

BHI Survey

What type of device are you using to complete this questionnaire? (device)

- Phone (such as iPhone, Android, etc.) (1)
- Tablet (such as an iPad, Samsung Galaxy Tab, etc.) (2)
- Computer (Laptop or Desktop) (3)

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. (device_desc)

Section A: General HealthSection A Start Timestamp (a_start)

A1 Overall, how would you rate your well being? (a1)

- Excellent (1)
 - Very good (2)
 - Good (3)
 - Fair (4)
 - Poor (5)
-

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? (a2)

- Very enjoyable (1)
 - Pretty enjoyable (2)
 - Not too enjoyable (3)
-

A3 In general, would you say your health is: (a3)

- Excellent (1)
 - Very good (2)
 - Good (3)
 - Fair (4)
 - Poor (5)
-

A4 How is your health, compared with others your age? (a4)

- Much better (1)
 - Somewhat better (2)
 - About the same (3)
 - Somewhat worse (4)
 - Much worse (5)
-

A5 Compared to one year ago, how would you rate your health in general now? (a5)

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

A6 How often do you wake up feeling refreshed and well rested? (a6)

- Almost never (1)
 - Rarely (2)
 - Sometimes (3)
 - Usually (4)
 - Almost always (5)
-

A7 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. (a7)

	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time (5)
a. Have you felt full of life? (a7a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you been very nervous? (a7b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you been happy? (a7c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt downhearted and depressed? (a7d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section A P2 Timestamp (a_p2)

A8 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? (a8)

	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time (5)
a. Accomplished less than you would like (a8a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were limited in the kind of work or other activities (a8b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cut down on the amount of time you spent on work or other activities (a8c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section A P3 Timestamp (a_p3)

A9

	Not at all (1)	Slightly (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
a. To what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (a9a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How much did pain interfere with your normal work (including both work outside the home and housework)? (a9b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section A P4 Timestamp (a_p4)

A10 How much problem or difficulty do you have doing the following: (a10)

Can't do it
at all
No problem
at all

(a10_table)

	0 (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)
a. 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. (a10a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 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. (a10b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Light physical activities: -Lifting or carrying things that weight under 5 pounds or exercise such as stretching, yoga, walking, etc. (a10c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section A P5 Timestamp (a_p5)

A11 The content of this field is generated by the Shazam External Module (a11_desc)

A11 If you do not take any medications or supplements, check here: (a11) (1) (1)

	No (1)	Yes (2)
a. Muscles/movement (stiffness, aches, shaking, feel jittery, etc.) (a11a)	<input type="radio"/>	<input type="radio"/>
b. Peeing/urine (such as peeing more or less often, urine color/odor, etc.) (a11b)	<input type="radio"/>	<input type="radio"/>
c. Sleep (sleeping a lot, trouble getting to sleep, waking up, etc.) (a11c)	<input type="radio"/>	<input type="radio"/>
d. Appetite/weight (gain or loss) (a11d)	<input type="radio"/>	<input type="radio"/>
e. Fatigue (feeling tired, hard to concentrate) (a11e)	<input type="radio"/>	<input type="radio"/>

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. (a11_desc2)

Section A End Timestamp (a_end)

Section B: General Bladder Health & Performance

Section B Start Timestamp (b_start) _____

B1 When was the last time you thought about your bladder? (b1)

- Hardly ever, I can't remember the last time (1)
- In the past hour (2)
- Within the past few hours (3)
- At least once today (4)
- Within the past week (5)
- At least a month or longer (6)

B2 Which of the following best captures how you feel about your bladder? (b2)

- It should be in the Bladder Hall of Fame (1)
- I have a good one (2)
- It works well enough (3)
- It's not great (4)
- I wish I could return it (5)
- I got a lemon/I want a new one (6)

B3 How strongly do you agree with the following statement:

A healthy bladder is a bladder you don't think about. (b3)

- Strongly Agree (1)
- Somewhat Agree (2)
- Somewhat Disagree (3)
- Disagree (4)
- Strongly Disagree (5)

B4 My bladder is... (b4)

- No bother at all (1)
- A little bothersome (2)
- Somewhat bothersome (3)
- Very bothersome (4)
- A constant bother (5)

B5 How would you rate the function of your bladder? (b5)

- Excellent (1)
- Very Good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Terrible (6)

B6 Compared to others your age, is your bladder function... (b6)

- Much better (1)
- Somewhat better (2)
- About the same (3)
- Somewhat worse (4)
- Much worse (5)

B7 Compared to a year ago, is your bladder function... (b7)

- Much better now (1)
- Somewhat better now (2)
- About the same (3)
- Somewhat worse now (4)
- Much worse now (5)

B8 When you laugh, cough, or sneeze do you ever leak even a few drops of urine/pee? (b8)

- No, it has never happened (1)
- Yes, but very rarely (2)
- Yes, rarely (3)
- Yes, sometimes (4)
- Yes, often (5)
- Yes, all the time (6)

B9 The content of this field is generated by the Shazam External Module (b9_table)

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

B10 In the past month, how often did you wake up during the night and have trouble getting back to sleep? (b10)

- Every night (1)
- Almost always, several nights a week (2)
- Often, at least once a week (3)
- Sometimes, several times a month (4)
- Rarely, less than once a month (5)
- Never (6)

Your answer to B10 determines where you go next. Please provide a response. (b10_missing)

B10a How often is this due to your bladder, such as needing to get up to pee or feeling discomfort? (b10a)

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Every time (5)

B11 Which best describes your getting to the bathroom in the morning? (b11)

- I have no problem holding it until I get to the bathroom (1)
- I worry about whether I can hold it until I get to the bathroom although I always make it (2)
- I can't always hold it until I get to the bathroom (3)
- I usually can't hold it until I get to the bathroom (4)
- I can never hold it until I get to the bathroom (5)

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? (b12)

- I am just in and out and on with my day (1)
- I take care of things pretty well (2)
- It can be more of a chore than I would like (3)
- I dread when I need to pee (4)

Section B P2 Timestamp (b_p2)

B13 The content of this field is generated by the Shazam External Module (b13_table)

B13 When it comes to my bladder... (b13)

- 0 (1) 1 (2) 2 (3)
- 3 (4) 4 (5) 5 (6)
- 6 (7) 7 (8) 8 (9)
- 9 (10) 10 (11)

Section B End Timestamp (b_end)

Section C: Your Bladder and General Day to Day

C1 The content of this field is generated by the Shazam External Module (c1)

I don't think about my bladder, outside of it letting me know that I need to pee (c1o1) (1) (1)

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. (c1o2) (1) (1)

Somewhere between option 1 and 2 (c1o3) (1) (1)

Please choose only one of the above options. (c1_check)

C1a Has there ever been a time in your life when your bladder interfered with your day to day activities, no matter how minor? (c1a)

- No, not even once (1)
- Yes, it has happened at least once or twice recently (2)
- Yes, it has happened at least once or twice in the past, but not recently (3)

Your answer to C1 determines where you go next. Please provide a response. (c1_missing)

Your answer to C1a determines where you go next. Please provide a response. (c1a_missing)

Section C Start Timestamp (c_start)

C2 How easy or difficult are each of the following? (c2_desc)

	Very Easy (1)	Easy (2)	Somewhat Easy (3)	Somewhat Difficult (4)	Difficult (5)	Very Difficult (6)
a. When you feel the need to pee, how easy or difficult is it to hold it? (c2a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. When you feel the need to pee, how easy or difficult is it to start peeing? (c2b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When you pee, how easy or difficult is it to completely empty your bladder? (c2c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section C P2 Timestamp (c_p2)

C3 How often have you had any of the following problems with your work or other regular daily activities as a result of your bladder? (c3)

	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)
a. Accomplished less than you would like (c3a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were limited in the kind of work or other activities (c3b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cut down on the amount of time you spent on work or other activities (c3c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section C P3 Timestamp (c_p3)

C4 How much does your bladder each of the following, with 0 being no impact and 7 being dramatic negative impact? (c4)

No
Impact
Dramatic
Negative Impact

(c4_table)

	0 (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)
a. Your ability to enjoy life (c4a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How you feel about your overall health (c4b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How you feel about yourself as a person (c4c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your life in general (c4d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section C P4 Timestamp (c_p4)

C5 Thinking about the most recent time your bladder affected you, how long did this last? (c5)

- A day or two (1)
- A week (2)
- A month or two (3)
- The past 6 months (4)
- The past year (5)
- Longer than that (6)

C6 Have you ever stopped doing things you enjoy, even if for just a short period of time, because of your bladder? (c6)

- No, it never stopped me from doing things I enjoy (1)
- Yes, I stopped doing one or two things (2)
- Yes, I stopped doing three or four things (3)
- Yes, I stopped doing many things (4)

C6a When was the most recent time you stopped doing something you enjoy because of your bladder? (c6a)

- Within the past month (1)
 Within the past few months (2)
 Within the past six months (3)
 Longer than that (4)
-

C7 My bladder is... (c7)

- No bother at all (1)
 A little bothersome (2)
 Somewhat bothersome (3)
 Very bothersome (4)
 A constant bother (5)
-

C8 Have there been times in your life when your bladder interfered with your life more than it does now? (c8)

- No, never (1)
 Yes, but not recently (2)
-

C8a At its worst, how much did your bladder affect each of the following: (c8a_desc)

	Not at all (1)	A little (2)	Some (3)	A lot (4)
a. I accomplished less than I would like (c8a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I was limited in the kind of work or other activities I could do (c8b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I had to cut down on the amount of time I spent on work or other activities (c8c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your answer to C8 determines where you go next. Please provide a response. (c8_missing)

Section C End Timestamp (c_end)

Section D: Your Bladder In the Past

D1 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? (d1)

	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time (5)
a. Accomplished less than you would like (d1a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were limited in the kind of work or other activities (d1b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cut down on the amount of time you spent on work or other activities (d1c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D Start Timestamp (d_start)

D2 During the time when your bladder affected you the most, how much did your bladder impact each of the following, with 0 being no impact and 7 being dramatic negative impact? (d2)

No
Impact
Dramatic
Negative Impact

(d2_table)

	0 (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)
a. Your ability to enjoy life (d2a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How you feel about your overall health (d2b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How you feel about yourself as a person (d2c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your life in general (d2d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D P2 Timestamp (d_p2)

D3 Have you ever stopped doing things you enjoy, even if for just a short period of time, because of your bladder? (d3)

- No, it never stopped me from doing things I enjoy (1)
 Yes, I stopped doing one or two things (2)
 Yes, I stopped doing three or four things (3)
 Yes, I stopped doing many things (4)

Your answer to D3 determines where you go next. Please provide a response. (d3_missing)

D3a When was the most recent time you stopped doing something you enjoy because of your bladder? (d3a)

- Within the past 6 months (1)
 Within the past year (2)
 Within the past couple of years (3)
 Longer than that (4)

D4 In the past when your bladder affected you the most, how long did that last? (d4)

- A day or two (1)
 A week (2)
 A month or two (3)
 At least 6 months (4)
 At least a year (5)
 Longer than that (6)

D5 At its worst my bladder was... (d5)

- No bother at all (1)
 A little bothersome (2)
 Somewhat bothersome (3)
 Very bothersome (4)
 A constant bother (5)

Section D P3 Timestamp (d_p3)

D6 At its worst, how much did your bladder affect each of the following: (d6a_desc)

	Not at all (1)	A little (2)	Some (3)	A lot (4)
a. I accomplished less than I would like (d6a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I was limited in the kind of work or other activities I could do (d6b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I had to cut down on the amount of time I spent on work or other activities (d6c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D End Timestamp (d_end)

Section E: Your Bladder & Specific Activities

E1 Due to your bladder, how much difficulty do you currently have with the following types of physical activity? (e1)

Can't do it at all
Due to my bladder
No problem
at all

(e1_table)

	0 (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)
a. 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. (e1a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 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. (e1b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 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. (e1c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section E Start Timestamp (e_start)

E2 How much do you think about your bladder with each of the following types of travel? (e2a_desc)

	Not at all (1)	A little bit (2)	Some (3)	A lot (4)	All the time (5)	My bladder prevents me from doing this (6)	Not Applicable (7)
a. Getting around town using your own car (running errands, getting to work, etc.) (e2a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.							

Getting around town using public transportation (bus, light rail, train) to run errands, get to work, etc. (e2b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Long distance traveling in your own car (e2c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Long distance traveling by plane, train, or bus (e2d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section E P2 Timestamp (e_p2)

E3 How much do you think about your bladder for each of the following types of social activities? (e3a_desc)

	Not at all (1)	A little bit (2)	Some (3)	A lot (4)	All the time (5)	My bladder prevents me from doing this (6)
a. Going out to dinner, movies, plays, concerts, etc. (e3a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Going out to social events like religious services (church, mosque, temple, etc.), a wedding, or a funeral (e3b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Going to home of friends or family for a dinner or party (e3c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Having friends or family come to my home for a dinner or party (e3d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Spending time with friends (e3e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section E P3 Timestamp (e_p3)

E4 For each of the following, please indicate the extent to which your bladder currently impacts your daily work, home, or school obligations. (e4a_desc)

	None at all (1)	A little bit (2)	Some (3)	A lot (4)	All the time (5)	My bladder prevents me from doing this (6)
a. Ability to focus your responsibilities (e4a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Participating in meetings or other group activities (e4b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.						

Getting to things on time or keeping to a schedule (e4c)

d. Meeting your responsibilities, such as getting everything done that is expected of you (e4d)

Section E P4 Timestamp (e_p4)

E5 The content of this field is generated by the Shazam External Module (e5_table)

0 (1) 1 (2) 2 (3) 3 (4) 4 (5) 5 (6) 6 (7) 7 (8)

Section E P5 Timestamp (e_p5)

E6 Some women find that bladder issues may affect intimacy and their relationships with others, how much does your bladder affect: (e6a_desc)

	Not at all (1)	A little bit (2)	Some (3)	A lot (4)
a. Emotional intimacy with others (e6a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physical intimacy, other than sex (e6b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Sexual intimacy (e6c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E7 Are you currently (e7)

- Single, not seeking to be in a relationship (1)
 Single, open to or seeking to be in a relationship (2)
 In a relationship (3)
-

E7a How much, if at all, is this due to your bladder? (e7a)

- Not at all (1)
 A little (2)
 Some (3)
 A lot (4)
 My bladder is the primary reason I am not in or seeking to be in a relationship (5)
-

E7b How much, if at all, is your bladder a consideration in this? (e7b)

- Not at all (1)
 A little (2)
 Some (3)
 A lot (4)
-

Your answer to E7 determines where you go next. Please provide a response. (e7_missing)

Section E End Timestamp (e_end)

Section F: Your Bladder & Mind

F1 How strongly do you agree or disagree with each of the following: Due to my bladder: (f1a_desc)

	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Somewhat Disagree (4)	Disagree (5)	Strongly disagree (6)
a. I feel like I am not a healthy person (f1a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I enjoy life less (f1b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel different from other people (f1c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I lack confidence (f1d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F2 How strongly do you agree or disagree with each of the following: (f2a_desc)

	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Somewhat Disagree (4)	Disagree (5)	Strongly disagree (6)
a. My bladder runs my life (f2a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My bladder is always on my mind (f2b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section F Start Timestamp (f_start)

F3 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. (f3)

	Not at all (1)	Slightly (2)	Moderately (3)	Greatly (4)
a. Way you dress (f3a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Emotional health (f3b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Does fear of odor restrict your activities? (f3c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Does fear of embarrassment restrict your activities? (f3d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F4 Does your bladder cause you to experience any of the following feelings? (f4)

	Not at all (1)	Slightly (2)	Moderately (3)	Greatly (4)
a. Nervousness (f4a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fear (f4b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Frustration (f4c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Anger (f4d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Depression (f4e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Embarrassment (f4f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Shame (f4g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section F P2 Timestamp (f_p2)

-
- F5 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.? (f5)
- Never (1)
 - Rarely (2)
 - Sometimes (3)
 - Usually (4)
 - All the time (5)

-
- F6 How much do you think that your bladder contributes to how you feel about your overall health? (f6)
- I have never thought about my bladder contributing to my overall health (1)
 - Not at all (2)
 - Maybe, a little (3)
 - Definitely, a little (4)
 - Definitely, some (5)
 - Definitely, a lot (6)

Section F End Timestamp (f_end)

Section G: Responding to your Bladder

G1 During a typical day (waking time), how often do you pee? (g1)

(# times pee waking time)

G2 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). (g2)

(# times pee sleeping time)

Section A P2 Timestamp (g_start)

G3 How often do you use a liner, pad, or absorbent underwear, in case of accidental urine leakage? (g3)

- None of the time (1)
- A little of the time (2)
- Some of the time (3)
- Most of the time (4)
- All the time (5)

Your answer to G3 determines where you go next. Please provide a response. (g3_missing)

G3a How much confidence does this give you? (g3a)

- Not much at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Complete confidence (5)

Section G P2 Timestamp (g_p2)

G4 How often is finding out where the bathrooms are one of the first things you do when you go someplace? (g4)

- None of the time (1)
- A little of the time (2)
- Some of the time (3)
- Most of the time (4)
- All the time (5)

Your answer to G4 determines where you go next. Please provide a response. (g4_missing)

G4a How much confidence does this give you? (g4a)

- Not much at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Complete confidence (5)

Section G P3 Timestamp (g_p3)

G5 How often do you stay as close to a bathroom as possible when you are away from home? (g5)

- None of the time (1)
- A little of the time (2)
- Some of the time (3)
- Most of the time (4)
- All the time (5)

Your answer to G5 determines where you go next. Please provide a response. (g5_missing)

G5a How much confidence does this give you? (g5a)

- Not much at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Complete confidence (5)

Section G P4 Timestamp (g_p4)

G6 How often do you make sure you use the bathroom before you leave home? (g6)

- None of the time (1)
- A little of the time (2)
- Some of the time (3)
- Most of the time (4)
- All the time (5)

Your answer to G6 determines where you go next. Please provide a response. (g6_missing)

G6a How much confidence does this give you? (g6a)

- Not much at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Won't leave home without using the bathroom first (5)

Section G P5 Timestamp (g_p5)

G7 When you plan to leave your home or go out to do things, how much do you cut down on drinking liquids? (g7)

- None of the time (1)
- A little of the time (2)
- Some of the time (3)
- Most of the time (4)
- All the time (5)

Your answer to G7 determines where you go next. Please provide a response. (g7_missing)

G7a How much confidence does this give you? (g7a)

- Not much at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Complete confidence (5)

Section G P6 Timestamp (g_p6)

G8 How often do you carry supplies such as: panty liners or pads, extra underwear, etc. with you because of your bladder? (g8)

- Never (1)
- Rarely (2)
- Sometimes (3)
- Usually (4)
- Won't leave home without it (5)

Your answer to G8 determines where you go next. Please provide a response. (g8_missing)

G8a How often do you have to use any of these? (g8a)

- Daily (1)
- Weekly (2)
- Monthly (3)
- Every month or two (4)
- Every three or four months (5)
- Less often than that (6)

G8b How much does having these things available give you the confidence to do the things you need or want to do? (g8b)

- Not much at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Extremely (5)

Section G End Timestamp (g_end)

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 (h_desc)

Section H StartTimestamp (h_start)

Section H: Urinary Tract Infections (UTIs)

H1 In the past year have you been told by a health care provider that you had a urinary tract infection (UTI)? (h1)

- I have never had a UTI in my life (1)
- No, I haven't had a UTI in the past year, but I have had at least one in my life (2)
- Yes (3)

Your answer to H1 determines where you go next. Please provide a response. (h1_missing)

H1a How many UTIs have you had in the past year? (h1a)

- Only one (1)
- Two (2)
- Three (3)
- Four or more (4)

Your answer to H1a determines where you go next. Please provide a response. (h1a_missing)

H2 Which of the following best describes your UTIs during the past year? (h2)

- Constant - more or less the same for the entire year (1)
- Intermittent - sometimes it is better and other times it is worse (2)
- Sporadic - it happens every once in awhile (3)

H3 When you had UTIs, does your bladder get back to your normal or baseline... (h3)

- Very Quickly (1)
- Quickly (2)
- Somewhat quickly (3)
- Somewhat slowly (4)
- Slowly (5)
- Very slowly (6)
- It never seems to get completely better (7)

H4 Overall, how much has this interfered with your life in the past year? (h4)

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

Section H P2 Timestamp (h_p2)

H5 Have you ever in your life had 3 or more urinary tract infections in a year? (h5)

- No (1)
- Yes (2)

Your answer to H5 determines where you go next. Please provide a response. (h5_missing)

H6 During the year when you had at least 3 UTIs, which of the following best describes your experiences with those UTIs? (h6)

- Constant - more or less the same for the entire year (1)
- Intermittent - sometimes it is better and other times it is worse (2)
- Sporadic - it happens every once in awhile (3)

H7 When you had UTIs, would you say that your bladder got back to your normal or baseline... (h7)

- Very Quickly (1)
- Quickly (2)
- Somewhat quickly (3)
- Somewhat slowly (4)
- Slowly (5)
- Very slowly (6)
- It has never seemed to get completely better (7)

H8 Overall, how much did the UTIs interfere with your life? (h8)

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

Section H End Timestamp (h_end)

Section I: How Often You Pee

I1 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. (i1)

- No, not even once (1)
- Yes, but it lasted less than a day (2)
- Yes, and it lasted for a full day (3)
- Yes, and it lasted up to several days (4)
- Yes, and it lasted for longer than that (5)

Your answer to I1 determines where you go next. Please provide a response. (i1_missing)

I1a How much longer? (i1a)

- It lasted at least a week (1)
- It lasted several weeks (2)
- It lasted for a month or longer (3)
- It was constant (4)

I2 When did having to pee more often than usual most recently happen? (i2)

- Within the past month (1)
- Within the past few months (2)
- Within the past 6 months (3)
- Within the past year (4)
- Longer than that (5)

I3 Thinking about the last time this happened, how much more often than usual did you pee? (i3)

- At least four times more often than usual (1)
- Three times more often than usual (2)
- Twice as much as usual (3)
- Less than that (4)

I4 Thinking about the last time this happened, did this feeling of needing to pee more often than usual occur... (i4)

- During day/waking hours (1)
- During night/sleeping hours (2)
- During both the waking and sleeping hours (3)

Section I Start Timestamp (i_start)

I5 Thinking about the last time this happened, which of the following best describes your experiences with peeing more often than usual? (i5)

- Constant - more or less the same (1)
- Intermittent - sometimes it was better and other times it was worse (2)
- Sporadic - it happens every once in awhile (3)

-
- 16 Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline... (i6)
- Very Quickly (1)
 - Quickly (2)
 - Somewhat quickly (3)
 - Somewhat slowly (4)
 - Slowly (5)
 - Very slowly (6)
 - It never seems to get completely better (7)
-
- 17 At its worst, how much did this need to pee more often than usual interfere with your life? (i7)
- Not at all (1)
 - A little bit (2)
 - Some (3)
 - A lot (4)
 - Completely (5)
-
- 18 Compared to one year ago, is your experience with peeing more often than usual... (i8)
- Much better now than one year ago (1)
 - Somewhat better now than one year ago (2)
 - About the same as one year ago (3)
 - Somewhat worse now than one year ago (4)
 - Much worse now than one year ago (5)

Section I End Timestamp (i_end)

Section J: That "Gotta Go" Feeling

J1 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. (j1)

- No, not even once (1)
- Yes, and it never lasted for even a full day (2)
- Yes, and it lasted for at least a full day (3)
- Yes, and it lasted for several days (4)
- Yes, and it lasted for longer than that (5)

Your answer to J1 determines where you go next. Please provide a response. (j1_missing)

J1a How much longer? (j1a)

- It lasted at least a week (1)
- It lasted several weeks (2)
- It lasted for a month or longer (3)
- It was constant (4)

J2 When did this "gotta go" feeling most recently happen? (j2)

- Within the past month (1)
- Within the past few months (2)
- Within the past 6 months (3)
- Within the past year (4)
- Longer than that (5)

J3 When you experience that "gotta go" feeling, which best describes your getting to the bathroom? (j3)

- I have no problem holding it until I get to the bathroom (1)
- I worry about whether I can hold it until I get to the bathroom although I always make it (2)
- I can't always hold it until I get to the bathroom (3)
- Usually can't hold it until I get to the bathroom (4)
- I can never hold it until I get to the bathroom (5)

J4 Thinking about the last time this happened, did this occur... (j4)

- During day/waking hours (1)
- During night/sleeping hours (2)
- During both the waking and sleeping hours (3)

Section J Start Timestamp (j_start)

J5 Thinking about the last time this happened, which of the following best describes your experiences with the sudden and urgent need to pee? (j5)

- Constant - more or less the same for the entire year (1)
- Intermittent - sometimes it was better and other times it was worse (2)
- Sporadic - it happens every once in awhile (3)

-
- J6 Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline.. (j6)
- Very quickly (1)
 - Quickly (2)
 - Somewhat quickly (3)
 - Somewhat slowly (4)
 - Slowly (5)
 - Very slowly (6)
 - It never seems to get completely better (7)
-
- J7 At its worst, how much did this sudden and urgent need to pee interfere with your life? (j7)
- Not at all (1)
 - A little bit (2)
 - Some (3)
 - A lot (4)
 - Completely (5)
-
- J8 Compared to one year ago, is your experience with the sudden and urgent need to pee better or worse? (j8)
- Much better now than one year ago (1)
 - Somewhat better now than one year ago (2)
 - About the same as one year ago (3)
 - Somewhat worse now than one year ago (4)
 - Much worse now than one year ago (5)
-

Section J End Timestamp (j_end)

Section K: Accidental Leakage of Urine

- K1 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. (k1)
- No, not even once (1)
 - Only once or twice over the entire year (2)
 - Yes, once or twice over a month (3)
 - Yes, once or twice over a week (4)
 - Yes, daily (5)

Your answer to K1 determines where you go next. Please provide a response. (k1_missing)

- K1b The last time this accidental urine leakage happened, how much would you say you leaked? (k2)
- Just a drop or two (1)
 - Medium, more than a few drops but didn't soak through (2)
 - Large, soaked through everything (3)

- K2 When did this most recently happen? (k3)
- Within the past month (1)
 - Within the past few months (2)
 - Within the past 6 months (3)
 - Within the past year (4)
 - Longer than that (5)

- K3 Thinking about the lat time this happened, did this occur... (k4)
- During day/waking hours (1)
 - During night/sleeping hours (2)
 - During both the waking and sleeping hours (3)

Section K Start Timestamp (k_start)

- K4 Thinking about the lat time this happened, which of the following best describes your experiences with accidentally leaking urine? (k5)
- Constant - more or less the same (1)
 - Intermittent - sometimes it was better and other times it was worse (2)
 - Sporadic - it happens every once in awhile (3)

- K5 Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline... (k6)
- Very quickly (1)
 - Quickly (2)
 - Somewhat quickly (3)
 - Somewhat slowly (4)
 - Slowly (5)
 - Very slowly (6)
 - It never seems to get completely better (7)

K6 At its worst, how much did this accidental urine leakage interfere with your life? (k7)

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

K7 Compared to one year ago, is your experience with accidentally leaking urine... (k8)

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

Section K End Timestamp (k_end)

Section L: Discomfort, Pressure, or Pain

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 (l_desc2)

L1 The content of this field is generated by the Shazam External Module (l1_desc)

Please choose either yes or no for each category.
 (row_clck)

a. Cramping, aching or stabbing (l1a) Yes → (1)
 No (2)

a. Cramping, aching or stabbing (l1a1) Yes (1) No (2)
 Yes (3) No (4)
 Yes (5) No (6)

b. Discomfort or pressure (l1b) Yes → (1)
 No (2)

b. Discomfort or pressure (l1b1) Yes (1) No (2)
 Yes (3) No (4)
 Yes (5) No (6)

c. Burning (l1c) Yes → (1)
 No (2)

c. Burning (l1c1) Yes (1) No (2)
 Yes (3) No (4)
 Yes (5) No (6)

Your answers to L1 determine where you go next. Please provide a response. (l1a_missing)

L2 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? (l2_desc)

	N/A (1)	A few minutes (2)	Less than an hour (3)	1-4 hours (4)	5-12 hours (5)	It never really went away (6)
a. Cramping, aching or stabbing (l2a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Discomfort or pressure (l2b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Burning (l2c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section L Start Timestamp (l_start)

L3 When did this sensation most recently happen? (I3)

- Within the past month (1)
- Within the past few months (2)
- Within the past 6 months (3)
- Within the past year (4)
- Longer than that (5)

L4 Thinking about the last time this happened, did this mostly occur... (I4)

- During day/waking hours (1)
- During night/sleeping hours (2)
- During both the waking and sleeping hours (3)

L5 Thinking about the last time this happened, which of the following best describes your experience? (I5)

- Constant - more or less the same for the entire year (1)
- Intermittent - sometimes it was better and other times it was worse (2)
- Sporadic - it happens every once in awhile (3)

L6 Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline... (I6)

- Very quickly (1)
- Quickly (2)
- Somewhat quickly (3)
- Somewhat slowly (4)
- Slowly (5)
- Very slowly (6)
- It never seems to get completely better (7)

L7 At its worst, how much did this sensation interfere with your life? (I7)

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

L8 Compared to one year ago, is this better or worse? (I8)

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

Section L End Timestamp (I_end)

Section M: Your Pee Stream

M1 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. (m1_desc)

	Never (1)	At least once or twice (2)
a. Trouble or difficulty starting to pee (m1a)	<input type="radio"/>	<input type="radio"/>
b. When you pee it flows slowly (just seems to trickle out) or sprays (m1b)	<input type="radio"/>	<input type="radio"/>
c. Your urine will start and stop while you are trying to pee (m1c)	<input type="radio"/>	<input type="radio"/>
d. 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) (m1d)	<input type="radio"/>	<input type="radio"/>
e. Dribbling at least a few drops after you think you have finished peeing (m1e)	<input type="radio"/>	<input type="radio"/>

Your answers to M1 determine where you go next. Please provide a response. (m1a_missing)

M2 When you experienced any of these things, how long did the longest one last? (m2)

- It never lasted for even a full day (1)
 It lasted for at least a full day (2)
 It lasted for several days (3)
 It lasted for longer than that (4)

Your answer to M2 determines where you go next. Please provide a response. (m2_missing)

M2a How much longer? (m2a)

- It lasted at least a week (1)
 It lasted several weeks (2)
 It lasted for a month or longer (3)
 It was constant (4)

Section M Start Timestamp (m_start)

M3 When did this most recently happen? (m3)

- Within the past month (1)
 Within the past few months (2)
 Within the past 6 months (3)
 Within the past year (4)
 Longer than that (5)

M4 Thinking about the last time this happened, did this mostly occur... (m4)

- During day/waking hours (1)
- During night/sleeping hours (2)
- During both the waking and sleeping hours (3)

M5 Thinking about the last time this happened, would you describe it as being... (m5)

- Constant - more or less the same for the entire year (1)
- Intermittent - sometimes it was better and other times it was worse (2)
- Sporadic - it happens every once in awhile (3)

M6 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... (m6)

- Very quickly (1)
- Quickly (2)
- Somewhat quickly (3)
- Somewhat slowly (4)
- Slowly (5)
- Very slowly (6)
- It never seems to get completely better (7)

M7 At its worst, how much did this interfere with your life? (m7)

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

M8 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? (m8)

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

Section M End Timestamp (m_end)

Section N: Symptom Summary

N1 For any of the things you checked above, why do you think they may have happened? Please check all that apply to you. (n1)

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

N2 What is your age? (n2)

(years old)

Section N Start/End Timestamp (n_startend)

Section O: About You

01 What is your CURRENT marital status? (o1)

- Now married (1)
 Widowed (2)
 Divorced (3)
 Separated (4)
 Never married (5)

02 If you are not married, what is your current primary relationship status? (o2)

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

03 Which of the following best describes where you live? (o3)

- A mobile home (1)
 A one-family house detached from any other house (2)
 A one-family house attached to one or more houses, such as town house or row house (3)
 A building with 2-4 apartments (including duplex, triplex or four plex) (4)
 A building with 5-19 apartments (5)
 A building with 20 or more apartments (6)
 Boat, RV, van, etc. (7)
 Other, please describe: (8)

Other (o3a)

04 Have any of the following happened to you in the past year? (demo_desc2)

a. Been homeless (o4a)

- No (1)
 Yes (2)

b. Stayed at a shelter, for even one night (o4b)

- No (1)
 Yes (2)

c. Been in transitional housing (bridge between homelessness and permanent housing) (o4c)

- No (1)
 Yes (2)

Section A P2 Timestamp (o_start)

05 What best describes your employment status during the past year? (demo_desc3)

a. Homemaker (o5a)

- No (1) Yes (2)

b. Student (o5b) No (1) Yes Part time (2)
 Yes Full time (3)

c. Retired (o5c) No (1) Yes (2)

d. Unable to work (o5d) No (1) Yes (2)

e. Out of work/ unemployed (o5e) No (1) Yes (2)

f. Working one or more jobs (o5f) No (1) Yes (2)

Considering all of your jobs how many hours a week do you work? (o5fa)

 (Hours/week)

What kind of work do you primarily do? (Name of occupation or description of what you do.) (o5fb)

Section O P2 Timestamp (o_p2)

06 Do you currently have health insurance? (o6)

- Yes (1)
 No (2)

07 Have you ever sought care from a physician or health care provider for bladder problems other than bladder infections? (o7)

- Yes (1)
 No (2)

08 Which one of the following categories represents the total household income from all sources last year before taxes? (o8)

- Less than \$10,000 (1)
 \$10,000 - \$24,999 (2)
 \$25,000 - \$49,999 (3)
 \$50,000 - \$74,999 (4)
 \$75,000 - \$99,999 (5)
 \$100,000 - \$124,999 (6)
 \$125,000 - \$149,999 (7)
 \$150,000 - \$174,999 (8)
 \$175,000 - \$199,999 (9)
 \$200,000 or more (10)

09 Thinking about the past year, at the end of the month do you generally: (o9)

- Not have enough money to make ends meet (1)
 Just have enough money to make ends meet (2)
 Have some money left over (3)
 Have more than enough money left over (4)

Section O P3 Timestamp (o_p3)

O10 The content of this field is generated by the Shazam External Module (demo_desc4)

No Schooling Completed (o10a)

No schooling completed (1)

Preschool through grade 12 (o10b)

Nursery / Preschool (1)

Kindergarten (2)

Grade 1-12 (3)

Specify highest or current grade: (o10b2)

(Grade)

High School Graduate (o10c)

Regular high school diploma (1)

GED or alternative credential (2)

College or Some College (o10d)

Some college credit, but have not completed any degree (1)

Associate's degree (AA/AS) (2)

Bachelor's degree (BA/BS) (3)

After Bachelor's Degree (o10e)

Master's degree (MA, MS, Meng, Med, MSW, MBA, etc.) (1)

Professional degree beyond bachelor's degree (MD, DDS, DVM, LLB, JD, etc.) (2)

Doctorate degree (PhD, EdD, etc.) (3)

Section O P4 Timestamp (o_p4)

O11 What is the primary language you speak at home? (o11)

English (1)

Spanish (2)

Another language (3)

What other language? (o11o)

O12 Do you identify as being of Latino, Hispanic, or Spanish Origin? (o12)

- No, not of Latino, Hispanic, or Spanish Origin (1)
- Yes, Mexican or Mexican American (2)
- Yes, Puerto Rican (3)
- Yes, Cuban (4)
- Yes, Some other Latino, Hispanic or Spanish origin (5)

Some other Latino, Hispanic or Spanish origin: (o12o)

O13 Please check ALL racial categories with which you identify: (o13)

- White or Caucasian (1)
- Black or African-American (2)
- Asian (3)
- American Indian or Alaska Native (4)
- Middle Eastern or North African (5)
- Native Hawaiian or Other Pacific Islander (6)
- Some Other Race, Ethnicity, or Origin (7)

Some other Race, Ethnicity, or Origin: (o13o)

If American Indian or Alaska Native, Enter Tribal Affiliation: (o13t)

O13a If you checked more than one box, is there any one of these which you primarily identify with? (o13a)

- White or Caucasian (1)
- Black or African-American (2)
- Asian (3)
- American Indian or Alaska Native (4)
- Middle Eastern or North African (5)
- Native Hawaiian or Other Pacific Islander (6)
- Some Other Race, Ethnicity, or Origin (7)

Section O P5 Timestamp (o_p5)

O14 How do you currently identify your gender? (o14)

- I am a Female/Woman (1)
- I am a Trans Male/Trans Man (2)
- I am Genderqueer / Gender nonconforming (3)
- I identify in a different way (4)

I identify in a different way: (o14o)

O15 What best describes your romantic or sexual attraction to other people? (o15)

- Heterosexual / Straight (1)
- Lesbian (2)
- Gay (3)
- Bisexual (4)
- Queer (5)
- Questioning (6)
- Something else (7)

Something else - please describe: (o15o)

Section O End Timestamp (o_end)

Section P: Life Overall

Please respond to each question or statement by marking one box per row.

Lately... (paw_desc)

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
a. I had a sense of well-being (p1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt hopeful (p2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My life was satisfying (p3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My life had purpose (p4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My life had meaning (p5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I felt cheerful (p6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. My life was worth living (p7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section P Start Timestamp (p_start)

Please respond to each question or statement by marking one box per row.

Lately... (paw_desc2)

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
h. I had a sense of balance in my life (p8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Many areas of my life were interesting to me (p9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I was able to enjoy life (p10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I felt a sense of purpose in my life (p11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I could laugh and see the humor in situations (p12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I was able to be at ease and feel relaxed (p13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I looked forward with enjoyment to upcoming events (p14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. I felt emotionally stable (p15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section P P2 Timestamp (p_p2)

Please respond to each question or statement by marking one box per row.

Lately... (paw_desc3)

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
p. I felt lovable (p16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. I felt confident (p17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. I had a good life (p18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. My life was peaceful (p19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. I was living life to the fullest (p20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. In most ways my life was close to my ideal (p21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. I had good control of my thoughts (p22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Even when things were going badly, I still had hope (p23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section P End Timestamp (p_end)

Section Q: Health

Q1 How would you describe your health at the present? Please check one answer. (q1)

- Very Good (1)
 Good (2)
 Fair (3)
 Poor (4)
 Very Poor (5)

Q2 How much do you think your bladder problem affects your life? Please check one answer. (q2)

- Not at all (1)
 A little (2)
 Moderately (3)
 A lot (4)

Section Q Start Timestamp (q_start)

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. (kh3_desc)

Q3 (div11)

	Not at all (1)	Slightly (2)	Moderately (3)	A lot (4)
a. Does your bladder problem affect your household tasks? (cleaning, shopping, etc.) (q3a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Does your bladder problem affect your job, or your normal daily activities outside the home? (q3b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 (div2)

	Not at all (1)	Slightly (2)	Moderately (3)	A lot (4)
a. Does your bladder problem affect your physical activities (e.g., going for a walk, running, sport, gym, etc.)? (q4a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Does your bladder problem affect your ability to travel? (q4b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Does your bladder problem limit your social life? (q4c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Does your bladder problem limit your ability to see and visit friends? (q4d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section Q P2 Timestamp (q_p2)

	Not Applicable (1)	Not at all (2)	Slightly (3)	Moderately (4)	A lot (5)
a. Does your bladder problem affect your relationship with your partner? (q5a)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Does your bladder problem affect your sex life? (q5b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Does your bladder problem affect your family life? (q5c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6 (div4)

	Not at all (1)	Slightly (2)	Moderately (3)	Very much (4)
a. Does your bladder problem make you feel depressed? (q6a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Does your bladder problem make you feel anxious or nervous? (q6b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Does your bladder problem make you feel bad about yourself? (q6c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section Q P3 Timestamp (q_p3)

	Never (1)	Sometimes (2)	Often (3)	All the time (4)
a. Does your bladder problem affect your sleep? (q7a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Does your bladder problem make you feel worn out and tired? (q7b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(div6)

Q8 Do you do any of the following?	If so, how much? (q8_desc)			
	Never (1)	Sometimes (2)	Often (3)	All the time (4)
a. Wear pads to keep dry? (q8a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Be careful how much fluid you drink? (q8b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Change your underclothes because they get wet? (q8c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Worry in case you smell? (q8d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section Q P4 Timestamp (q_p4)

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? (kh9_desc)

FREQUENCY: going to the toilet very often (kh9)

A little (1) Moderately (2) A lot (3)

NOCTURIA: getting up at night to pass urine (kh10)

A little (1) Moderately (2) A lot (3)

URGENCY: a strong and difficult to control desire to pass urine (kh11)

A little (1) Moderately (2) A lot (3)

URGE INCONTINENCE: urinary leakage associated with a strong desire to pass urine (kh12)

A little (1) Moderately (2) A lot (3)

STRESS INCONTINENCE: urinary leakage associated with physical activity, e.g., coughing, running (kh13)

A little (1) Moderately (2) A lot (3)

Section Q P5 Timestamp (q_p5)

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? (kh9_desc_2)

NOCTURNAL ENURESIS: wetting the bed at night (kh14)

A little (1) Moderately (2) A lot (3)

INTERCOURSE INCONTINENCE: urinary leakage with sexual intercourse (kh15)

A little (1) Moderately (2) A lot (3)

BLADDER INFECTIONS OR UTIs (kh16)

A little (1) Moderately (2) A lot (3)

BLADDER PAIN (kh17)

A little (1) Moderately (2) A lot (3)

Section Q End Timestamp (q_end)

Section R: Your Pelvic Floor

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. (pfdi_desc)

The content of this field is generated by the Shazam External Module (pf_table1)

	(1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)
Do you usually experience pressure in the lower abdomen? (pf1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you usually experience heaviness or dullness in the pelvic area? (pf2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you usually have a bulge or something falling out that you can see or feel in your vaginal area? (pf3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement? (pf4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you usually experience a feeling of incomplete bladder emptying? (pf5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination? (pf6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section R Start Timestamp (r_start)

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. (pfdi_desc_2)

The content of this field is generated by the Shazam External Module (pf_table2)

	(1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)
Do you feel you need to strain too hard to have a bowel movement? (pf7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel you have not completely emptied your bowels at the end of a bowel movement? (pf8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you usually lose stool beyond your control if your stool is well formed? (pf9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you usually lose stool beyond your control if your stool is loose? (pf10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you usually lose gas from the rectum beyond your control? (pf11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you usually have pain when you pass your stool? (pf12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement? (pf13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement? (pf14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section R P2 Timestamp (r_p2)

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. (pfdi_desc_3)

The content of this field is generated by the Shazam External Module (pf_table3)

	(1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)
Do you usually experience frequent urination? (pf15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to the bathroom? (pf16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you usually experience urine leakage related to coughing, sneezing or laughing? (pf17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you usually experience small amounts of urine leakage (that is, drops)? (pf18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you usually experience difficulty emptying your bladder? (pf19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you usually experience pain or discomfort in the lower abdomen or genital region?
(pf20)

Section R End Timestamp (r_end)

Section S: When You Pee & Physical Activity

S1 Is there a delay before you can start to urinate? (s1)

- Never (1)
 Occasionally: Less than one third of the time (2)
 Sometimes: Between one and two thirds of the time (3)
 Most of the time: More than two thirds of the time (4)
 All of the time (5)

S2 Do you have to strain to urinate? (s2)

- Never (1)
 Occasionally: Less than one third of the time (2)
 Sometimes: Between one and two thirds of the time (3)
 Most of the time: More than two thirds of the time (4)
 All of the time (5)

S3 Do you stop and start more than once while you urinate? (s3)

- Never (1)
 Occasionally: Less than one third of the time (2)
 Sometimes: Between one and two thirds of the time (3)
 Most of the time: More than two thirds of the time (4)
 All of the time (5)

Section S Start Timestamp (s_start)

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. (brfss_desc)

S4 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? (s4)

- Yes (1)
 No (2)
 Don't know/Not sure (3)

S4a The content of this field is generated by the Shazam External Module (pa_table2)

How many days per week do you do these moderate activities for at least 10 minutes at a time? (s4a)

_____ (Days per week)

(s4a1)

- Do not do any moderate physical activity for at least 10 minutes at a time (1)
 Don't know/Not sure (2)

S4b The content of this field is generated by the Shazam External Module (pa3_table_2)

(s4b)

_____ (Hours per day and)

(s4b1)

(Minutes per day)

(s4b2)

Don't know/Not sure (1)

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? (s5)

Yes (1)

No (2)

Don't know/Not sure (3)

S5a The content of this field is generated by the Shazam External Module (pa_table4)

How many days per week do you do these vigorous activities for at least 10 minutes at a time? (s5a)

_____ (Days per week)

(s5a1)

Do not do any vigorous physical activity for at least 10 minutes at a time (1)

Don't know/Not sure (2)

S5b The content of this field is generated by the Shazam External Module (pa6_table)

(s5b)

_____ (Hours per day and)

(s5b1)

_____ (Minutes per day)

(s5b2)

Don't know/Not sure (1)

Section S End Timestamp (s_end)

Section T: Medical Background

T1 The content of this field is generated by the Shazam External Module (t_heighttable)

What is your height? (t1)

(Feet)

Inches (t1a)

(Inches)

T2 The content of this field is generated by the Shazam External Module (t_weighttable)

What is your weight? (t2)

(Pounds)

T3 Has a healthcare provider ever told you that you have any of the following: (t3)

- Sleep apnea (1)
- Diabetes (2)
- High blood pressure (3)
- Depression (4)
- Asthma/Chronic lung disease (5)

T4 Has a healthcare provider ever told you that you have any of the following: (t4)

- Bladder cancer (1)
- Pelvic organ prolapse, dropped bladder or uterus (2)
- Interstitial cystitis (3)
- Accidental bowel leakage (4)

T5 Has a healthcare provider ever told you that you have any of the following: (t5)

- Cerebral palsy (1)
- Parkinson's disease (2)
- Multiple sclerosis (3)
- Spinal cord injury (4)
- Stroke (5)
- Spina bifida (6)

T6 Have you ever used/had/been treated with any of the following? (t6)

- Pessary or Impressa (1)
- Botox in the bladder (2)
- Current dialysis (3)
- Bladder pacemaker/Nerve stimulation (4)

Section T Start Timestamp (t_start)

T7 Have you ever had any of the following surgical procedures? (t7)

- Surgery for urine leakage (1)
- Hysterectomy (removal of uterus) (2)
- Removal of bladder tumor (3)
- Removal of ovaries (4)
- Kidney transplant (5)
- Urethral surgery (6)
- Radiation to the pelvis (7)
- Surgery for pelvic prolapse (dropped bladder, uterus, rectum) (8)

T8 Are you currently taking any prescription medication for incontinence or bladder leaks, overactive bladder, or UTI? (t8)

- No (1)
- Yes (2)

Please check the box next to any medications you are currently taking. (t8a)

- Hormone replacement (1)
- Vaginal estrogen (2)
- Medication for urine leakage (3)
- Antibiotics to prevent UTI (4)

T9 Are you currently taking a diuretic or "water pill" for either high blood pressure, swelling, or any other reason? (t9)

- No (1)
- Yes (2)
- Don't know (3)

T10 Have you ever heard of Kegel exercises? (t10)

- No (1)
- Yes (2)

Do you do Kegel exercises? (t10a)

- No (1)
- Yes (2)

Have you ever received instruction on how to do a Kegel exercise? (t10b)

- No (1)
- Yes (2)

T11 Has a doctor, nurse, or therapist ever taught you how to do pelvic floor muscle exercises with or without biofeedback? (t11)

- No (1)
- Yes (2)

Section T P2 Timestamp (t_p2)

T12 Have you ever been pregnant? (t12)

- No (1)
- Yes (2)

Number of pregnancies: (t12a)

Number of births: (t12b)

Number of vaginal deliveries: (t12c)

Number of caesarian deliveries: (t12d)

Your age at first baby's birth: (t12e)

(years old)

T13 Have you smoked at least 100 cigarettes in your ENTIRE LIFE? (t13)

- Yes (1)
 No (2)
 Don't know (3)

T13a Do you NOW smoke cigarettes every day, some days, or not at all? (t13a)

- Every day (1)
 Some days (2)
 Not at all (3)
 Don't know (4)

Section T End Timestsamp (t_end)

Did anyone help you complete this form? (form_assist)

- No (1)
 Yes (2)

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.

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: (consent_desc)

The content of this field is generated by the Shazam External Module (niddk_table)

No, I do not consent to sharing my de-identified information with the Repository (niddk_no)

Yes, I do consent to sharing my de-identified information with the Repository (niddk_yes)

You put your initials next to both Yes and No. Please only put your initials next to one option. (niddk_check)

ok (1)

NIDDK Section Timestamp (niddk_start)

If you are ready to submit your survey, press the "Submit" button below. (survey_end_desc)

Survey End Timestamp (survey_end)
