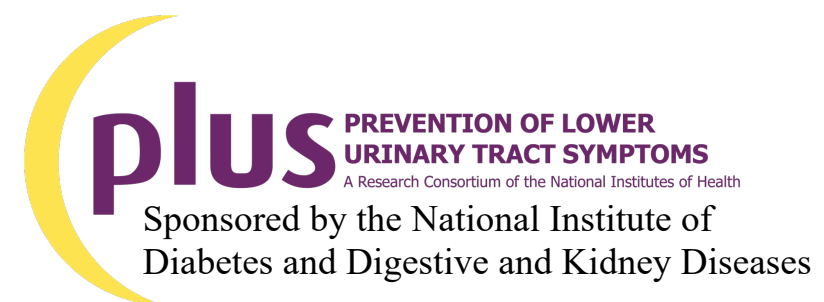




# Women's Health Survey

Conducted by  
Coordinating Centers for Biometric Research  
at the University of Minnesota



Did anyone help you complete this form?

- No
- Yes

Participant ID:

Participant ID:

**SECTION A: GENERAL HEALTH**

**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.

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

	MUCH BETTER	SOMEWHAT BETTER	ABOUT THE SAME	SOMEWHAT WORSE	MUCH WORSE
a. Day to day health and function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The function of your bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The health of your bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your overall health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been very nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you felt downhearted and depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How much did pain interfere with your normal work (including both work outside the home and housework)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 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	<input type="checkbox"/>	<input type="checkbox"/>
b. When you pee it flows slowly (just seems to trickle out) or sprays	<input type="checkbox"/>	<input type="checkbox"/>
c. Your urine will start and stop while you are trying to pee	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
e. Dribbling at least a few drops after you think you have finished peeing	<input type="checkbox"/>	<input type="checkbox"/>

↓  
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

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

	CAN'T DO IT AT ALL				NO PROBLEM AT ALL			
	0	1	2	3	4	5	6	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Light physical activities: ♦Lifting or carrying things that weigh under 5 pounds or exercise such as stretching, yoga, walking, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.).	<input type="checkbox"/>	<input type="checkbox"/>
b. Peeing/urine (such as peeing more or less often, urine color/odor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
c. Sleep (sleeping a lot, trouble getting to sleep, waking up, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Appetite/weight (gain or loss)	<input type="checkbox"/>	<input type="checkbox"/>
e. Fatigue (feeling tired, hard to concentrate)	<input type="checkbox"/>	<input type="checkbox"/>

**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

**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 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	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Discomfort or pressure	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Burning	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discomfort or pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

**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...

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A Pea</b>						<b>A Watermelon</b>

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT CONTROLS ME			IT IS A GIVE AND TAKE RELATIONSHIP				I CONTROL IT			

**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 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

**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When you feel the need to pee, how easy or difficult is it to start peeing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When you pee, how easy or difficult is it to completely empty your bladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How you feel about your overall health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How you feel about yourself as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your life in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

**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 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

**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 LITTLE	SOME	A LOT
a. I accomplished less than I would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I was limited in the kind of work or other activities I could do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I had to cut down on the amount of time I spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

→ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How you feel about your overall health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How you feel about yourself as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your life in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

**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 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

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I was limited in the kind of work or other activities I could do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I had to cut down on the amount of time I spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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				NO PROBLEM AT ALL			
0	1	2	3	4	5	6	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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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
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a. Getting around town using your own car (running errands, getting to work, etc.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b. Getting around town using public transportation (bus, light rail, train) to run errands, get to work, etc.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c. Long distance traveling in your own car

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d. Long distance traveling by plane, train, or bus

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**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 I

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

- No → Skip to Section I
- 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

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 I**
- 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

**E3** How much do you think 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Going out to social events like religious services (church, mosque, temple, etc.), a wedding, or a funeral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Going to home of friends or family for a dinner or party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Having friends or family come to my home for a dinner or party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Spending time with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Participating in meetings or other group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Getting to things on time or keeping to a schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Meeting your responsibilities, such as getting everything done that is expected of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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. <u>Emotional</u> intimacy with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Physical</u> intimacy, other than sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <u>Sexual</u> intimacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

**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



**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

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I enjoy life less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel different from other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I lack confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My bladder is always on my mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does fear of odor restrict your activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Does fear of embarrassment restrict your activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	NOT AT ALL	SLIGHTLY	MODERATELY	GREATLY
a. Nervousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Embarrassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Shame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION G: RESPONDING TO YOUR BLADDER**

**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

**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