><td>4</td><td>Within the past year</td></tr> <tr><td>5</td><td>Longer than that</td></tr> </table> <p>Custom alignment: LV Question number: M3</p>	1	Within the past month	2	Within the past few months	3	Within the past 6 months	4	Within the past year	5	Longer than that
1	Within the past month												
2	Within the past few months												
3	Within the past 6 months												
4	Within the past year												
5	Longer than that												
821	[m4_rt]	Thinking about the last time this happened, did this mostly occur... Show the field ONLY if: [m1a_rt] > '1' or [m1b_rt] > '1' or [m1c_rt] > '1' or [m1d_rt] > '1' or [m1e_rt] > '1'	radio <table border="1"> <tr><td>1</td><td>During day/waking hours</td></tr> <tr><td>2</td><td>During night/sleeping hours</td></tr> <tr><td>3</td><td>During both the waking and sleeping hours</td></tr> </table> <p>Custom alignment: LV Question number: M4</p>	1	During day/waking hours	2	During night/sleeping hours	3	During both the waking and sleeping hours				
1	During day/waking hours												
2	During night/sleeping hours												
3	During both the waking and sleeping hours												
822	[m5_rt]	Thinking about the last time this happened, would you describe it as being... Show the field ONLY if: [m1a_rt] > '1' or [m1b_rt] > '1' or [m1c_rt] > '1' or [m1d_rt] > '1' or [m1e_rt] > '1'	radio <table border="1"> <tr><td>1</td><td>Constant - more or less the same for the entire year</td></tr> <tr><td>2</td><td>Intermittent - sometimes it was better and other times it was worse</td></tr> <tr><td>3</td><td>Sporadic - it happens every once in awhile</td></tr> </table> <p>Custom alignment: LV Question number: M5</p>	1	Constant - more or less the same for the entire year	2	Intermittent - sometimes it was better and other times it was worse	3	Sporadic - it happens every once in awhile				
1	Constant - more or less the same for the entire year												
2	Intermittent - sometimes it was better and other times it was worse												
3	Sporadic - it happens every once in awhile												

823

[m6_rt]

Show the field ONLY if:

[m1a_rt] > '1' or [m1b_rt] > '1' or [m1c_rt] > '1' or [m1d_rt] > '1' or [m1e_rt] > '1'

Thinking about the last time any of these things happened when you peed, would you say that your bladder got back to your normal or baseline...

radio

1	Very quickly
2	Quickly
3	Somewhat quickly

4	Somewhat slowly
5	Slowly
6	Very slowly
7	It never seems to get completely better

Custom alignment: LV
Question number: M6

824 [m7_rt]
Show the field ONLY if:
[m1a_rt] > '1' or [m1b_rt] > '1' or [m1c_rt] > '1' or [m1d_rt] > '1' or [m1e_rt] > '1'

At its worst, how much did this interfere with your life?

radio

1	Not at all
2	A little bit
3	Some
4	A lot
5	Completely

Custom alignment: LV
Question number: M7

825 [m8_rt]
Show the field ONLY if:
[m1a_rt] > '1' or [m1b_rt] > '1' or [m1c_rt] > '1' or [m1d_rt] > '1' or [m1e_rt] > '1'

Compared to one year ago, is your trouble starting to pee, or completely emptying your bladder, or dribbling a few drops after you finished peeing better or worse?

radio

1	Much better now than one year ago
2	Somewhat better now than one year ago
3	About the same as one year ago
4	Somewhat worse now than one year ago
5	Much worse now than one year ago

Custom alignment: LV
Question number: M8

826 [m_end_rt]

Section M End Timestamp

text (datetime_seconds_mdy)
Field Annotation: @NOW @READONLY @HIDDEN-SURVEY

827 [n1_rt]

Section Header: *Section N: Symptom Summary*
For any of the things you checked above, why do you think they may have happened? Please check all that apply to you.

checkbox

1	n1_rt__1	Due to having a Urinary Tract Infection (UTI)
2	n1_rt__2	Due to changes in your routine, such as drinking more than usual
3	n1_rt__3	Due to your menstrual cycle
4	n1_rt__4	Due to being pregnant or having recently given birth
5	n1_rt__5	Due to medications you are taking
6	n1_rt__6	Due to other health issues or problems
7	n1_rt__7	No particular reason

Custom alignment: LV
Question number: N1

828 [n2_rt]

Thinking about the past month, would you say that each of the following has gotten better, worse, or stayed about the same?

descriptive

829 [n2a_rt]

Day to day health and function

radio (Matrix)

1	Muchbetter
2	Somewhatbetter
3	About the same
4	Somewhatworse
5	Much worse

Question number: a.

830 [n2b_rt]

The function of your bladder

radio (Matrix)

1	Muchbetter
2	Somewhatbetter
3	About the same
4	Somewhatworse
5	Much worse

Question number: b.


831

[n2c_rt]

The health of your bladder

radio (Matrix)

1	Muchbetter
2	Somewhatbetter
3	About the same
4	Somewhatworse

			5 Much worse																																				
			Question number: c.																																				
832	[n2d_rt]	Your overall health	radio (Matrix) <table border="1"> <tr><td>1</td><td>Muchbetter</td></tr> <tr><td>2</td><td>Somewhatbetter</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Somewhatworse</td></tr> <tr><td>5</td><td>Much worse</td></tr> </table> Question number: d.	1	Muchbetter	2	Somewhatbetter	3	About the same	4	Somewhatworse	5	Much worse																										
1	Muchbetter																																						
2	Somewhatbetter																																						
3	About the same																																						
4	Somewhatworse																																						
5	Much worse																																						
833	[n_startend_rt]	Section N Start/End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @READONLY @HIDDEN-SURVEY																																				
834	[form_assist_rt]	Section Header: Did anyone help you complete this form?	radio <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes</td></tr> </table> Custom alignment: LV	1	No	2	Yes																																
1	No																																						
2	Yes																																						
835	[survey_end_desc_rt]	Section Header: If you are ready to submit your survey, press the "Submit" button below.	descriptive																																				
836	[survey_end_rt]	Survey End Timestamp	text (datetime_seconds_mdy) Field Annotation: @NOW @HIDDEN-SURVEY																																				
837	[bhi_survey_retest_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																														
0	Incomplete																																						
1	Unverified																																						
2	Complete																																						
Instrument: Giftcard Redirect Retest (giftcard_redirect_retest)  Enabled as survey			[collapsed]																																				
Instrument: Form 1 Participant Screening (form_1_participant_screening)			[collapsed]																																				
Instrument: Form 2 Contact Info (form_2_contact_info)			[collapsed]																																				
Instrument: Form 11 Data Entry (form_11_data_entry)			[collapsed]																																				
Instrument: Confirmation Of Consent (confirmation_of_consent)			[collapsed]																																				
Instrument: Form 4 Clinical Tests (form_4_clinical_tests)			[collapsed]																																				
Instrument: Form 5 Judge Initial Rating (form_5_judge_initial_rating)			[collapsed]																																				
Instrument: Form 6 Judge Second Rating (form_6_judge_second_rating)			[collapsed]																																				
Instrument: Form 8 Participant Exit (form_8_participant_exit)			[collapsed]																																				
1094	[pe_fdate] Show the field ONLY if: [gp_randgroup] = ""	Date Form Completed: <i>mm-dd-yyyy</i>	text (date_mdy), Required																																				
1095	[participant_exit]	Section Header: Reason for participant exit from the study:	checkbox <table border="1"> <tr><td>1</td><td>participant_exit__1</td><td>Lost to follow-up</td></tr> <tr><td>2</td><td>participant_exit__2</td><td>BHI not completed</td></tr> <tr><td>3</td><td>participant_exit__3</td><td>Declined completing consent</td></tr> <tr><td>4</td><td>participant_exit__4</td><td>No-show to in-person visit</td></tr> <tr><td>5</td><td>participant_exit__5</td><td>Declined to participate at in-person visit</td></tr> <tr><td>6</td><td>participant_exit__6</td><td>Did not complete bladder diaries for rescheduled in-person visit</td></tr> <tr><td>7</td><td>participant_exit__7</td><td>No longer interested in participating in study</td></tr> <tr><td>8</td><td>participant_exit__8</td><td>Bad address</td></tr> <tr><td>9</td><td>participant_exit__9</td><td>Participant death</td></tr> <tr><td>10</td><td>participant_exit__10</td><td>Quota filled</td></tr> <tr><td>12</td><td>participant_exit__12</td><td>COVID-19 Related Reason</td></tr> <tr><td>11</td><td>participant_exit__11</td><td>Other</td></tr> </table> Custom alignment: LV	1	participant_exit__1	Lost to follow-up	2	participant_exit__2	BHI not completed	3	participant_exit__3	Declined completing consent	4	participant_exit__4	No-show to in-person visit	5	participant_exit__5	Declined to participate at in-person visit	6	participant_exit__6	Did not complete bladder diaries for rescheduled in-person visit	7	participant_exit__7	No longer interested in participating in study	8	participant_exit__8	Bad address	9	participant_exit__9	Participant death	10	participant_exit__10	Quota filled	12	participant_exit__12	COVID-19 Related Reason	11	participant_exit__11	Other
1	participant_exit__1	Lost to follow-up																																					
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12	participant_exit__12	COVID-19 Related Reason																																					
11	participant_exit__11	Other																																					
1096	[exit_other] Show the field ONLY if: [participant_exit(11)] = '1'	Other, specify:	text, Required Custom alignment: LV																																				

1097	[badadd_detail] Show the field ONLY if: [participant_exit(8)] = '1'	Bad Address - detail	dropdown <table border="1"> <tr><td>1</td><td>Return to Sender. Unable to forward</td></tr> <tr><td>2</td><td>No Mail receptacle. Unable to Forward</td></tr> <tr><td>3</td><td>VACANT</td></tr> <tr><td>4</td><td>NOT DELIVERABLE AS ADDRESSED</td></tr> <tr><td>5</td><td>NO SUCH NUMBER</td></tr> <tr><td>6</td><td>ATTEMPTED - NOT KNOWN</td></tr> <tr><td>7</td><td>INSUFFICIENT ADDRESS</td></tr> <tr><td>8</td><td>NO SUCH STREET</td></tr> <tr><td>9</td><td>IN DISPUTE</td></tr> <tr><td>10</td><td>UNCLAIMED</td></tr> <tr><td>11</td><td>TEMPORARILY AWAY</td></tr> <tr><td>12</td><td>MLNA-Unable to forward</td></tr> <tr><td>13</td><td>Refused</td></tr> </table>	1	Return to Sender. Unable to forward	2	No Mail receptacle. Unable to Forward	3	VACANT	4	NOT DELIVERABLE AS ADDRESSED	5	NO SUCH NUMBER	6	ATTEMPTED - NOT KNOWN	7	INSUFFICIENT ADDRESS	8	NO SUCH STREET	9	IN DISPUTE	10	UNCLAIMED	11	TEMPORARILY AWAY	12	MLNA-Unable to forward	13	Refused
1	Return to Sender. Unable to forward																												
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12	MLNA-Unable to forward																												
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1098	[badadd_timestamp] Show the field ONLY if: [participant_exit(8)] = '1'	Bad Address Timestamp	text (date_mdy)																										
1099	[pe_notes]	Additional Notes:	notes Custom alignment: LV																										
1100	[pe_init] Show the field ONLY if: [gp_randgroup] = ""	Study Personnel Initials	text, Required																										
1101	[pe_date] Show the field ONLY if: [gp_randgroup] = ""	Date data entered <i>mm-dd-yyyy</i>	text (date_mdy), Required																										
1102	[form_8_participant_exit_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																				
0	Incomplete																												
1	Unverified																												
2	Complete																												

Instrument: Form 9 Adverse Event (form_9_adverse_event)

1103	[ae_fdate]	Date Form Completed: <i>mm-dd-yyyy</i>	text (date_mdy), Required								
1104	[ae_desc]	Section Header: 1. Briefly describe the adverse event:	text, Required Custom alignment: LV								
1105	[ae_date]	2. What was the date of the adverse event? <i>mm-dd-yyyy</i>	text (date_mdy), Required								
1106	[ae_action]	3. Action taken regarding adverse event:	notes, Required Custom alignment: LV								
1107	[ae_ue]	4. Was this an expected adverse event or an unexpected adverse event?	radio, Required <table border="1"> <tr><td>1</td><td>Expected</td></tr> <tr><td>0</td><td>Unexpected</td></tr> </table> Custom alignment: LV	1	Expected	0	Unexpected				
1	Expected										
0	Unexpected										
1108	[ae_rel]	5. Relationship to research protocol:	radio, Required <table border="1"> <tr><td>0</td><td>Not related</td></tr> <tr><td>1</td><td>Possibly related</td></tr> <tr><td>2</td><td>Probably related</td></tr> <tr><td>3</td><td>Definitely related</td></tr> </table> Custom alignment: LV	0	Not related	1	Possibly related	2	Probably related	3	Definitely related
0	Not related										
1	Possibly related										
2	Probably related										
3	Definitely related										
1109	[ae_sae]	6. Was this a Serious Adverse Event?	radio, Required <table border="1"> <tr><td>1</td><td>Yes --> Complete Serious Adverse Event Form</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes --> Complete Serious Adverse Event Form	2	No				
1	Yes --> Complete Serious Adverse Event Form										
2	No										
1110	[ae_notes]	Additional notes	notes								
1111	[ae_init]	Study Personnel Initials	text, Required								
1112	[ae_edate]	Date data entered <i>mm-dd-yyyy</i>	text (date_mdy), Required								
1113	[sae_study] Show the field ONLY if: [ae_sae] = '1'	Section Header: <i>Serious Adverse Event (A-7)</i> 1. Did the subject experience a serious adverse event during the course of the study?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										

1114	[sae_init] Show the field ONLY if: [ae_sae] = '1'	2. Is this an initial report or a follow-up to an ongoing event?	radio, Required 1 Initial 2 Follow-up
1115	[sae_fu] Show the field ONLY if: [sae_init] = '2'	Follow-up #:	text, Required
1116	[sae_age] Show the field ONLY if: [ae_sae] = '1'	3. Subject's age at time of event <i>age</i>	text (integer, Min: 17, Max: 100), Required
1117	[sae_date] Show the field ONLY if: [ae_sae] = '1'	4. Event occurrence: <i>mm-dd-yyyy</i>	text (date_mdy), Required
1118	[sae_loc] Show the field ONLY if: [ae_sae] = '1'	Location:	text, Required
1119	[sae_desc] Show the field ONLY if: [ae_sae] = '1'	5. Describe Event:	notes, Required
1120	[sae_act] Show the field ONLY if: [ae_sae] = '1'	6. Actions Taken:	notes, Required
1121	[sae_ue] Show the field ONLY if: [ae_sae] = '1'	7. Is this event:	radio, Required 1 Expected 0 Unexpected Custom alignment: LV
1122	[sae_rel] Show the field ONLY if: [ae_sae] = '1'	8. Relationship to research protocol:	radio, Required 0 Not related 1 Possibly related 2 Probably related 3 Definitely related Custom alignment: LV
1123	[sae_ser] Show the field ONLY if: [ae_sae] = '1'	9. Seriousness of the event:	radio, Required 1 Death 2 Resulted in a life-threatening illness or injury 3 Resulted in a permanent impairment of a body structure or body function 4 Resulted in a hospitalization or prolongation of an existing hospitalization 5 Required medical or surgical intervention to prevent permanent impairment or damage 6 Congenital anomaly or birth defect in offspring of the subject Custom alignment: LV
1124	[sae_hosp] Show the field ONLY if: [ae_sae] = '1'	10. Did the event result in hospitalization?	radio, Required 1 Yes 0 No Custom alignment: LV
1125	[sae_ip] Show the field ONLY if: [sae_hosp] = '1'	Number of in-patient days:	text, Required
1126	[sae_out] Show the field ONLY if: [ae_sae] = '1'	11. Outcome:	radio, Required 1 Ongoing 2 Resolved 3 Resolved with sequelae 4 Death
1127	[sae_on] Show the field ONLY if: [sae_out] = '1'	If this is a follow-up report, specify:	radio, Required 1 Improved 0 Unchanged 2 Worsened

1128	[sae_odate] Show the field ONLY if: [sae_sae] = '1'	12. Date of outcome <i>mm-dd-yyyy</i>	text (date_mdy), Required						
1129	[form_9_adverse_event_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Form 10 Protocol Deviation (form_10_protocol_deviation)

1130	[pd_fdate]	Date Form Completed: <i>mm-dd-yyyy</i>	text (date_mdy), Required												
1131	[pd_date]	Section Header: Date of Protocol Deviation: <i>mm-dd-yyyy</i>	text (date_mdy), Required												
1132	[pd_code]	Deviation Code:	radio, Required <table border="1"> <tr><td>1</td><td>Participant was enrolled but did not meet inclusion criteria</td></tr> <tr><td>2</td><td>Participant was enrolled but met exclusion criteria</td></tr> <tr><td>3</td><td>Participant did not sign Informed Consent</td></tr> <tr><td>4</td><td>Research activities prior to consent</td></tr> <tr><td>5</td><td>De-identification broken</td></tr> <tr><td>6</td><td>Other</td></tr> </table>	1	Participant was enrolled but did not meet inclusion criteria	2	Participant was enrolled but met exclusion criteria	3	Participant did not sign Informed Consent	4	Research activities prior to consent	5	De-identification broken	6	Other
1	Participant was enrolled but did not meet inclusion criteria														
2	Participant was enrolled but met exclusion criteria														
3	Participant did not sign Informed Consent														
4	Research activities prior to consent														
5	De-identification broken														
6	Other														
1133	[pd_codeoth] Show the field ONLY if: [pd_code] = 6	Other, specify:	text, Required												
1134	[pd_details]	Provide details of deviation (i.e., how deviation occurred, etc.):	notes, Required												
1135	[pd_report]	Was this protocol deviation reportable to the IRB?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No								
1	Yes														
2	No														
1136	[pd_desc] Show the field ONLY if: [pd_report] = '1'	If yes, provide name and signature date of key personnel completing the form:	descriptive												
1137	[pd_sig] Show the field ONLY if: [pd_report] = '1'	Name of key personnel completing this form:	text												
1138	[pd_sigdate] Show the field ONLY if: [pd_report] = '1'	Date: <i>mm-dd-yyyy</i>	text (date_mdy)												
1139	[pd_init]	Study Personnel Initials	text, Required												
1140	[pd_edate]	Date data entered <i>mm-dd-yyyy</i>	text (date_mdy), Required												
1141	[form_10_protocol_deviation_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														

Instrument: Genpop Tracking (genpop_tracking) [collapsed]

Instrument: BHI Completeness (bhi_completeness) [collapsed]

Instrument: One Day Diary (one_day_diary) [collapsed]

Instrument: Two Day Diary (two_day_diary)

1437	[d2_fdate]	2-Day Diary Form date	text (date_mdy)										
1438	[d2_health]	In general, would you say your health is:	dropdown <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor
1	Excellent												
2	Very good												
3	Good												
4	Fair												
5	Poor												
1439	[d2_bfeed]	Are you breastfeeding?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table>	1	Y	2	N						
1	Y												
2	N												

1440	[d2_infect]	Do you think you have a bladder infection today?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table>	1	Y	2	N		
1	Y								
2	N								
1441	[d2_preg]	Are you pregnant?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table>	1	Y	2	N		
1	Y								
2	N								
1442	[d2_resp]	Are you having any respiratory issues (such as a cold or allergies) today?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table>	1	Y	2	N		
1	Y								
2	N								
1443	[d2_cath]	Are you catheterized?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table>	1	Y	2	N		
1	Y								
2	N								
1444	[d2_hosp]	Have you been hospitalized in the past week?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table>	1	Y	2	N		
1	Y								
2	N								
1445	[d2_hh_up1]	hh	text (integer)						
1446	[d2_mm_up1]	mm	text (integer)						
1447	[d2_ap_up1]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1448	[d2_up_ts1]		text (time) Field Annotation: @HIDEBUTTON						
1449	[d2_plb1]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1450	[d2_hh1]	hh	text (integer) Custom alignment: RH						
1451	[d2_mm1]	mm	text (integer) Custom alignment: RH						
1452	[d2_ap1]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1453	[d2_ts1]		text (time) Field Annotation: @HIDEBUTTON						
1454	[d2_sml1]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1455	[d2_sudden1]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1456	[d2_easy1]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1457	[d2_cont1]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1458	[d2_empty1]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1459	[d2_feeling1]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1460	[d2_dribble1]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1461	[d2_plb2]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1462	[d2_hh2]	hh	text (integer) Custom alignment: RH						
1463	[d2_mm2]	mm	text (integer) Custom alignment: RH						
1464	[d2_ap2]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1465	[d2_ts2]		text (time) Field Annotation: @HIDEBUTTON						
1466	[d2_sml2]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1467	[d2_sudden2]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1468	[d2_easy2]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1469	[d2_cont2]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1470	[d2_empty2]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1471	[d2_feeling2]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1472	[d2_dribble2]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1473	[d2_plb3]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1474	[d2_hh3]	hh	text (integer) Custom alignment: RH						
1475	[d2_mm3]	mm	text (integer) Custom alignment: RH						
1476	[d2_ap3]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1477	[d2_ts3]		text (time) Field Annotation: @HIDEBUTTON						
1478	[d2_sml3]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1479	[d2_sudden3]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1480	[d2_easy3]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1481	[d2_cont3]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1482	[d2_empty3]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1483	[d2_feeling3]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1484	[d2_dribble3]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1485	[d2_plb4]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1486	[d2_hh4]	hh	text (integer) Custom alignment: RH						

1487	[d2_mm4]	mm	text (integer) Custom alignment: RH						
1488	[d2_ap4]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1489	[d2_ts4]		text (time) Field Annotation: @HIDEBUTTON						
1490	[d2_sml4]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1491	[d2_sudden4]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1492	[d2_easy4]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1493	[d2_cont4]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1494	[d2_empty4]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1495	[d2_feeling4]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1496	[d2_dribble4]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1497	[d2_plb5]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1498	[d2_hh5]	hh	text (integer) Custom alignment: RH						
1499	[d2_mm5]	mm	text (integer) Custom alignment: RH						
1500	[d2_ap5]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1501	[d2_ts5]		text (time) Field Annotation: @HIDEBUTTON						
1502	[d2_sml5]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								

1503	[d2_sudden5]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1504	[d2_easy5]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1505	[d2_cont5]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1506	[d2_empty5]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1507	[d2_feeling5]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1508	[d2_dribble5]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1509	[d2_plb6]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1510	[d2_hh6]	hh	text (integer) Custom alignment: RH						
1511	[d2_mm6]	mm	text (integer) Custom alignment: RH						
1512	[d2_ap6]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1513	[d2_ts6]		text (time) Field Annotation: @HIDEBUTTON						
1514	[d2_sm16]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1515	[d2_sudden6]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1516	[d2_easy6]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1517	[d2_cont6]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1518	[d2_empty6]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1519	[d2_feeling6]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1520	[d2_dribble6]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1521	[d2_plb7]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1522	[d2_hh7]	hh	text (integer) Custom alignment: RH						
1523	[d2_mm7]	mm	text (integer) Custom alignment: RH						
1524	[d2_ap7]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1525	[d2_ts7]		text (time) Field Annotation: @HIDEBUTTON						
1526	[d2_sml7]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1527	[d2_sudden7]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1528	[d2_easy7]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1529	[d2_cont7]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1530	[d2_empty7]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1531	[d2_feeling7]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1532	[d2_dribble7]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1533	[d2_plb8]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1534	[d2_hh8]	hh	text (integer) Custom alignment: RH						
1535	[d2_mm8]	mm	text (integer) Custom alignment: RH						
1536	[d2_ap8]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1537	[d2_ts8]		text (time) Field Annotation: @HIDEBUTTON						
1538	[d2_sml8]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1539	[d2_sudden8]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1540	[d2_easy8]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1541	[d2_cont8]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1542	[d2_empty8]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1543	[d2_feeling8]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1544	[d2_dribble8]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1545

[d2_p1b9]

Check Pee or Leak or Both

dropdown

1	P
2	L

			<table border="1"> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	3	B				
3	B								
1546	[d2_hh9]	hh	text (integer) Custom alignment: RH						
1547	[d2_mm9]	mm	text (integer) Custom alignment: RH						
1548	[d2_ap9]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1549	[d2_ts9]		text (time) Field Annotation: @HIDEBUTTON						
1550	[d2_sml9]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> <p>Custom alignment: RH</p>	1	S	2	M	3	L
1	S								
2	M								
3	L								
1551	[d2_sudden9]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1552	[d2_easy9]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1553	[d2_cont9]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1554	[d2_empty9]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1555	[d2_feeling9]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1556	[d2_dribble9]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1557	[d2_plb10]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	1	P	2	L	3	B
1	P								
2	L								
3	B								
1558	[d2_hh10]	hh	text (integer) Custom alignment: RH						
1559	[d2_mm10]	mm	text (integer) Custom alignment: RH						
1560	[d2_ap10]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1561	[d2_ts10]		text (time) Field Annotation: @HIDEBUTTON						

1562	[d2_sml10]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1563	[d2_sudden10]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1564	[d2_easy10]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1565	[d2_cont10]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1566	[d2_empty10]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1567	[d2_feeling10]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1568	[d2_dribble10]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1569	[d2_plb11]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1570	[d2_hh11]	hh	text (integer) Custom alignment: RH						
1571	[d2_mm11]	mm	text (integer) Custom alignment: RH						
1572	[d2_ap11]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1573	[d2_ts11]		text (time) Field Annotation: @HIDEBUTTON						
1574	[d2_sml11]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1575	[d2_sudden11]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1576

[d2_easy11]

Easy starting to pee

dropdown

1	Y
---	---

			<table border="1"> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	2	N				
2	N								
1577	[d2_cont11]	Continuous pee stream	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1578	[d2_empty11]	Do you feel bladders is empty?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1579	[d2_feeling11]	Is the "need to pee feeling" gone?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1580	[d2_dribble11]	Did you dribble pee when you were done?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1581	[d2_plb12]	Check Pee or Leak or Both	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	1	P	2	L	3	B
1	P								
2	L								
3	B								
1582	[d2_hh12]	hh	<p>text (integer)</p> <p>Custom alignment: RH</p>						
1583	[d2_mm12]	mm	<p>text (integer)</p> <p>Custom alignment: RH</p>						
1584	[d2_ap12]		<p>dropdown</p> <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1585	[d2_ts12]		<p>text (time)</p> <p>Field Annotation: @HIDEBUTTON</p>						
1586	[d2_sml12]	Amount of Pee Leakage	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> <p>Custom alignment: RH</p>	1	S	2	M	3	L
1	S								
2	M								
3	L								
1587	[d2_sudden12]	Had a sudden and urgent need to pee	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1588	[d2_easy12]	Easy starting to pee	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1589	[d2_cont12]	Continuous pee stream	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1590	[d2_empty12]	Do you feel bladders is empty?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								

1591	[d2_feeling12]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1592	[d2_dribble12]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1593	[d2_plb13]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1594	[d2_hh13]	hh	text (integer) Custom alignment: RH						
1595	[d2_mm13]	mm	text (integer) Custom alignment: RH						
1596	[d2_ap13]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1597	[d2_ts13]		text (time) Field Annotation: @HIDEBUTTON						
1598	[d2_sml13]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1599	[d2_sudden13]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1600	[d2_easy13]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1601	[d2_cont13]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1602	[d2_empty13]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1603	[d2_feeling13]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1604	[d2_dribble13]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1605

[d2_plb14]

Check Pee or Leak or Both

dropdown

1	P
2	L

			<table border="1"> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	3	B				
3	B								
1606	[d2_hh14]	hh	text (integer) Custom alignment: RH						
1607	[d2_mm14]	mm	text (integer) Custom alignment: RH						
1608	[d2_ap14]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1609	[d2_ts14]		text (time) Field Annotation: @HIDEBUTTON						
1610	[d2_sml14]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> <p>Custom alignment: RH</p>	1	S	2	M	3	L
1	S								
2	M								
3	L								
1611	[d2_sudden14]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1612	[d2_easy14]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1613	[d2_cont14]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1614	[d2_empty14]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1615	[d2_feeling14]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1616	[d2_dribble14]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1617	[d2_plb15]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	1	P	2	L	3	B
1	P								
2	L								
3	B								
1618	[d2_hh15]	hh	text (integer) Custom alignment: RH						
1619	[d2_mm15]	mm	text (integer) Custom alignment: RH						
1620	[d2_ap15]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1621	[d2_ts15]		text (time) Field Annotation: @HIDEBUTTON						

1622	[d2_sml15]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1623	[d2_sudden15]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1624	[d2_easy15]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1625	[d2_cont15]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1626	[d2_empty15]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1627	[d2_feeling15]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1628	[d2_dribble15]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1629	[d2_plb16]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1630	[d2_hh16]	hh	text (integer) Custom alignment: RH						
1631	[d2_mm16]	mm	text (integer) Custom alignment: RH						
1632	[d2_ap16]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1633	[d2_ts16]		text (time) Field Annotation: @HIDEBUTTON						
1634	[d2_sml16]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1635	[d2_sudden16]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1636

[d2_easy16]

Easy starting to pee

dropdown

1	Y
---	---

			<table border="1"> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	2	N				
2	N								
1637	[d2_cont16]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1638	[d2_empty16]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1639	[d2_feeling16]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1640	[d2_dribble16]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1641	[d2_sense1]	Pee sensation uncomfortable or painful?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table>	1	Y	2	N		
1	Y								
2	N								
1642	[d2_pain1]	Did you experience pain while you were holding urine?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table>	1	Y	2	N		
1	Y								
2	N								
1643	[d2_hh_bed1]	hh	text (integer)						
1644	[d2_mm_bed1]	mm	text (integer)						
1645	[d2_ap_bed1]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1646	[d2_bed_ts1]		text (time) Field Annotation: @HIDEBUTTON						
1647	[d2_normal1]	Did this represent a typical or normal day for you?	dropdown <table border="1"> <tr><td>1</td><td>Yes, normal</td></tr> <tr><td>2</td><td>No, worse</td></tr> <tr><td>3</td><td>No, better</td></tr> </table>	1	Yes, normal	2	No, worse	3	No, better
1	Yes, normal								
2	No, worse								
3	No, better								
1648	[d2_diff1]	If no, please state what was different:	text						
		Show the field ONLY if: [d2_normal1] > 1							
1649	[d2_hh_up2]	hh	text (integer)						
1650	[d2_mm_up2]	mm	text (integer)						
1651	[d2_ap_up2]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1652	[d2_up_ts2]		text (time) Field Annotation: @HIDEBUTTON						
1653	[d2_plb17]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1654	[d2_hh17]	hh	text (integer) Custom alignment: RH						
1655	[d2_mm17]	mm	text (integer) Custom alignment: RH						

1656	[d2_ap17]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1657	[d2_ts17]		text (time) Field Annotation: @HIDEBUTTON						
1658	[d2_sml17]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1659	[d2_sudden17]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1660	[d2_easy17]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1661	[d2_cont17]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1662	[d2_empty17]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1663	[d2_feeling17]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1664	[d2_dribble17]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1665	[d2_plb18]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1666	[d2_hh18]	hh	text (integer) Custom alignment: RH						
1667	[d2_mm18]	mm	text (integer) Custom alignment: RH						
1668	[d2_ap18]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1669	[d2_ts18]		text (time) Field Annotation: @HIDEBUTTON						
1670	[d2_sml18]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								

1671	[d2_sudden18]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1672	[d2_easy18]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1673	[d2_cont18]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1674	[d2_empty18]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1675	[d2_feeling18]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1676	[d2_dribble18]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1677	[d2_plb19]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1678	[d2_hh19]	hh	text (integer) Custom alignment: RH						
1679	[d2_mm19]	mm	text (integer) Custom alignment: RH						
1680	[d2_ap19]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1681	[d2_ts19]		text (time) Field Annotation: @HIDEBUTTON						
1682	[d2_sml19]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1683	[d2_sudden19]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1684	[d2_easy19]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1685	[d2_cont19]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1686	[d2_empty19]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1687	[d2_feeling19]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1688	[d2_dribble19]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1689	[d2_plb20]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1690	[d2_hh20]	hh	text (integer) Custom alignment: RH						
1691	[d2_mm20]	mm	text (integer) Custom alignment: RH						
1692	[d2_ap20]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1693	[d2_ts20]		text (time) Field Annotation: @HIDEBUTTON						
1694	[d2_sml20]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1695	[d2_sudden20]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1696	[d2_easy20]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1697	[d2_cont20]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1698	[d2_empty20]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1699	[d2_feeling20]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1700	[d2_dribble20]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1701	[d2_plb21]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1702	[d2_hh21]	hh	text (integer) Custom alignment: RH						
1703	[d2_mm21]	mm	text (integer) Custom alignment: RH						
1704	[d2_ap21]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1705	[d2_ts21]		text (time) Field Annotation: @HIDEBUTTON						
1706	[d2_sml21]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1707	[d2_sudden21]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1708	[d2_easy21]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1709	[d2_cont21]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1710	[d2_empty21]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1711	[d2_feeling21]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1712	[d2_dribble21]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1713

[d2_p1b22]

Check Pee or Leak or Both

dropdown

1	P
2	L

			<table border="1"> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	3	B				
3	B								
1714	[d2_hh22]	hh	text (integer) Custom alignment: RH						
1715	[d2_mm22]	mm	text (integer) Custom alignment: RH						
1716	[d2_ap22]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1717	[d2_ts22]		text (time) Field Annotation: @HIDEBUTTON						
1718	[d2_sml22]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> <p>Custom alignment: RH</p>	1	S	2	M	3	L
1	S								
2	M								
3	L								
1719	[d2_sudden22]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1720	[d2_easy22]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1721	[d2_cont22]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1722	[d2_empty22]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1723	[d2_feeling22]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1724	[d2_dribble22]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1725	[d2_plb23]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	1	P	2	L	3	B
1	P								
2	L								
3	B								
1726	[d2_hh23]	hh	text (integer) Custom alignment: RH						
1727	[d2_mm23]	mm	text (integer) Custom alignment: RH						
1728	[d2_ap23]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1729	[d2_ts23]		text (time) Field Annotation: @HIDEBUTTON						

1730	[d2_sml23]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1731	[d2_sudden23]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1732	[d2_easy23]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1733	[d2_cont23]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1734	[d2_empty23]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1735	[d2_feeling23]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1736	[d2_dribble23]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1737	[d2_plb24]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1738	[d2_hh24]	hh	text (integer) Custom alignment: RH						
1739	[d2_mm24]	mm	text (integer) Custom alignment: RH						
1740	[d2_ap24]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1741	[d2_ts24]		text (time) Field Annotation: @HIDEBUTTON						
1742	[d2_sml24]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1743	[d2_sudden24]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1744

[d2_easy24]

Easy starting to pee

dropdown

1	Y
---	---

			<table border="1"> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	2	N				
2	N								
1745	[d2_cont24]	Continuous pee stream	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1746	[d2_empty24]	Do you feel bladders is empty?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1747	[d2_feeling24]	Is the "need to pee feeling" gone?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1748	[d2_dribble24]	Did you dribble pee when you were done?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1749	[d2_plb25]	Check Pee or Leak or Both	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	1	P	2	L	3	B
1	P								
2	L								
3	B								
1750	[d2_hh25]	hh	<p>text (integer)</p> <p>Custom alignment: RH</p>						
1751	[d2_mm25]	mm	<p>text (integer)</p> <p>Custom alignment: RH</p>						
1752	[d2_ap25]		<p>dropdown</p> <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1753	[d2_ts25]		<p>text (time)</p> <p>Field Annotation: @HIDEBUTTON</p>						
1754	[d2_sml25]	Amount of Pee Leakage	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> <p>Custom alignment: RH</p>	1	S	2	M	3	L
1	S								
2	M								
3	L								
1755	[d2_sudden25]	Had a sudden and urgent need to pee	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1756	[d2_easy25]	Easy starting to pee	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1757	[d2_cont25]	Continuous pee stream	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1758	[d2_empty25]	Do you feel bladders is empty?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								

1759	[d2_feeling25]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1760	[d2_dribble25]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1761	[d2_plb26]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1762	[d2_hh26]	hh	text (integer) Custom alignment: RH						
1763	[d2_mm26]	mm	text (integer) Custom alignment: RH						
1764	[d2_ap26]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1765	[d2_ts26]		text (time) Field Annotation: @HIDEBUTTON						
1766	[d2_sml26]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1767	[d2_sudden26]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1768	[d2_easy26]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1769	[d2_cont26]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1770	[d2_empty26]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1771	[d2_feeling26]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1772	[d2_dribble26]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1773

[d2_p1b27]

Check Pee or Leak or Both

dropdown

1	P
2	L

			<table border="1"> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	3	B				
3	B								
1774	[d2_hh27]	hh	<p>text (integer)</p> <p>Custom alignment: RH</p>						
1775	[d2_mm27]	mm	<p>text (integer)</p> <p>Custom alignment: RH</p>						
1776	[d2_ap27]		<p>dropdown</p> <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1777	[d2_ts27]		<p>text (time)</p> <p>Field Annotation: @HIDEBUTTON</p>						
1778	[d2_sml27]	Amount of Pee Leakage	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> <p>Custom alignment: RH</p>	1	S	2	M	3	L
1	S								
2	M								
3	L								
1779	[d2_sudden27]	Had a sudden and urgent need to pee	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1780	[d2_easy27]	Easy starting to pee	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1781	[d2_cont27]	Continuous pee stream	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1782	[d2_empty27]	Do you feel bladders is empty?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1783	[d2_feeling27]	Is the "need to pee feeling" gone?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1784	[d2_dribble27]	Did you dribble pee when you were done?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1785	[d2_plb28]	Check Pee or Leak or Both	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	1	P	2	L	3	B
1	P								
2	L								
3	B								
1786	[d2_hh28]	hh	<p>text (integer)</p> <p>Custom alignment: RH</p>						
1787	[d2_mm28]	mm	<p>text (integer)</p> <p>Custom alignment: RH</p>						
1788	[d2_ap28]		<p>dropdown</p> <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1789	[d2_ts28]		<p>text (time)</p> <p>Field Annotation: @HIDEBUTTON</p>						

1790	[d2_sml28]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1791	[d2_sudden28]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1792	[d2_easy28]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1793	[d2_cont28]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1794	[d2_empty28]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1795	[d2_feeling28]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1796	[d2_dribble28]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1797	[d2_plb29]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1798	[d2_hh29]	hh	text (integer) Custom alignment: RH						
1799	[d2_mm29]	mm	text (integer) Custom alignment: RH						
1800	[d2_ap29]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1801	[d2_ts29]		text (time) Field Annotation: @HIDEBUTTON						
1802	[d2_sml29]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1803	[d2_sudden29]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1804

[d2_easy29]

Easy starting to pee

dropdown

1	Y
---	---

			<table border="1"> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	2	N				
2	N								
1805	[d2_cont29]	Continuous pee stream	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1806	[d2_empty29]	Do you feel bladders is empty?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1807	[d2_feeling29]	Is the "need to pee feeling" gone?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1808	[d2_dribble29]	Did you dribble pee when you were done?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1809	[d2_plb30]	Check Pee or Leak or Both	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	1	P	2	L	3	B
1	P								
2	L								
3	B								
1810	[d2_hh30]	hh	<p>text (integer)</p> <p>Custom alignment: RH</p>						
1811	[d2_mm30]	mm	<p>text (integer)</p> <p>Custom alignment: RH</p>						
1812	[d2_ap30]		<p>dropdown</p> <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1813	[d2_ts30]		<p>text (time)</p> <p>Field Annotation: @HIDEBUTTON</p>						
1814	[d2_sml30]	Amount of Pee Leakage	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> <p>Custom alignment: RH</p>	1	S	2	M	3	L
1	S								
2	M								
3	L								
1815	[d2_sudden30]	Had a sudden and urgent need to pee	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1816	[d2_easy30]	Easy starting to pee	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1817	[d2_cont30]	Continuous pee stream	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1818	[d2_empty30]	Do you feel bladders is empty?	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								

1819	[d2_feeling30]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1820	[d2_dribble30]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1821	[d2_plb31]	Check Pee or Leak or Both	dropdown <table border="1"> <tr><td>1</td><td>P</td></tr> <tr><td>2</td><td>L</td></tr> <tr><td>3</td><td>B</td></tr> </table> Custom alignment: RH	1	P	2	L	3	B
1	P								
2	L								
3	B								
1822	[d2_hh31]	hh	text (integer) Custom alignment: RH						
1823	[d2_mm31]	mm	text (integer) Custom alignment: RH						
1824	[d2_ap31]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1825	[d2_ts31]		text (time) Field Annotation: @HIDEBUTTON						
1826	[d2_sml31]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> Custom alignment: RH	1	S	2	M	3	L
1	S								
2	M								
3	L								
1827	[d2_sudden31]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1828	[d2_easy31]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1829	[d2_cont31]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1830	[d2_empty31]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1831	[d2_feeling31]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								
1832	[d2_dribble31]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> Custom alignment: RH	1	Y	2	N		
1	Y								
2	N								

1833

[d2_p\b32]

Check Pee or Leak or Both

dropdown

1	P
2	L

			<table border="1"> <tr><td>3</td><td>B</td></tr> </table> <p>Custom alignment: RH</p>	3	B				
3	B								
1834	[d2_hh32]	hh	text (integer) Custom alignment: RH						
1835	[d2_mm32]	mm	text (integer) Custom alignment: RH						
1836	[d2_ap32]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1837	[d2_ts32]		text (time) Field Annotation: @HIDEBUTTON						
1838	[d2_sm132]	Amount of Pee Leakage	dropdown <table border="1"> <tr><td>1</td><td>S</td></tr> <tr><td>2</td><td>M</td></tr> <tr><td>3</td><td>L</td></tr> </table> <p>Custom alignment: RH</p>	1	S	2	M	3	L
1	S								
2	M								
3	L								
1839	[d2_sudden32]	Had a sudden and urgent need to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1840	[d2_easy32]	Easy starting to pee	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1841	[d2_cont32]	Continuous pee stream	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1842	[d2_empty32]	Do you feel bladders is empty?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1843	[d2_feeling32]	Is the "need to pee feeling" gone?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1844	[d2_dribble32]	Did you dribble pee when you were done?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table> <p>Custom alignment: RH</p>	1	Y	2	N		
1	Y								
2	N								
1845	[d2_sense2]	Pee sensation uncomfortable or painful?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table>	1	Y	2	N		
1	Y								
2	N								
1846	[d2_pain2]	Did you experience pain while you were holding urine?	dropdown <table border="1"> <tr><td>1</td><td>Y</td></tr> <tr><td>2</td><td>N</td></tr> </table>	1	Y	2	N		
1	Y								
2	N								
1847	[d2_hh_bed2]	hh	text (integer)						
1848	[d2_mm_bed2]	mm	text (integer)						
1849	[d2_ap_bed2]		dropdown <table border="1"> <tr><td>1</td><td>am</td></tr> <tr><td>2</td><td>pm</td></tr> </table>	1	am	2	pm		
1	am								
2	pm								
1850	[d2_bed_ts2]		text (time) Field Annotation: @HIDEBUTTON						

1851	[d2_normal2]	Did this represent a typical or normal day for you?	dropdown <table border="1"> <tr><td>1</td><td>Yes, normal</td></tr> <tr><td>2</td><td>No, worse</td></tr> <tr><td>3</td><td>No, better</td></tr> </table>	1	Yes, normal	2	No, worse	3	No, better
1	Yes, normal								
2	No, worse								
3	No, better								
1852	[d2_diff2] Show the field ONLY if: [d2_normal2] > 1	If no, please state what was different:	notes						
1853	[two_day_diary_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Participant Removal** (participant_removal) [collapsed]

Instrument: **NIDDK Survey** (niddk_survey)  Enabled as survey [collapsed]