SECTION A: GENERAL HEALTH

A1 Overall, how would you rate your well being?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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?

- ☐ Very enjoyable
- ☐ Pretty enjoyable
- ☐ Not too enjoyable

A3 In general, would you say your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

A4 How is your health, compared with others your age?

- ☐ Much better
- ☐ Somewhat better
- ☐ About the same
- ☐ Somewhat worse
- ☐ Much worse

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

- ☐ Much better now than one year ago
- ☐ Somewhat better now than one year ago
- ☐ About the same as one year ago
- ☐ Somewhat worse now than one year ago
- ☐ Much worse now than one year ago

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

- ☐ Almost never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Almost always

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.

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
a. Have you felt full of life?	☐	☐	☐	☐	☐
b. Have you been very nervous?	☐	☐	☐	☐	☐
c. Have you been happy?	☐	☐	☐	☐	☐
d. Have you felt downhearted and depressed?	☐	☐	☐	☐	☐

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 <u>your physical health</u>?

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
a. Accomplished less than you would like	☐	☐	☐	☐	☐
b. Were limited in the kind of work or other activities	☐	☐	☐	☐	☐
c. Cut down on the amount of time you spent on work or other activities	☐	☐	☐	☐	☐

A9

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
a. To what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	☐	☐	☐	☐	☐
b. How much did pain interfere with your normal work (including both work outside the home and housework)?	☐	☐	☐	☐	☐

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

	CAN'T DO IT AT ALL 0	1	2	3	4	5	6	NO PROBLEM AT ALL 7
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.	☐	☐	☐	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐	☐	☐	☐
c. Light physical activities: ◆Lifting or carrying things that weigh under 5 pounds or exercise such as stretching, yoga, walking, etc.	☐	☐	☐	☐	☐	☐	☐	☐

A11 Do you have any of these side effects from medications and/or supplements you take?
(If you do not take any medications or supplements, check this box ☐ and skip to **Section B**.)

	NO	YES
a. Muscles/movement (stiffness, aches, shaking, feel jittery, etc.).	☐	☐
b. Peeing/urine (such as peeing more or less often, urine color/odor, etc.)	☐	☐
c. Sleep (sleeping a lot, trouble getting to sleep, waking up, etc.)	☐	☐
d. Appetite/weight (gain or loss)	☐	☐
e. Fatigue (feeling tired, hard to concentrate)	☐	☐

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.

SECTION B: GENERAL BLADDER HEALTH & PERFORMANCE

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

- ☐ Hardly ever, I can't remember the last time
- ☐ In the past hour
- ☐ Within the past few hours
- ☐ At least once today
- ☐ Within the past week
- ☐ At least a month or longer

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

- ☐ It should be in the Bladder Hall of Fame
- ☐ I have a good one
- ☐ It works well enough
- ☐ It's not great
- ☐ I wish I could return it
- ☐ I got a lemon/I want a new one

B3 How strongly do you agree with the following statement:

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

- ☐ Strongly Agree
- ☐ Somewhat Agree
- ☐ Somewhat Disagree
- ☐ Disagree
- ☐ Strongly Disagree

B4 My bladder is...

- ☐ No bother at all
- ☐ A little bothersome
- ☐ Somewhat bothersome
- ☐ Very bothersome
- ☐ A constant bother

B5 How would you rate the function of your bladder?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Terrible

B6 Compared with others your age, is your bladder function...

- ☐ Much better
- ☐ Somewhat better
- ☐ About the same
- ☐ Somewhat worse
- ☐ Much worse

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

- ☐ Much better now
- ☐ Somewhat better now
- ☐ About the same
- ☐ Somewhat worse now
- ☐ Much worse now

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

- ☐ No, it has never happened
- ☐ Yes, but very rarely
- ☐ Yes, rarely
- ☐ Yes, sometimes
- ☐ Yes, often
- ☐ Yes, all the time

B9 Usually, I feel like my bladder is the size of...

1	**2**	**3**	**4**	**5**	**6**	**7**
☐	☐	☐	☐	☐	☐	☐
A Pea						**A Watermelon**

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

- ☐ Every night
- ☐ Almost always, several nights a week
- ☐ Often, at least once a week
- ☐ Sometimes, several times a month
- ☐ Rarely, less than once a month
- ☐ Never → Skip to **B11**

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

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Every time

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

- ☐ I have no problem holding it until I get to the bathroom
- ☐ I worry about whether I can hold it until I get to the bathroom although I always make it
- ☐ I can't always hold it until I get to the bathroom
- ☐ I usually can't hold it until I get to the bathroom
- ☐ I can never hold it until I get to the bathroom

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?

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

B13 When it comes to my bladder...

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

IT CONTROLS ME — **IT IS A GIVE AND TAKE RELATIONSHIP** — **I CONTROL IT**

SECTION C: YOUR BLADDER AND GENERAL DAY TO DAY

C1 Which of the following best describes you...

I don't think about my bladder, outside of it letting me know that I need to pee	☐ → Answer **C1a**
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.	☐ → Skip to **C2**
Somewhere between option 1 and 2	☐ → Skip to **C2**

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

☐ No, not even once → Skip to **Section E**

☐ Yes, it has happened at least once or twice recently → Go to **C2**

☐ Yes, it has happened at least once or twice in the past, but not recently → Skip to **Section D**

C2 How easy or difficult are each of the following?

	VERY EASY	EASY	SOMEWHAT EASY	SOMEWHAT DIFFICULT	DIFFICULT	VERY DIFFICULT
a. When you feel the need to pee, how easy or difficult is it to hold it?	☐	☐	☐	☐	☐	☐
b. When you feel the need to pee, how easy or difficult is it to start peeing?	☐	☐	☐	☐	☐	☐
c. When you pee, how easy or difficult is it to completely empty your bladder?	☐	☐	☐	☐	☐	☐

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?

	NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OF THE TIME
a. Accomplished less than you would like	☐	☐	☐	☐	☐
b. Were limited in the kind of work or other activities	☐	☐	☐	☐	☐
c. Cut down on the amount of time you spent on work or other activities	☐	☐	☐	☐	☐

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

	NO IMPACT							DRAMATIC NEGATIVE IMPACT
	0	1	2	3	4	5	6	7
a. Your ability to enjoy life	☐	☐	☐	☐	☐	☐	☐	☐
b. How you feel about your overall health	☐	☐	☐	☐	☐	☐	☐	☐
c. How you feel about yourself as a person	☐	☐	☐	☐	☐	☐	☐	☐
d. Your life in general	☐	☐	☐	☐	☐	☐	☐	☐

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

- ☐ A day or two
- ☐ A week
- ☐ A month or two
- ☐ The past 6 months
- ☐ The past year
- ☐ Longer than that

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

- ☐ No, it never stopped me from doing things I enjoy → Skip to **C7**
- ☐ Yes, I stopped doing one or two things
- ☐ Yes, I stopped doing three or four things
- ☐ Yes, I stopped doing many things

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

- ☐ Within the past month
- ☐ Within the past few months
- ☐ Within the past six months
- ☐ Longer than that

C7 My bladder is...

- ☐ No bother at all
- ☐ A little bothersome
- ☐ Somewhat bothersome
- ☐ Very bothersome
- ☐ A constant bother

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

- ☐ No, never → Skip to **Section E**
- ☐ Yes, but not recently → Answer **C8a**

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

	NOT AT ALL	A LITLE	SOME	A LOT
a. I accomplished less than I would like	☐	☐	☐	☐
b. I was limited in the kind of work or other activities I could do	☐	☐	☐	☐
c. I had to cut down on the amount of time I spent on work or other activities	☐	☐	☐	☐

→ Skip to Section E

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?

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
a. Accomplished less than you would like	☐	☐	☐	☐	☐
b. Were limited in the kind of work or other activities	☐	☐	☐	☐	☐
c. Cut down on the amount of time you spent on work or other activities	☐	☐	☐	☐	☐

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?

	NO IMPACT							DRAMATIC NEGATIVE IMPACT
	0	1	2	3	4	5	6	7
a. Your ability to enjoy life	☐	☐	☐	☐	☐	☐	☐	☐
b. How you feel about your overall health	☐	☐	☐	☐	☐	☐	☐	☐
c. How you feel about yourself as a person	☐	☐	☐	☐	☐	☐	☐	☐
d. Your life in general	☐	☐	☐	☐	☐	☐	☐	☐

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

- ☐ No, it never stopped me from doing things I enjoy → Skip to **D4**
- ☐ Yes, I stopped doing one or two things
- ☐ Yes, I stopped doing three or four things
- ☐ Yes, I stopped doing many things

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

- ☐ Within the past 6 months
- ☐ Within the past year
- ☐ Within the past couple of years
- ☐ Longer than that

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

- ☐ A day or two
- ☐ A week
- ☐ A month or two
- ☐ At least 6 months
- ☐ At least a year
- ☐ Longer than that

D5 At its worst my bladder was...

- ☐ No bother at all
- ☐ A little bothersome
- ☐ Somewhat bothersome
- ☐ Very bothersome
- ☐ A constant bother

D6 At its worst how much did your bladder affect each of the following:

	NOT AT ALL	A LITTLE	SOME	A LOT
a. I accomplished less than I would like	☐	☐	☐	☐
b. I was limited in the kind of work or other activities I could do	☐	☐	☐	☐
c. I had to cut down on the amount of time I spent on work or other activities	☐	☐	☐	☐

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?

	CAN'T DO IT AT ALL DUE TO MY BLADDER 0	1	2	3	4	5	6	NO PROBLEM AT ALL 7
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.	☐	☐	☐	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐	☐	☐	☐

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

	NOT AT ALL	A LITTLE BIT	SOME	A LOT	ALL THE TIME	MY BLADDER PREVENTS ME FROM DOING THIS	NOT APPLICABLE
a. Getting around town using your own car (running errands, getting to work, etc.)	☐	☐	☐	☐	☐	☐	☐
b. Getting around town using public transportation (bus, light rail, train) to run errands, get to work, etc.	☐	☐	☐	☐	☐	☐	☐
c. Long distance traveling in your own car	☐	☐	☐	☐	☐	☐	☐
d. Long distance traveling by plane, train, or bus	☐	☐	☐	☐	☐	☐	☐

E3 How much do you <u>think</u> about your bladder for each of the following types of social activities?

	NOT AT ALL	A LITTLE BIT	SOME	A LOT	ALL THE TIME	MY BLADDER PREVENTS ME FROM DOING THIS
a. Going out to dinner, movies, plays, concerts, etc.	☐	☐	☐	☐	☐	☐
b. Going out to social events like religious services (church, mosque, temple, etc.), a wedding, or a funeral	☐	☐	☐	☐	☐	☐
c. Going to home of friends or family for a dinner or party	☐	☐	☐	☐	☐	☐
d. Having friends or family come to my home for a dinner or party	☐	☐	☐	☐	☐	☐
e. Spending time with friends	☐	☐	☐	☐	☐	☐

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

	NONE AT ALL	A LITTLE BIT	SOME	A LOT	ALL THE TIME	MY BLADDER PREVENTS ME FROM DOING THIS
a. Ability to focus your responsibilities	☐	☐	☐	☐	☐	☐
b. Participating in meetings or other group activities	☐	☐	☐	☐	☐	☐
c. Getting to things on time or keeping to a schedule	☐	☐	☐	☐	☐	☐
d. Meeting your responsibilities, such as getting everything done that is expected of you	☐	☐	☐	☐	☐	☐

E5 Overall, with 0 being no impact and 7 being a dramatic negative impact, how much does your bladder affect your ability to meet your day to day obligations?

0	1	2	3	4	5	6	7
☐	☐	☐	☐	☐	☐	☐	☐
NO IMPACT							DRAMATIC NEGATIVE IMPACT

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

	NOT AT ALL	A LITTLE BIT	SOME	A LOT
a. Emotional intimacy with others	☐	☐	☐	☐
b. Physical intimacy, other than sex	☐	☐	☐	☐
c. Sexual intimacy	☐	☐	☐	☐

E7 Are you currently

☐ Single, not seeking to be in a relationship → Answer only **E7a**

☐ Single, open to or seeking to be in a relationship → Skip to **E7b**

☐ In a relationship → Skip to **Section F**

E7a How much, if at all, is this due to your bladder? After answering, skip to **Section F**

☐ Not at all

☐ A little

☐ Some

☐ A lot

☐ My bladder is the primary reason I am not in or seeking to be in a relationship

→ Skip to **Section F**

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

☐ Not at all

☐ A little

☐ Some

☐ A lot

SECTION F: YOUR BLADDER & MIND

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

	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE
a. I feel like I am not a healthy person	☐	☐	☐	☐	☐	☐
b. I enjoy life less	☐	☐	☐	☐	☐	☐
c. I feel different from other people	☐	☐	☐	☐	☐	☐
d. I lack confidence	☐	☐	☐	☐	☐	☐

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

	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE
a. My bladder runs my life	☐	☐	☐	☐	☐	☐
b. My bladder is always on my mind	☐	☐	☐	☐	☐	☐

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.

	NOT AT ALL	SLIGHTLY	MODERATELY	GREATLY
a. Way you dress	☐	☐	☐	☐
b. Emotional health	☐	☐	☐	☐
c. Does fear of odor restrict your activities?	☐	☐	☐	☐
d. Does fear of embarrassment restrict your activities?	☐	☐	☐	☐

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

	NOT AT ALL	SLIGHTLY	MODERATELY	GREATLY
a. Nervousness	☐	☐	☐	☐
b. Fear	☐	☐	☐	☐
c. Frustration	☐	☐	☐	☐
d. Anger	☐	☐	☐	☐
e. Depression	☐	☐	☐	☐
f. Embarrassment	☐	☐	☐	☐
g. Shame	☐	☐	☐	☐

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.?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ All the time

F6 How much do you think that your bladder contributes to how you feel about your overall health?

- ☐ I have never thought about my bladder contributing to my overall health
- ☐ Not at all
- ☐ Maybe, a little
- ☐ Definitely, a little
- ☐ Definitely, some
- ☐ Definitely, a lot

SECTION G: RESPONDING TO YOUR BLADDER

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

☐☐ # 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).

☐☐ # times pee sleeping time

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

☐ None of the time → Skip to **G4**
☐ A little of the time
☐ Some of the time
☐ Most of the time
☐ All the time

→ **G3a** How much confidence does this give you?

☐ Not much at all
☐ A little
☐ Some
☐ A lot
☐ Complete confidence

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

☐ None of the time → Skip to **G5**
☐ A little of the time
☐ Some of the time
☐ Most of the time
☐ All the time

→ **G4a** How much confidence does this give you?

☐ Not much at all
☐ A little
☐ Some
☐ A lot
☐ Complete confidence

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

- ☐ None of the time → Skip to **G6**
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All the time

→ **G5a** How much confidence does this give you?

- ☐ Not much at all
- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Complete confidence

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

- ☐ None of the time → Skip to **G7**
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All the time

→ **G6a** How much confidence does this give you?

- ☐ Not much at all
- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Won't leave home without using the bathroom first

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

- ☐ None of the time → Skip to **G8**
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All the time

→ **G7a** How much confidence does this give you?

- ☐ Not much at all
- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Complete confidence

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

- ☐ Never → Skip to **Section H**
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Won't leave home without it

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

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Every month or two
- ☐ Every three or four months
- ☐ Less often than that

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

- ☐ Not much at all
- ☐ A little
- ☐ Some
- ☐ A lot
- ☐ Extremely

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

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)?

- ☐ I have never had a UTI in my life → Skip to **Section J**
- ☐ No, I haven't had a UTI in the past year, but I have had at least one in my life → Skip to **H5**
- ☐ Yes → Answer **H1a**

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

- ☐ Only one → Skip to **H5**
- ☐ Two → Skip to **H5**
- ☐ Three
- ☐ Four or more

H2 Which of the following best describes your UTIs during the past year? (Choose only one.)

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

H3 When you had UTIs, does your bladder got back to your normal or baseline...

- ☐ Very Quickly
- ☐ Quickly
- ☐ Somewhat quickly
- ☐ Somewhat slowly
- ☐ Slowly
- ☐ Very slowly
- ☐ It never seems to get completely better

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

- ☐ Not at all
- ☐ A little bit
- ☐ Some
- ☐ A lot
- ☐ Completely

→ **Skip to Section J**

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

- ☐ No → Skip to **Section J**
- ☐ Yes → Go to **H6**

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

- ☐ Constant - more or less the same for an extended period of time
- ☐ Intermittent - sometimes it is better and other times it is worse
- ☐ Sporadic - it happened every once in awhile

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

- ☐ Very quickly
- ☐ Quickly
- ☐ Somewhat quickly
- ☐ Somewhat slowly
- ☐ Slowly
- ☐ Very slowly
- ☐ It has never seemed to get completely better

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

- ☐ Not at all
- ☐ A little bit
- ☐ Some
- ☐ A lot
- ☐ Completely

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.

- ☐ No, not even once → Skip to **Section J**
- ☐ Yes, but it lasted less than a day → Skip to **I2**
- ☐ Yes, and it lasted for a full day → Skip to **I2**
- ☐ Yes, and it lasted up to several days → Skip to **I2**
- ☐ Yes, and it lasted for longer than that → Answer **I1a**

I1a How much longer?

- ☐ It lasted at least a week
- ☐ It lasted several weeks
- ☐ It lasted for a month or longer
- ☐ It was constant

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

- ☐ Within the past month
- ☐ Within the past few months
- ☐ Within the past 6 months
- ☐ Within the past year
- ☐ Longer than that

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

- ☐ At least four times more often than usual
- ☐ Three times more often than usual
- ☐ Twice as much as usual
- ☐ Less than that

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

- ☐ During day/waking hours
- ☐ During night/sleeping hours
- ☐ During both the waking and sleeping hours

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

- ☐ Constant - more or less the same for awhile
- ☐ Intermittent - sometimes it was better and other times it was worse
- ☐ Sporadic - it happens every once in awhile

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

- ☐ Very quickly
- ☐ Quickly
- ☐ Somewhat quickly
- ☐ Somewhat slowly
- ☐ Slowly
- ☐ Very slowly
- ☐ It never seems to get completely better

I7 At its worst, how much did this need to pee more often than usual interfere with your life?

- ☐ Not at all
- ☐ A little bit
- ☐ Some
- ☐ A lot
- ☐ Completely

I8 Compared to one year ago, is your experience with peeing more often than usual...

- ☐ Much better now than one year ago
- ☐ Somewhat better now than one year ago
- ☐ About the same as one year ago
- ☐ Somewhat worse now than one year ago
- ☐ Much worse now than one year ago

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.

- ☐ No, not even once → Skip to **Section K**
- ☐ Yes, and it never lasted for even a full day → Skip to **J2**
- ☐ Yes, and it lasted for at least a full day → Skip to **J2**
- ☐ Yes, and it lasted for several days → Skip to **J2**
- ☐ Yes, and it lasted for longer than that → Answer **J1a**

J1a How much longer?

- ☐ It lasted at least a week
- ☐ It lasted several weeks
- ☐ It lasted for a month or longer
- ☐ It was constant

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

- ☐ Within the past month
- ☐ Within the past few months
- ☐ Within the past 6 months
- ☐ Within the past year
- ☐ Longer than that

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

- ☐ I have no problem holding it until I get to the bathroom
- ☐ I worry about whether I can hold it until I get to the bathroom although I always make it
- ☐ I can't always hold it until I get to the bathroom
- ☐ I usually can't hold it until I get to the bathroom
- ☐ I can never hold it until I get to the bathroom

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

- ☐ During day/waking hours
- ☐ During night/sleeping hours
- ☐ During both the waking and sleeping hours

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

- ☐ Constant - more or less the same
- ☐ Intermittent - sometimes it was better and other times it was worse
- ☐ Sporadic - it happens every once in awhile

J6 Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline...

- ☐ Very quickly
- ☐ Quickly
- ☐ Somewhat quickly
- ☐ Somewhat slowly
- ☐ Slowly
- ☐ Very slowly
- ☐ It never seems to get completely better

J7 At its worst, how much did this sudden and urgent need to pee interfere with your life?

- ☐ Not at all
- ☐ A little bit
- ☐ Some
- ☐ A lot
- ☐ Completely

J8 Compared to one year ago, is your experience with the sudden and urgent need to pee better or worse?

- ☐ Much better now than one year ago
- ☐ Somewhat better now than one year ago
- ☐ About the same as one year ago
- ☐ Somewhat worse now than one year ago
- ☐ Much worse now than one year ago

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.

- ☐ No, not even once → Skip to **Section L**
- ☐ Only once or twice over the entire year
- ☐ Yes, once or twice over a month
- ☐ Yes, once or twice over a week
- ☐ Yes, daily

K2 The last time this accidental urine leakage happened, how much would you say you leaked?

- ☐ Just a drop or two
- ☐ Medium, more than a few drops but didn't soak through
- ☐ Large, soaked through everything

K3 When did this most recently happen?

- ☐ Within the past month
- ☐ Within the past few months
- ☐ Within the past 6 months
- ☐ Within the past year
- ☐ Longer than that

K4 Thinking about the last time this happened, did this occur...

- ☐ During day/waking hours
- ☐ During night/sleeping hours
- ☐ During both the waking and sleeping hours

K5 Thinking about the last time this happened, which of the following best describes your experiences with accidentally leaking urine? (Choose only one.)

- ☐ Constant - more or less the same
- ☐ Intermittent - sometimes it was better and other times it was worse
- ☐ Sporadic - it happens every once in awhile

K6 Thinking about the last time this happened, would you say that your bladder got back to your normal or baseline...

- ☐ Very quickly
- ☐ Quickly
- ☐ Somewhat quickly
- ☐ Somewhat slowly
- ☐ Slowly
- ☐ Very slowly
- ☐ It never seems to get completely better

K7 At its worst, how much did this accidental urine leakage interfere with your life?

- ☐ Not at all
- ☐ A little bit
- ☐ Some
- ☐ A lot
- ☐ Completely

K8 Compared to one year ago, is your experience with accidentally leaking urine...

- ☐ Much better now than one year ago
- ☐ Somewhat better now than one year ago
- ☐ About the same as one year ago
- ☐ Somewhat worse now than one year ago
- ☐ Much worse now than one year ago

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

L1 For each of the following sensations please indicate if you have experienced it with peeing or holding urine since you were 11 years old. Please do NOT count or consider times when this was a result of having a UTI.

		Did you experience this sensation? (Check all that apply)		
		BEFORE YOU PEED	WHILE YOU PEED	AFTER YOU PEED
a. Cramping, aching, or stabbing	☐ Yes → ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b. Discomfort or pressure	☐ Yes → ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
c. Burning	☐ Yes → ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If NO to all of these questions, Skip to Section M

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?					
	N/A	A FEW MINUTES	LESS THAN AN HOUR	1-4 HOURS	5-12 HOURS	IT NEVER REALLY WENT AWAY
a. Cramping, aching, or stabbing	☐	☐	☐	☐	☐	☐
b. Discomfort or pressure	☐	☐	☐	☐	☐	☐
c. Burning	☐	☐	☐	☐	☐	☐

L3 When did this sensation most recently happen?

- ☐ Within the past month
- ☐ Within the past few months
- ☐ Within the past 6 months
- ☐ Within the past year
- ☐ Longer than that

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

- ☐ During day/waking hours
- ☐ During night/sleeping hours
- ☐ During both the waking and sleeping hours

L5 Thinking about the last time this happened, which of the following best describes your experience? (Choose only one.)

- ☐ Constant - more or less the same
- ☐ Intermittent - sometimes it was better and other times it was worse
- ☐ Sporadic - it happens every once in awhile

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

- ☐ Very quickly
- ☐ Quickly
- ☐ Somewhat quickly
- ☐ Somewhat slowly
- ☐ Slowly
- ☐ Very slowly
- ☐ It never seems to get completely better

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

- ☐ Not at all
- ☐ A little bit
- ☐ Some
- ☐ A lot
- ☐ Completely

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

- ☐ Much better now than one year ago
- ☐ Somewhat better now than one year ago
- ☐ About the same as one year ago
- ☐ Somewhat worse now than one year ago
- ☐ Much worse now than one year ago

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.

	NEVER	AT LEAST ONCE OR TWICE
a. Trouble or difficulty starting to pee	☐	☐
b. When you pee it flows slowly (just seems to trickle out) or sprays	☐	☐
c. Your urine will start and stop while you are trying to pee	☐	☐
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)	☐	☐
e. Dribbling at least a few drops after you think you have finished peeing	☐	☐

If you answered **NEVER** to all items, skip to **Section N.**

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

- ☐ It never lasted for even a full day
- ☐ It lasted for at least a full day
- ☐ It lasted for several days
- ☐ It lasted for longer than that → Answer **M2a**

M2a How much longer?

- ☐ It lasted at least a week
- ☐ It lasted several weeks
- ☐ It lasted for a month or longer
- ☐ It was constant

M3 When did this most recently happen?

- ☐ Within the past month
- ☐ Within the past few months
- ☐ Within the past 6 months
- ☐ Within the past year
- ☐ Longer than that

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

- ☐ During day/waking hours
- ☐ During night/sleeping hours
- ☐ During both the waking and sleeping hours

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

- ☐ Constant - more or less the same
- ☐ Intermittent - sometimes it was better and other times it was worse
- ☐ Sporadic - it happens every once in awhile

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...

- ☐ Very quickly
- ☐ Quickly
- ☐ Somewhat quickly
- ☐ Somewhat slowly
- ☐ Slowly
- ☐ Very slowly
- ☐ It never seems to get completely better

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

- ☐ Not at all
- ☐ A little bit
- ☐ Some
- ☐ A lot
- ☐ Completely

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?

- ☐ Much better now than one year ago
- ☐ Somewhat better now than one year ago
- ☐ About the same as one year ago
- ☐ Somewhat worse now than one year ago
- ☐ Much worse now than one year ago

SECTION N

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

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

N2 What is your age? ☐☐ years old

SECTION O

The Prevention of Lower Urinary Tract Symptoms (PLUS) Research Consortium is studying bladder health in different communities across the United States. We will share what we have learned with health care providers and other people whose actions impact our health, well-being, and quality of life. We do not wish to make any assumptions about the personal characteristics or life circumstances of those who participate in our research. For this reason, we are asking all of our participants to complete the following demographic questions. Thank you for your time!

O1 What is your CURRENT marital status? **(Please check only ONE answer)**

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

O2 If you are not married, what is your current primary relationship status? **(Please check only ONE answer)**

- ☐ In a committed relationship, but not living together
- ☐ Living with a partner
- ☐ Seriously dating someone, but are not in a committed relationship
- ☐ Casually dating
- ☐ Not dating

O3 Which of the following best describes where you live? **(Please check only ONE answer)**

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

O4 Have any of the following happened to you in the past year?

	NO	YES
a. Been homeless	☐	☐
b. Stayed at a shelter, for even one night	☐	☐
c. Been in transitional housing (bridge between homelessness and permanent housing)	☐	☐

O5 What best describes your employment status during the past year?
(Please check ALL answers that apply)

a. Homemaker	☐ No	☐ Yes	
b. Student	☐ No	☐ Yes Part time	☐ Yes Full time
c. Retired	☐ No	☐ Yes	
d. Unable to work	☐ No	☐ Yes	
e. Out of work/unemployed	☐ No	☐ Yes	
f. Working one or more jobs	☐ No	☐ Yes →	

If yes: Considering all your jobs how many hours a week do you work?

☐☐ Hours/week

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

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

O6 Do you currently have health insurance?

☐ Yes
☐ No

O7 Have you ever sought care from a physician or health care provider for bladder problems other than bladder infections?

☐ Yes
☐ No

O8 Which one of the following categories represents the total household income from all sources last year before taxes?

☐ Less than $10,000
☐ $10,000 - $24,999
☐ $25,000 - $49,999
☐ $50,000 - $74,999
☐ $75,000 - $99,999
☐ $100,000 - $124,999
☐ $125,000 - $149,999
☐ $150,000 - $174,999
☐ $175,000 or more

O9 Thinking about the past year, at the end of the month do you generally: **(Please check only ONE answer)**

- ☐ Not have enough money to make ends meet
- ☐ Just have enough money to make ends meet
- ☐ Have some money left over
- ☐ Have more than enough money left over

O10 What is the highest grade or year of school you have completed?

No Schooling Completed

- ☐ No schooling completed

Preschool through grade 12

- ☐ Nursery/Preschool
- ☐ Kindergarten
- ☐ Grade 1-12 → Specify highest or current grade: ☐☐ Grade

High School Graduate

- ☐ Regular high school diploma
- ☐ GED or alternative credential

College or Some College

- ☐ Some college credit, but have not completed any degree
- ☐ Associate's degree (AA/AS)
- ☐ Bachelor's degree (BA/BS)

After Bachelor's Degree

- ☐ Master's degree (MA, MS, Meng, Med, MSW, MBA, etc.)
- ☐ Professional degree beyond bachelor's degree (MD, DDS, DVM, LLB, JD, etc.)
- ☐ Doctorate degree (PhD, EdD, etc.)

O11 What is the primary language you speak at home? **(Please check only ONE answer)**

- ☐ English
- ☐ Spanish
- ☐ Another language:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

O12 Do you identify as being of Latino, Hispanic, or Spanish origin? **(Please check ALL answers that apply)**

- ☐ No, not of Latino, Hispanic, or Spanish Origin
- ☐ Yes, Mexican or Mexican American
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, some other Latino, Hispanic, or Spanish Origin:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

O13 Please check ALL racial categories with which you identify:

- ☐ White or Caucasian
- ☐ Black or African-American
- ☐ Asian
- ☐ American Indian or Alaska Native → Enter tribal affiliation:
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Some other Race, Ethnicity, or Origin:

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

- ☐ White or Caucasian
- ☐ Black or African-American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Some Other Race, Ethnicity, or Origin

O14 How do you currently identify your gender? **(Please check only ONE answer)**

- ☐ I am a Female/Woman
- ☐ I am a Trans Male/Trans Man
- ☐ I am Genderqueer/Gender nonconforming
- ☐ I identify in a different way:

O15 What best describes your romantic or sexual attraction to other people? **(Please check only ONE answer)**

- ☐ Heterosexual/Straight
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Queer
- ☐ Questioning
- ☐ Something else - please describe:

SECTION P

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

Lately...

	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
I had a sense of well-being	☐	☐	☐	☐	☐
I felt hopeful	☐	☐	☐	☐	☐
My life was satisfying	☐	☐	☐	☐	☐
My life had purpose	☐	☐	☐	☐	☐
My life had meaning	☐	☐	☐	☐	☐
I felt cheerful	☐	☐	☐	☐	☐
My life was worth living	☐	☐	☐	☐	☐
I had a sense of balance in my life	☐	☐	☐	☐	☐
Many areas of my life were interesting to me	☐	☐	☐	☐	☐
I was able to enjoy life	☐	☐	☐	☐	☐
I felt a sense of purpose in my life	☐	☐	☐	☐	☐
I could laugh and see the humor in situations	☐	☐	☐	☐	☐
I was able to be at ease and feel relaxed	☐	☐	☐	☐	☐
I looked forward with enjoyment to upcoming events	☐	☐	☐	☐	☐
I felt emotionally stable	☐	☐	☐	☐	☐
I felt lovable	☐	☐	☐	☐	☐
I felt confident	☐	☐	☐	☐	☐
I had a good life	☐	☐	☐	☐	☐
My life was peaceful	☐	☐	☐	☐	☐
I was living life to the fullest	☐	☐	☐	☐	☐
In most ways my life was close to my ideal	☐	☐	☐	☐	☐
I had good control of my thoughts	☐	☐	☐	☐	☐
Even when things were going badly, I still had hope	☐	☐	☐	☐	☐

SECTION Q

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

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

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

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ A lot

Below are some daily activities that 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.

Q3	NOT AT ALL	SLIGHTLY	MODERATELY	A LOT
a. Does your bladder problem affect your household tasks? (cleaning, shopping, etc.)	☐	☐	☐	☐
b. Does your bladder problem affect your job or your normal daily activities outside the home?	☐	☐	☐	☐

Q4	NOT AT ALL	SLIGHTLY	MODERATELY	A LOT
a. Does your bladder problem affect your physical activities (e.g., going for a walk, running, sport, gym, etc.)?	☐	☐	☐	☐
b. Does your bladder problem affect your ability to travel?	☐	☐	☐	☐
c. Does your bladder problem limit your social life?	☐	☐	☐	☐
d. Does your bladder problem limit your ability to see and visit friends?	☐	☐	☐	☐

Q5

	NOT APPLICABLE	NOT AT ALL	SLIGHTLY	MODERATELY	A LOT
a. Does your bladder problem affect your relationship with your partner?	☐	☐	☐	☐	☐
b. Does your bladder problem affect your sex life?	☐	☐	☐	☐	☐
c. Does your bladder problem affect your family life?	☐	☐	☐	☐	☐

Q6

	NOT AT ALL	SLIGHTLY	MODERATELY	VERY MUCH
a. Does your bladder problem make you feel depressed?	☐	☐	☐	☐
b. Does your bladder problem make you feel anxious or nervous?	☐	☐	☐	☐
c. Does your bladder problem make you feel bad about yourself?	☐	☐	☐	☐

Q7

	NEVER	SOMETIMES	OFTEN	ALL THE TIME
a. Does your bladder problem affect your sleep?	☐	☐	☐	☐
b. Does your bladder problem make you feel worn out and tired?	☐	☐	☐	☐

Q8 Do you do any of the following? **If so, how much?**

	NEVER	SOMETIMES	OFTEN	ALL THE TIME
a. Wear pads to keep dry?	☐	☐	☐	☐
b. Be careful how much fluid you drink?	☐	☐	☐	☐
c. Change your underclothes because they get wet?	☐	☐	☐	☐
d. Worry in case you smell?	☐	☐	☐	☐

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?

FREQUENCY: going to the toilet very often

A little ☐ Moderately ☐ A lot ☐

NOCTURIA: getting up at night to pass urine

A little ☐ Moderately ☐ A lot ☐

URGENCY: a strong and difficult to control desire to pass urine

A little ☐ Moderately ☐ A lot ☐

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

A little ☐ Moderately ☐ A lot ☐

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

A little ☐ Moderately ☐ A lot ☐

NOCTURNAL ENURESIS: wetting the bed at night

A little ☐ Moderately ☐ A lot ☐

INTERCOURSE INCONTINENCE: urinary leakage with sexual intercourse

A little ☐ Moderately ☐ A lot ☐

BLADDER INFECTIONS OR UTIs

A little ☐ Moderately ☐ A lot ☐

BLADDER PAIN

A little ☐ Moderately ☐ A lot ☐

SECTION R

Instructions: The following questions will 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. If you are unsure about how to answer, please give the best answer you can. While answering these questions, please consider your symptoms over the last 3 months.

	NO	YES If yes, how much does it bother you?			
	NOT PRESENT	NOT AT ALL	SOMEWHAT	MODERATELY	QUITE A BIT
Do you usually experience pressure in the lower abdomen?	☐	☐	☐	☐	☐
Do you usually experience heaviness or dullness in the pelvic area?	☐	☐	☐	☐	☐
Do you usually have a bulge or something falling out that you can see or feel in your vaginal area?	☐	☐	☐	☐	☐
Do you ever have to push on the vagina or around the rectum to have or complete a bowel movement?	☐	☐	☐	☐	☐
Do you usually experience a feeling of incomplete bladder emptying?	☐	☐	☐	☐	☐
Do you ever have to push up on a bulge in the vaginal area with your fingers to start or complete urination?	☐	☐	☐	☐	☐

	NO	YES If yes, how much does it bother you?			
	NOT PRESENT	NOT AT ALL	SOMEWHAT	MODERATELY	QUITE A BIT
Do you feel you need to strain too hard to have a bowel movement?	☐	☐	☐	☐	☐
Do you feel you have not completely emptied your bowels at the end of a bowel movement?	☐	☐	☐	☐	☐
Do you usually lose stool beyond your control if your stool is well formed?	☐	☐	☐	☐	☐
Do you usually lose stool beyond your control if your stool is loose?	☐	☐	☐	☐	☐
Do you usually lose gas from the rectum beyond your control?	☐	☐	☐	☐	☐
Do you usually have pain when you pass your stool?	☐	☐	☐	☐	☐
Do you experience a strong sense of urgency and have to rush to the bathroom to have a bowel movement?	☐	☐	☐	☐	☐
Does part of your bowel ever pass through the rectum and bulge outside during or after a bowel movement?	☐	☐	☐	☐	☐

	NO	YES If yes, how much does it bother you?			
	NOT PRESENT	NOT AT ALL	SOMEWHAT	MODERATELY	QUITE A BIT
Do you usually experience frequent urination?	☐	☐	☐	☐	☐
Do you usually experience urine leakage associated with a feeling of urgency, that is, a strong sensation of needing to go to the bathroom?	☐	☐	☐	☐	☐
Do you usually experience urine leakage related to coughing, sneezing, or laughing?	☐	☐	☐	☐	☐
Do you usually experience small amounts of urine leakage (that is, drops)?	☐	☐	☐	☐	☐
Do you usually experience difficulty emptying your bladder?	☐	☐	☐	☐	☐
Do you usually experience pain or discomfort in the lower abdomen or genital region?	☐	☐	☐	☐	☐

SECTION S

We would like to find out about your urinary symptoms and we are very grateful that you can help us by filling in this questionnaire. Please answer each question, thinking about the **symptoms you have experienced in the last month.**

You will see that some questions ask how often you have a symptom:

Occasionally: Less than one third of the time
Sometimes: Between one and two thirds of the time
Most of the time: More than two thirds of the time

Please put a check in one box for each question.

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

- ☐ Never
- ☐ Occasionally
- ☐ Sometimes
- ☐ Most of the time
- ☐ All of the time

S2 Do you have to strain to urinate?

- ☐ Never
- ☐ Occasionally
- ☐ Sometimes
- ☐ Most of the time
- ☐ All of the time

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

- ☐ Never
- ☐ Occasionally
- ☐ Sometimes
- ☐ Most of the time
- ☐ All of the time

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.

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?

- ☐ Yes
- ☐ No → Skip to **S5**
- ☐ Don't know/Not sure → Skip to **S5**

S4a How many days per week do you do these moderate activities for at least 10 minutes at a time?

- ☐☐ Days per week
- ☐ Do not do any moderate physical activity for at least 10 minutes at a time → Skip to **S5**
- ☐ Don't know/Not sure → Skip to **S5**

S4b On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- ☐☐ Hours per day and
- ☐☐ Minutes per day
- ☐ Don't know/Not sure

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?

- ☐ Yes
- ☐ No → Skip to **Section T**
- ☐ Don't know/Not sure → Skip to **Section T**

S5a How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- ☐☐ Days per week
- ☐ Do not do any vigorous physical activity for at least 10 minutes at a time → Skip to **Section T**
- ☐ Don't know/Not sure → Skip to **Section T**

S5b On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- ☐☐ Hours per day and
- ☐☐ Minutes per day
- ☐ Don't know/Not sure

SECTION T

T1 What is your height? ☐☐ Feet ☐☐ Inches

T2 What is your weight? ☐☐☐ Pounds

T3 Has a health care provider ever told you that you have any of the following:

- ☐ Sleep apnea
- ☐ Diabetes
- ☐ High blood pressure
- ☐ Depression
- ☐ Asthma/Chronic lung disease

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

- ☐ Bladder cancer
- ☐ Pelvic organ prolapse, dropped bladder, or uterus
- ☐ Interstitial cystitis
- ☐ Accidental bowel leakage

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

- ☐ Cerebral palsy
- ☐ Parkinson's disease
- ☐ Multiple sclerosis
- ☐ Spinal cord injury
- ☐ Stroke
- ☐ Spina bifida

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

- ☐ Pessary or Impressa
- ☐ Botox in the bladder
- ☐ Current dialysis
- ☐ Bladder pacemaker/nerve stimulation

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

- ☐ Surgery for urine leakage
- ☐ Hysterectomy (removal of uterus)
- ☐ Removal of bladder tumor
- ☐ Removal of ovaries
- ☐ Kidney transplant
- ☐ Urethral surgery
- ☐ Radiation to the pelvis
- ☐ Surgery for pelvic prolapse (dropped bladder, uterus, rectum)

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

- ☐ No → Skip to **T9**
- ☐ Yes → Please check the box next to any medications you are currently taking:
  - ☐ Hormone replacement
  - ☐ Vaginal estrogen
  - ☐ Medication for urine leakage
  - ☐ Antibiotics to prevent UTI

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

- ☐ No
- ☐ Yes
- ☐ Don't know

T10 Have you ever heard of Kegel exercises?

- ☐ No → Skip to **T11**
- ☐ Yes → Do you do Kegel exercises?
  - ☐ No → Skip to **T11**
  - ☐ Yes → Have you ever received instruction on how to do a Kegel exercise?
    - ☐ No
    - ☐ Yes

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

- ☐ No
- ☐ Yes

T12 Have you ever been pregnant?

- ☐ No → Skip to **T13**
- ☐ Yes ⬎

Number of pregnancies: ☐☐

Number of births: ☐☐

If 1 or more births:

Number of vaginal deliveries: ☐☐

Number of caesarian deliveries: ☐☐

Your age at first baby's birth: ☐☐ years old

T13 Have you ever smoked at least 100 cigarettes in your ENTIRE LIFE?

- ☐ Yes → Go to **T13a**
- ☐ No
- ☐ Don't know

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

- ☐ Every day
- ☐ Some days
- ☐ Not at all
- ☐ Don't know