

Tailoring Online Continence Promotion (TOCP) (PID: 6273)

03/13/2025 12:41pm

Instruments			Events	
Instrument	Form Name	Events	Event Name	Unique event name
Screening Survey - public survey	screening_survey	bl_arm_1	BL	bl_arm_1
Baseline Survey - public survey	baseline_survey	bl_arm_1	Weekly emails 1-4	weekly_emails_14_arm_1
Screening Survey - direct email	screening_survey_not_real	bl_arm_1	1 mo	1_mo_arm_1
Baseline Survey - direct email	baseline_survey_dup	bl_arm_1	Weekly emails 5-12	weekly_emails_512_arm_1
MM confirmed real person	mm_confirmed_real_person		3 mo	3_mo_arm_1
Identity Confirmation	identity_confirmation	bl_arm_1	6 mo	6_mo_arm_1
Verification status	verification_status	bl_arm_1	Interview	interview_arm_1
Signed into WotG	signed_into_wotg	bl_arm_1	BL	bl_arm_2
Booklet mailed	booklet_mailed	bl_arm_1	Weekly emails 1-4	weekly_emails_14_arm_2
\$25 paid	paid	bl_arm_1	1 mo	1_mo_arm_2
RZ	rz	bl_arm_1	Weekly emails 5-12	weekly_emails_512_arm_2
Pt excluded	pt_excluded	bl_arm_1	3 mo	3_mo_arm_2
Basic info C	basic_info_c	bl_arm_2	6 mo	6_mo_arm_2
Basic info T	basic_info_t	bl_arm_3	Interview	interview_arm_2
1C	c	weekly_emails_14_arm_2	BL	bl_arm_3
1	daae	weekly_emails_14_arm_3	Weekly emails 1-4	weekly_emails_14_arm_3
T1	t1	weekly_emails_14_arm_3	1 mo	1_mo_arm_3
1 sent	sent	weekly_emails_14_arm_3	Weekly emails 5-12	weekly_emails_512_arm_3
2C	c_dd73	weekly_emails_14_arm_2	3 mo	3_mo_arm_3
2	dcaa_e2d7	weekly_emails_14_arm_3	6 mo	6_mo_arm_3
T2	t2	weekly_emails_14_arm_3	Interview	interview_arm_3
2 sent	sent_f16f	weekly_emails_14_arm_3		
3C	c_98b4	weekly_emails_14_arm_2		
3	ddcd	weekly_emails_14_arm_3		
T3	t3	weekly_emails_14_arm_3		
3 sent	sent_3307	weekly_emails_14_arm_3		
4C	c_a4d6	weekly_emails_14_arm_2		
4	ddcd_cad3	weekly_emails_14_arm_3		
T4	t4	weekly_emails_14_arm_3		
4 sent	sent_102c	weekly_emails_14_arm_3		
Month 1 Survey	month_1_survey	1_mo_arm_2 1_mo_arm_3		
\$25 paid C	paid_c	1_mo_arm_2		
\$25 paid T	paid_t	1_mo_arm_3		
5C	c_3ba0	weekly_emails_512_arm_2		
5	ddcd_58a6	weekly_emails_512_arm_3		
T5	t5	weekly_emails_512_arm_3		
5 sent	sent_b199	weekly_emails_512_arm_3		
6C	c_a2f8	weekly_emails_512_arm_2		
6	ddcd_dde0	weekly_emails_512_arm_3		
T6	t6	weekly_emails_512_arm_3		
6 sent	sent_b964	weekly_emails_512_arm_3		
7C	c_614a	weekly_emails_512_arm_2		
7	ddcd_219a	weekly_emails_512_arm_3		

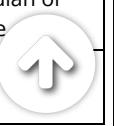


Instruments		
T7	t7	weekly_emails_512_arm_3
7 sent	sent_4ce4	weekly_emails_512_arm_3
8C	c_f0c5	weekly_emails_512_arm_2
8	ddcd_be5e	weekly_emails_512_arm_3
T8	t8	weekly_emails_512_arm_3
8 sent	sent_10fb	weekly_emails_512_arm_3
9C	c_e697	weekly_emails_512_arm_2
9	ddcd_b2c0	weekly_emails_512_arm_3
T9	t9	weekly_emails_512_arm_3
9 sent	sent_956c	weekly_emails_512_arm_3
10C	c_8311	weekly_emails_512_arm_2
10	ddcd_4616	weekly_emails_512_arm_3
T10	t10	weekly_emails_512_arm_3
10 sent	sent_58d4	weekly_emails_512_arm_3
11C	c_e6b7	weekly_emails_512_arm_2
11	ddcd_9896	weekly_emails_512_arm_3
T11	t11	weekly_emails_512_arm_3
11 sent	sent_a0dd	weekly_emails_512_arm_3
Month 3 Survey C	month_3_survey_c	3_mo_arm_2
Month 3 Survey T	month_3_survey_t	3_mo_arm_3
\$25 paid C	paid_c_5032	3_mo_arm_2
\$25 paid T	paid_t_5984	3_mo_arm_3
12C	c_1b12	weekly_emails_512_arm_2
12	ddcd_ebb8	weekly_emails_512_arm_3
T12	t12	weekly_emails_512_arm_3
12 sent	sent_58d8	weekly_emails_512_arm_3
Month 6 Survey C	month_6_survey_c	6_mo_arm_2
Month 6 Survey T	month_6_survey_t	6_mo_arm_3
\$25 paid C	paid_c_cad7	6_mo_arm_2
\$25 paid T	paid_t_ce95	6_mo_arm_3
Interview	interview	interview_arm_2 interview_arm_3
\$25 paid C	paid_c_bbc1	interview_arm_2
\$25 paid T	paid_t_81d9	interview_arm_3
WotG Study Waitlist	wotg_study_waitlist	bl_arm_1

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Screening Survey - public survey (screening_survey)  Enabled as survey			
1	[study_id]	Study ID	text
2	[email_blurb]	Welcome to the screening survey for the Women on the Go research study. Thank you for your interest in this research study. We have 9 screening questions to see whether this research study could be a good fit for you. Click "Next Page>>" to continue. This study is taking place at the University of Wisconsin-Madison. The purpose of this screening survey is to determine whether you are a good fit for this research study. If you meet the study requirements, you will be directed to another screen with more details about the research study. The information you provide will be kept private and will be	descriptive



		stored securely. If you have questions, you may contact the lead researcher, Dr. Megan Piper, by email mep@ctrl.wisc.edu, phone 608-265-5472, or mail: 1930 Monroe Street, Suite 200 Madison, WI 53711. Email is generally not a secure way to communicate sensitive or health related information as there are many ways for unauthorized users to access email. You should avoid sending sensitive, detailed personal information by email. Email should also not be used to convey information of an urgent nature.							
3	[ss_engl]	Section Header: Do you read and write English?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
4	[ss_emailuse]	Do you use email?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
5	[ss_accweb]	Do you have a computer, tablet, or smart phone that you can use to visit a website?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
6	[ss_age]	How old are you?	text (number), Required, Identifier Custom alignment: RH						
7	[ss_sex]	Were you born female?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
8	[ss_blood]	Section Header: Have you seen blood in your urine (pee) or stools (poop) in the last six months?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
9	[ss_toilet]	Do you need help using the toilet?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
10	[ss_dementia]	Has a healthcare provider ever told you that you have dementia or cognitive impairment?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
11	[ss_kegel]	Has a healthcare provider ever told you that you should not do pelvic floor muscle exercises, also called Kegel exercises?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
12	[ss_eligible] Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_dementia] = '2' and [ss_kegel] = '2' and [ss_blood] = '2' and [ss_sex] = '1'	Section Header: Thank you very much. Based on your responses, you meet the study requirements. This means you are eligible to volunteer for this research study. The National Institutes of Health (NIH) is committed to improving the representation of women and people from underrepresented groups in clinical trials. Before we get started, please answer these 5 questions about yourself and how you heard about this study.	descriptive						
13	[ss_eligible_race] Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_d	What is your race? Please check all that apply:	checkbox, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>ss_eligible_race__1</td><td>American Indian or Alaska Native</td></tr> <tr> <td>2</td><td>ss_eligible_race__2</td><td>Asian or Asian American</td></tr> </table>	1	ss_eligible_race__1	American Indian or Alaska Native	2	ss_eligible_race__2	Asian or Asian American
1	ss_eligible_race__1	American Indian or Alaska Native							
2	ss_eligible_race__2	Asian or Asian American							



	ementia] = '2' and [ss_kege l] = '2' and [ss_blood] = '2' and [ss_sex] = '1'		<table border="1"> <tr><td>3</td><td>ss_eligible_race__3</td><td>Black or African American</td></tr> <tr><td>4</td><td>ss_eligible_race__4</td><td>Native Hawaiian or Pacific Islander</td></tr> <tr><td>5</td><td>ss_eligible_race__5</td><td>White</td></tr> <tr><td>6</td><td>ss_eligible_race__6</td><td>Other</td></tr> <tr><td>7</td><td>ss_eligible_race__7</td><td>Do not wish to provide</td></tr> </table>	3	ss_eligible_race__3	Black or African American	4	ss_eligible_race__4	Native Hawaiian or Pacific Islander	5	ss_eligible_race__5	White	6	ss_eligible_race__6	Other	7	ss_eligible_race__7	Do not wish to provide	
3	ss_eligible_race__3	Black or African American																	
4	ss_eligible_race__4	Native Hawaiian or Pacific Islander																	
5	ss_eligible_race__5	White																	
6	ss_eligible_race__6	Other																	
7	ss_eligible_race__7	Do not wish to provide																	
			Field Annotation: @NONEOFTHEABOVE=7																
14	[ss_eligible_otherrace] Show the field ONLY if: [ss_eligible_race(6)] = '1'	What race(s) do you identify as?	text, Required																
15	[ss_eligible_hisp] Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_dementia] = '2' and [ss_kege l] = '2' and [ss_blood] = '2' and [ss_sex] = '1'	What is your ethnicity?	radio, Required <table border="1"> <tr><td>1</td><td>Hispanic/Latino</td></tr> <tr><td>2</td><td>Non-Hispanic</td></tr> <tr><td>3</td><td>Do not wish to provide</td></tr> </table>	1	Hispanic/Latino	2	Non-Hispanic	3	Do not wish to provide										
1	Hispanic/Latino																		
2	Non-Hispanic																		
3	Do not wish to provide																		
			Field Annotation: @NONEOFTHEABOVE=3																
16	[ss_eligible_gender] Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_dementia] = '2' and [ss_kege l] = '2' and [ss_blood] = '2' and [ss_sex] = '1'	How do you identify your gender?	radio, Required <table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> <tr><td>3</td><td>Non-binary</td></tr> <tr><td>4</td><td>Do not wish to provide</td></tr> </table>	1	Female	2	Male	3	Non-binary	4	Do not wish to provide								
1	Female																		
2	Male																		
3	Non-binary																		
4	Do not wish to provide																		
17	[ss_eligible_edu] Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_dementia] = '2' and [ss_kege l] = '2' and [ss_blood] = '2' and [ss_sex] = '1'	What is the highest level of education you have completed?	radio, Required <table border="1"> <tr><td>1</td><td>8th grade or lower</td></tr> <tr><td>2</td><td>Some high school</td></tr> <tr><td>3</td><td>High school diploma or GED</td></tr> <tr><td>4</td><td>Vocational school or other specialized training</td></tr> <tr><td>5</td><td>Some college</td></tr> <tr><td>6</td><td>College degree (Associate's or Bachelor's)</td></tr> <tr><td>7</td><td>Master's or Doctorate degree</td></tr> <tr><td>8</td><td>Do not wish to provide</td></tr> </table>	1	8th grade or lower	2	Some high school	3	High school diploma or GED	4	Vocational school or other specialized training	5	Some college	6	College degree (Associate's or Bachelor's)	7	Master's or Doctorate degree	8	Do not wish to provide
1	8th grade or lower																		
2	Some high school																		
3	High school diploma or GED																		
4	Vocational school or other specialized training																		
5	Some college																		
6	College degree (Associate's or Bachelor's)																		
7	Master's or Doctorate degree																		
8	Do not wish to provide																		
18	[ss_eligible_outreach] Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_dementia] = '2' and [ss_kege l] = '2' and [ss_blood] = '2' and [ss_sex] = '1'	How did you hear about this research study? (Check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>ss_eligible_outreach__1</td><td>I saw it on Facebook</td></tr> <tr><td>2</td><td>ss_eligible_outreach__2</td><td>I saw it on Instagram</td></tr> <tr><td>3</td><td>ss_eligible_outreach__3</td><td>I saw it on Twitter</td></tr> <tr><td>4</td><td>ss_eligible_outreach__4</td><td>I saw it on a website I trust</td></tr> <tr><td>5</td><td>ss_eligible_outreach__5</td><td>I read about it in a newsle</td></tr> </table>	1	ss_eligible_outreach__1	I saw it on Facebook	2	ss_eligible_outreach__2	I saw it on Instagram	3	ss_eligible_outreach__3	I saw it on Twitter	4	ss_eligible_outreach__4	I saw it on a website I trust	5	ss_eligible_outreach__5	I read about it in a newsle	
1	ss_eligible_outreach__1	I saw it on Facebook																	
2	ss_eligible_outreach__2	I saw it on Instagram																	
3	ss_eligible_outreach__3	I saw it on Twitter																	
4	ss_eligible_outreach__4	I saw it on a website I trust																	
5	ss_eligible_outreach__5	I read about it in a newsle																	



			<table border="1"> <tr> <td>6</td><td>ss_eligible_outreach__6</td><td>I saw a flyer in my community</td></tr> <tr> <td>7</td><td>ss_eligible_outreach__7</td><td>Someone I know told me about it</td></tr> <tr> <td>8</td><td>ss_eligible_outreach__8</td><td>Something else</td></tr> </table>	6	ss_eligible_outreach__6	I saw a flyer in my community	7	ss_eligible_outreach__7	Someone I know told me about it	8	ss_eligible_outreach__8	Something else
6	ss_eligible_outreach__6	I saw a flyer in my community										
7	ss_eligible_outreach__7	Someone I know told me about it										
8	ss_eligible_outreach__8	Something else										
19	[ss_elig_descriptic] Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_dementia] = '2' and [ss_kegeI] = '2' and [ss_blood] = '2' and [ss_sex] = '1'	Thank you for completing the screening. Click "Next Page" to choose whether you want to participate in the research study.	descriptive									
20	[consent] Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_dementia] = '2' and [ss_kegeI] = '2' and [ss_blood] = '2' and [ss_sex] = '1'	<p>Section Header: <i>Informed Consent</i></p> <p>University of Wisconsin-Madison Consent to Participate in Research and Authorization to Use Protected Health Information for Research</p> <hr/> <p>Study Title for Participants: Women on the Go Formal Study Title: Tailoring Online Continence Promotion Lead Researcher: Drs. Megan Piper (email: mep@ctrl.wisc.edu; phone: 608-265-5472; mailing address: 1930 Monroe Street, Suite 200 Madison, WI 53711) and Heidi Brown (email: heidi.w.brown@kp.org) Institution: University of Wisconsin School of Medicine and Public Health and Kaiser Permanente</p>	descriptive (Attachment: Women on the Go Informed Consent.pdf, Display format: Link) Field Annotation: @INLINE									
		<p>Key Information The information in this section is to help you decide whether or not to be a part of this study. You can find more detailed information later on in this form. Why are researchers doing this study? Even though lots of online programs (websites) exist to support us in making healthy choices, the majority of these websites are not used regularly. The purpose of this research study is to test two versions of the Women on the Go program to see which version helps women stay engaged with the website. We also hope to learn which version of the Women on the Go program helps women make behavior changes to improve or prevent bladder and bowel symptoms. What will I need to do in this study? The research team will ask you to complete four questionnaires about your bladder and bowel health and about using the online program. You may also be invited to complete an optional interview with one of our study team members. The version of the program you get will be chosen by chance, like flipping a coin. Neither you nor the study doctor will choose what version you get. You will have an equal chance of being given each version. We expect that you will be in this research study for 6 months. You can find detailed information about the study procedures in the section called If I take part in the study, what will I do? How long will I be in this study? You will be part of the study for about 6 months. What are some reasons I might - or might not - want to be in this study? You may want to be in this study if you are: You may NOT want to be in this study if you: Comfortable having researchers ask questions about your bladder and/or bowel health. Willing to participate in the study for 6 months. Interested in contributing to scientific knowledge even though you may not benefit directly from the study. May not have time to complete study questionnaires. Feel</p>										



uncomfortable or embarrassed answering survey questions about your bladder and/or bowel health. Do I have to be in the study? What happens if I say yes, but I change my mind later? No, you do not have to be in this study. Taking part in research is voluntary. This means that you decide if you want to be in the study. If you decide now to take part, you can choose to leave the study at any time. Let the researchers know if you choose to leave the study. Detailed Information The following is more detailed information about this study in addition to the information listed above. How is research different from health care? There is no single standard treatment for bladder or bowel incontinence. As part of their regular health care, people might take medicine, see a physical therapist, see a nutritionist, wear a device, have an office procedure, have surgery, or choose to have no treatment at all. People who access the Women on the Go program will learn about these treatments and may choose to seek medical treatment for bladder or bowel incontinence. People who take part in this study will not get any medical treatment from the study. This study is not part of your health care. Who can I talk to about this study? If you have questions, concerns, or complaints, or think that participating in the research has hurt you, talk to the research team at Megan Piper, PhD at (608) 265-5472. If you have concerns about your rights as a research participant or have complaints about the research study or study team, call the confidential research compliance line at 1-833-652-2506. UW Staff not part of the study team will work with you to address concerns and assist in resolving any complaints. If I take part in the study, what will I do? If you decide to participate in this research study, you will be asked to: Be randomly assigned to one of two versions of the Women on the Go program. Use the Women on the Go program at least once per week for 3 months. Complete electronic (email) research surveys 4 times over 6 months. Consider an invitation to participate in a telephone or video interview about your experience. 1. What does being randomly assigned to one of two versions of the Women on the Go program mean? We are testing two versions of the Women on the Go program because we do not know which one will work better. The version of the program that you get will be chosen by chance, like flipping a coin. Neither you nor the research team will choose which version you get. You have a 50/50 chance of getting each version. 2. What is involved in using the Women on the Go program? The Women on the Go program is a website with information about how to change your habits to improve bladder and bowel health. Both versions of the program involve these activities: You will be mailed a paper booklet that you can use to help you track your progress. You can choose whether or not you use this booklet. You will be asked to create a free account with the Women on the Go program using your email address. You will create your own password and you can use the program as often as you want to. The program records data about which pages you have visited and how often you visit them. You will get an email from the Women on the Go program every week for 12 weeks. The emails are meant to help remind you to log into the program. The types of emails you receive will be different depending on which version of the program you are assigned, but the number of emails is the same in both versions. If you choose not to create an account with the Women on the



Go program, you will not be able to participate in this research study. 3. How long will the surveys take? How often will they be? What are they about? The electronic surveys will take about 20-30 minutes each. You will be asked to complete a research survey today within this website. You will receive emails inviting you to complete research surveys again in 4 weeks, 12 weeks, and 24 weeks. The surveys ask questions about yourself and your health, your attitudes and behaviors, and your opinions about the Women on the Go program, some of the questions ask about bladder, bowel, and sexual health. You can choose not to answer any questions that make you feel uncomfortable. You may receive up to 3 reminder invitations for each email survey. You will receive \$25 after you complete each research survey (in the form of an electronic gift card or paper check.) 4. What happens if I am invited to participate in a telephone or video interview? About 30 - 40 of the 500 people in this research study will be invited to participate in a telephone or video interview to learn more about their personal experiences with the program. If you are selected for an invitation, the research team will send you an extra email asking for permission to contact you to schedule an interview that will last no more than 30 minutes by telephone or video. The interview will include questions about your experience with the program, what made it easier or harder for you to use the program, and how the program could be changed to make it easier and more helpful for people in the future. You can choose to skip any question you do not wish to answer. Your voice will be recorded but not your face or picture. Only the researchers will have access to the recording. What you say will be written down word for word to create a transcription. The transcription will be saved but the recording will be destroyed. No information that could identify you will be included in the transcription. Protected health information (PHI) used in this study Protected health information, also called PHI, is information about your physical or mental health that includes your name or other information that can identify you, like your date of birth or medical record number. To do this study, we will use the following kinds of PHI: Name Contact information (mailing address, phone number, email address) Things you tell the researchers about your health What happens if I say yes, but I change my mind later? If you decide not to take part in the study, or if you choose to leave the study, your choice will not affect any treatment relationship you have with healthcare providers at UW-Madison, UW Health or any affiliated organizations, or any services you receive from them. No matter what decision you make, and even if your decision changes, there will be no penalty to you. You will not lose medical care or any legal rights. Your authorization for researchers to use your protected health information (PHI) will last until the research study is done. However: You can choose to take back your authorization for researchers to use your health information. You can do this at any time before or during your participation in the research. If you take back your authorization, information that was already collected may still be used and shared with others, but the researchers will no longer be able to collect NEW information about you. If you take back your authorization, you will not be able to take part in the research study. To take back your authorization, you will need to tell the Lead researcher,

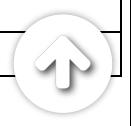


Dr. Megan Piper, in writing (1930 Monroe Street, Suite 200 Madison, WI 53711). Will being in this study help me in any way? Being in this study will not help you directly. But your participation in the study may benefit other people in the future by helping us learn more about how to improve the Women on the Go program. Will being in this study cost me anything? There will be no cost to you for any of the study activities or procedures. What are the study risks? There is a risk that your information could become known to someone not involved in this study. You may also feel embarrassed or uncomfortable completing questions about your health. How will the researchers keep my research information confidential? We have strict rules to protect your personal information and protected health information (PHI). We will limit who has access to your name, address, phone number, and other information that can identify you. We will also store this information securely. We may publish and present what we learn from this study, but none of this information will identify you directly without your permission. The study has a Certificate of Confidentiality from the National Institutes of Health. A Certificate of Confidentiality prohibits researchers from disclosing information that may identify you in a legal proceeding or in response to a legal request without your consent. However, we cannot promise complete confidentiality. Federal or state laws may permit or require us to show information to university or government officials responsible for monitoring this study. We may also have to tell appropriate authorities, such as child protective services or health care providers, if we learn during the study that you or others are at risk of harm (for example, due to child or elder abuse, or suicidal thoughts). Authorizing the research team to use your PHI means that we can release it to the people or groups listed above for the purposes described in this form. Once your health information is released outside UW-Madison or UW Health it may not be protected by privacy laws and might be shared with others. Also, with appropriate confidentiality protections, we might use information that we collect during this study for other research or share it with other researchers without additional consent from you. What risks and benefits are associated with open access data sharing? Any research data collected from you, excluding your personally identifiable information, could be included in the open access data sharing. However, even with your identifiable information removed, there may be a risk of you being identified. Anybody in the world can have access to information in an open access database. If you tell other people that you participated in this study, you may increase the chance that someone will be able to link your data to you. We do not know how likely it is that your identity could become re-connected with information shared through open access. As of today, we believe there is a low risk that most de-identified study data could be used to re-identify you. However, data that cannot be used to identify you today could be used to identify you in the future. If you decide to withdraw from the study after consenting to open data sharing, we will not have any way to know who has already used your data before you withdrew and will not be able to prevent continued use of your data. There is no direct benefit to you from placing your data in an open access database. If you agree to open access data sharing, this will help a wider range of researchers make



		<p>discoveries that may help others in the future. Will information from this study go in my medical record? None of the information we collect for this study will be put in your medical record. What else do I need to know? Will I receive anything for participating? We will pay you \$25 after you complete each survey (today, in 1 month, in 3 months, and in 6 months). You will be asked to provide your email address to receive an electronic gift card for each of these payments. If you choose to leave the study, or if we remove you from the study for any reason, you will not receive any additional payments. If you are invited for and complete a telephone interview, you will receive an additional \$25 electronic gift card.</p> <p>Permission to communicate about the study by email We are requesting your email address so we can send your 1 month, 3 month, and 6 month surveys. Email is generally not a secure way to communicate about your health as there are many ways for unauthorized users to access email. You should avoid sending sensitive, detailed personal information by email. Email should also not be used to convey information of an urgent nature. If you need to talk to someone immediately, please contact Megan Piper, PhD at 608-265-5472. How many people will be in this study? We estimate that about 500 people will participate in this study. Who is funding this study? Funding for this study is provided by the National Institutes of Health. Publication of study protocol and results statement A description of this clinical trial is available on http://www.ClinicalTrials.gov. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time. Agreement to participate in the research study You do not have to sign this form. If you refuse to sign, however, you cannot take part in this research study. If you sign the line below, it means that: You have read this consent form. You have had a chance to ask questions about the research study, and the researchers have answered your questions. You want to be in this study.</p>					
21	<p>[consent_agree]</p> <p>Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_dementia] = '2' and [ss_kege] = '2' and [ss_blood] = '2' and [ss_sex] = '1'</p>	<p>By checking the box below and typing my name below, I am electronically signing this consent form and agree to participate in the research study.</p>	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	2	No
1	Yes						
2	No						
22	<p>[consent_name]</p> <p>Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_dementia] = '2' and [ss_kege] = '2' and [ss_blood] = '2' and [ss_sex] = '1'</p>	First and last name:	text, Required				
23	<p>[dt_consent_signed]</p> <p>Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_toilet] = '2' and [ss_d</p>		text (date_mdy), Identifier Field Annotation: @TODAY @HIDDEN-SURVEY 				

	ementia] = '2' and [ss_kege l] = '2' and [ss_blood] = '2' and [ss_sex] = '1'																							
24	[ss_not_eligible] Show the field ONLY if: [ss_engl] = '2' or [ss_emailuse] = '2' or [ss_accweb] = '2' or [ss_age] < 50 or [ss_s ex] = '2' or [ss_toilet] = '1' or [ss_dementia] = '1' or [ss_kegel] = '1' or [ss_blood] = '1'	Section Header: Thank you very much for your interest in the Women on the Go study. Based on your responses, you do not meet the study requirements at this time. Even though you will not be enrolled in the study, the National Institutes of Health (NIH) is committed to improving the representation of women and people from underrepresented groups in clinical trials. Please answer these 5 questions about yourself and how you heard about this study.	descriptive																					
25	[ss_not_eligible_race] Show the field ONLY if: [ss_engl] = '2' or [ss_emailuse] = '2' or [ss_accweb] = '2' or [ss_age] < 50 or [ss_s ex] = '2' or [ss_toilet] = '1' or [ss_dementia] = '1' or [ss_kegel] = '1' or [ss_blood] = '1'	What race(s) do you identify as? Please select all that apply:	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>ss_not_eligible_race__1</td><td>American Indian or Alaska Native</td></tr> <tr><td>2</td><td>ss_not_eligible_race__2</td><td>Asian</td></tr> <tr><td>3</td><td>ss_not_eligible_race__3</td><td>Black or African American</td></tr> <tr><td>4</td><td>ss_not_eligible_race__4</td><td>Native Hawaiian or Pacific Islander</td></tr> <tr><td>5</td><td>ss_not_eligible_race__5</td><td>White</td></tr> <tr><td>6</td><td>ss_not_eligible_race__6</td><td>Other</td></tr> <tr><td>7</td><td>ss_not_eligible_race__7</td><td>Do not wish to answer</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	ss_not_eligible_race__1	American Indian or Alaska Native	2	ss_not_eligible_race__2	Asian	3	ss_not_eligible_race__3	Black or African American	4	ss_not_eligible_race__4	Native Hawaiian or Pacific Islander	5	ss_not_eligible_race__5	White	6	ss_not_eligible_race__6	Other	7	ss_not_eligible_race__7	Do not wish to answer
1	ss_not_eligible_race__1	American Indian or Alaska Native																						
2	ss_not_eligible_race__2	Asian																						
3	ss_not_eligible_race__3	Black or African American																						
4	ss_not_eligible_race__4	Native Hawaiian or Pacific Islander																						
5	ss_not_eligible_race__5	White																						
6	ss_not_eligible_race__6	Other																						
7	ss_not_eligible_race__7	Do not wish to answer																						
26	[ss_not_eligible_race_se] Show the field ONLY if: [ss_not_eligible_race(6)] = '1'	What race(s) do you identify as?	text																					
27	[ss_ethnicity_notelig] Show the field ONLY if: [ss_engl] = '2' or [ss_emailuse] = '2' or [ss_accweb] = '2' or [ss_age] < 50 or [ss_s ex] = '2' or [ss_toilet] = '1' or [ss_dementia] = '1' or [ss_kegel] = '1' or [ss_blood] = '1'	What is your ethnicity?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Hispanic/Latino</td></tr> <tr><td>2</td><td>Non-Hispanic</td></tr> <tr><td>3</td><td>Do not wish to provide</td></tr> </table>	1	Hispanic/Latino	2	Non-Hispanic	3	Do not wish to provide															
1	Hispanic/Latino																							
2	Non-Hispanic																							
3	Do not wish to provide																							
28	[ss_notelig_gender] Show the field ONLY if: [ss_engl] = '2' or [ss_emailuse] = '2' or [ss_accweb] = '2' or [ss_age] < 50 or [ss_s ex] = '2' or [ss_toilet] = '1' or [ss_dementia] = '1' or [ss_kegel] = '1' or [ss_blood] = '1'	How do you identify your gender?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> <tr><td>3</td><td>Non-binary</td></tr> <tr><td>4</td><td>Do not wish to provide</td></tr> </table>	1	Female	2	Male	3	Non-binary	4	Do not wish to provide													
1	Female																							
2	Male																							
3	Non-binary																							
4	Do not wish to provide																							
29	[ss_not_eligible_edu] Show the field ONLY if: [ss_engl] = '2' or [ss_emailuse] = '2' or [ss_accweb] = '2' or [ss_age] < 50 or [ss_s ex] = '2' or [ss_toilet] = '1' or [ss_dementia] = '1' or [ss_kegel] = '1' or [ss_blood] = '1'	What is the highest level of education you have completed?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>8th grade or lower</td></tr> <tr><td>2</td><td>Some high school</td></tr> <tr><td>3</td><td>High school diploma or GED</td></tr> </table>	1	8th grade or lower	2	Some high school	3	High school diploma or GED															
1	8th grade or lower																							
2	Some high school																							
3	High school diploma or GED																							



	kegel] = '1' or [ss_blood] = '1'		<table border="1"> <tr><td>4</td><td>Vocational school or other specialized training</td></tr> <tr><td>5</td><td>Some college</td></tr> <tr><td>6</td><td>College degree (Associate's or Bachelor's)</td></tr> <tr><td>7</td><td>Master's or Doctorate degree</td></tr> <tr><td>8</td><td>Do not wish to provide</td></tr> </table>	4	Vocational school or other specialized training	5	Some college	6	College degree (Associate's or Bachelor's)	7	Master's or Doctorate degree	8	Do not wish to provide														
4	Vocational school or other specialized training																										
5	Some college																										
6	College degree (Associate's or Bachelor's)																										
7	Master's or Doctorate degree																										
8	Do not wish to provide																										
30	[ss_not_eligible_outreach]	How did you hear about this research study? (Check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>ss_not_eligible_outreach__1</td><td>I saw it on Facebook</td></tr> <tr><td>2</td><td>ss_not_eligible_outreach__2</td><td>I saw it on Instagram</td></tr> <tr><td>3</td><td>ss_not_eligible_outreach__3</td><td>I saw it on Twitter</td></tr> <tr><td>4</td><td>ss_not_eligible_outreach__4</td><td>I saw it on a website I trust</td></tr> <tr><td>5</td><td>ss_not_eligible_outreach__5</td><td>I read about it in a newsletter</td></tr> <tr><td>6</td><td>ss_not_eligible_outreach__6</td><td>I saw a flyer in my community</td></tr> <tr><td>7</td><td>ss_not_eligible_outreach__7</td><td>Someone I know told me about it</td></tr> <tr><td>8</td><td>ss_not_eligible_outreach__8</td><td>Something else</td></tr> </table>	1	ss_not_eligible_outreach__1	I saw it on Facebook	2	ss_not_eligible_outreach__2	I saw it on Instagram	3	ss_not_eligible_outreach__3	I saw it on Twitter	4	ss_not_eligible_outreach__4	I saw it on a website I trust	5	ss_not_eligible_outreach__5	I read about it in a newsletter	6	ss_not_eligible_outreach__6	I saw a flyer in my community	7	ss_not_eligible_outreach__7	Someone I know told me about it	8	ss_not_eligible_outreach__8	Something else
1	ss_not_eligible_outreach__1	I saw it on Facebook																									
2	ss_not_eligible_outreach__2	I saw it on Instagram																									
3	ss_not_eligible_outreach__3	I saw it on Twitter																									
4	ss_not_eligible_outreach__4	I saw it on a website I trust																									
5	ss_not_eligible_outreach__5	I read about it in a newsletter																									
6	ss_not_eligible_outreach__6	I saw a flyer in my community																									
7	ss_not_eligible_outreach__7	Someone I know told me about it																									
8	ss_not_eligible_outreach__8	Something else																									
31	[eligible_firstname]	Section Header: <i>Congratulations and welcome to the Women on the Go Study! Please provide your contact information so that we can get you enrolled in the Women on the Go program, send you research emails, and mail your tracker booklet.</i>	text (alpha_only), Required, Identifier																								
	Show the field ONLY if: [consent_agree] = '1'	First name:																									
32	[eligible_lastname]	Last name:	text (alpha_only), Required, Identifier																								
	Show the field ONLY if: [consent_agree] = '1'																										
33	[eligible_email]	Email address:	text (email), Required, Identifier																								
	Show the field ONLY if: [consent_agree] = '1'																										
34	[eligible_phone]	Phone number (XXX-XXX-XXXX):	text (phone), Required, Identifier																								
	Show the field ONLY if: [consent_agree] = '1'																										
35	[eligible_streetaddress1]	Street address line 1:	text, Required, Identifier																								
	Show the field ONLY if: [consent_agree] = '1'																										
36	[eligible_streetaddress2]	Street address line 2 (Building, Suite, or Apartment number):	text, Identifier																								
	Show the field ONLY if: [consent_agree] = '1'																										
37	[eligible_city]	City:	text, Required, Identifier																								
	Show the field ONLY if: [consent_agree] = '1'																										

38	[eligible_state] Show the field ONLY if: [consent_agree] = '1'	State:	text, Required						
39	[eligible_zipcode] Show the field ONLY if: [consent_agree] = '1'	ZIP code:	text, Required, Identifier						
40	[consentedtopart] Show the field ONLY if: [consent_agree] = '1'	Section Header: Thanks for providing your contact information. Your tracker booklet will be mailed to you this week, and you will start to see emails from the research team and the Women on the Go program in the coming weeks. Click "Submit" below to be directed to your first research survey. If you do not complete this research survey now, you will receive an email from the research team inviting you to complete the survey before you can start using the Women on the Go program.	descriptive						
41	[ifconsented_no] Show the field ONLY if: [consent_agree] = '2'	Thank you very much for taking the time to learn more about our study. If in the future you change your mind and would like to participate, please feel free to contact us again.	descriptive						
42	[ss_not_eligible_ending] Show the field ONLY if: [ss_engl] = '2' or [ss_emailuse] = '2' or [ss_accweb] = '2' or [ss_age] < 50 or [ss_sex] = '2' or [ss_toilet] = '1' or [ss_dementia] = '1' or [ss_kegel] = '1' or [ss_blood] = '1'	Thank you very much for taking the time to complete this screening questionnaire. We appreciate it! If you have other questions, you may contact the lead researcher, Dr. Megan Piper, by email (mep@ctrl.wisc.edu), phone (608-265-5472), or in writing (1930 Monroe Street, Suite 200 Madison, WI 53711).	checkbox <table border="1"><tr><td>1</td><td>ss_not_eligible_ending__1</td><td>Submit form</td></tr></table> Stop actions on 1	1	ss_not_eligible_ending__1	Submit form			
1	ss_not_eligible_ending__1	Submit form							
43	[screening_survey_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Baseline Survey - public survey** (`baseline_survey`)  **Enabled as survey**

44	[welcome_b1]	WELCOME! This is the first research survey of the Women on the Go Study. It should take about 10 - 20 minutes to complete. Please try to answer all the questions. You will receive \$25 after you complete the survey to thank you for your time and effort. Section 1 of 5 - Attitudes and Health Beliefs The questions in this section are about your attitudes, thoughts, and beliefs about health in general.	descriptive												
45	[gse01_b1]	Section Header: <i>This set of questions is about how you approach problems. Please read the sentence and decide how true it is of you in general.</i> I can manage to solve difficult problems if I try hard enough.	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Fairly Often</td></tr><tr><td>5</td><td>Very Often</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
46	[gse02_b1]	If someone tries to keep me from getting what I want, I can find a way to get what I want.	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Never</td></tr></table>	1	Never										
1	Never														



2	Almost Never
3	Sometimes
4	Fairly Often
5	Very Often
99	Choose not to answer

1	Never
2	Almost Never
3	Sometimes
4	Fairly Often
5	Very Often
99	Choose not to answer

1	Never
2	Almost Never
3	Sometimes
4	Fairly Often
5	Very Often
99	Choose not to answer

1	Never
2	Almost Never
3	Sometimes
4	Fairly Often
5	Very Often
99	Choose not to answer

1	Never
2	Almost Never
3	Sometimes
4	Fairly Often
5	Very Often
99	Choose not to answer

1	Never
2	Almost Never
3	Sometimes
4	Fairly Often
5	Very Often
99	Choose not to answer

1	Never
2	Almost Never
3	Sometimes



			<table border="1"> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	4	Fairly Often	5	Very Often	99	Choose not to answer						
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
53	[gse09_b1]	If I am in trouble, I can think of a solution.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
54	[gse10_b1]	I can handle whatever comes my way.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
55	[know_pads_b1]	<p>Section Header: Below are some statements about urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each statement, or if you do not know.</p> <p>Other than pads and diapers, not much can be done to treat leakage of urine.</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
56	[know_exercises_b1]	Certain exercises can be done to help to control urine leakage.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
57	[know_weight_b1]	Being overweight may make urinary leakage worse.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
58	[know_oncestart_b1]	Once people start to leak urine, they are never able to control their urine again.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
59	[know_nonsurgery_b1]	Surgery is the only treatment for urinary leakage.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
60	[hapa_intentions_b1]	Section Header: The Women on the Go program is designed to help women make changes to improve their bladder and bowel health.	radio, Required												



		<p>Thinking about the last month, when it came to making changes to improve bladder or bowel health, which of these statements best describes you?</p>	<table border="1"> <tr><td>0</td><td>I DID NOT THINK ABOUT making any changes.</td></tr> <tr><td>1</td><td>I THOUGHT about making changes.</td></tr> <tr><td>2</td><td>I PLANNED to make changes.</td></tr> <tr><td>3</td><td>I MADE changes.</td></tr> <tr><td>4</td><td>My changes BECAME MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I DID NOT THINK ABOUT making any changes.	1	I THOUGHT about making changes.	2	I PLANNED to make changes.	3	I MADE changes.	4	My changes BECAME MY NEW ROUTINE.	99	Choose not to answer
0	I DID NOT THINK ABOUT making any changes.														
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3	I MADE changes.														
4	My changes BECAME MY NEW ROUTINE.														
99	Choose not to answer														
61	[hapa_intentions_b1_2]	<p>Thinking about the next month, when it comes to making changes to improve bladder or bowel health, which of these statements best describes you?</p>	radio, Required <table border="1"> <tr><td>0</td><td>I am NOT PLANNING TO make any changes.</td></tr> <tr><td>1</td><td>I MIGHT make a change.</td></tr> <tr><td>2</td><td>I PLAN TO make a change.</td></tr> <tr><td>3</td><td>I WILL KEEP ON making changes.</td></tr> <tr><td>4</td><td>I WILL CONTINUE MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I am NOT PLANNING TO make any changes.	1	I MIGHT make a change.	2	I PLAN TO make a change.	3	I WILL KEEP ON making changes.	4	I WILL CONTINUE MY NEW ROUTINE.	99	Choose not to answer
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2	I PLAN TO make a change.														
3	I WILL KEEP ON making changes.														
4	I WILL CONTINUE MY NEW ROUTINE.														
99	Choose not to answer														
62	[hapa_older_b1]	<p>Thinking about the future, which of these statements best describes you?</p>	radio, Required <table border="1"> <tr><td>0</td><td>I am not worried about bladder or bowel problems getting worse as I get older.</td></tr> <tr><td>1</td><td>If I make changes now, I can prevent bladder or bowel problems in the future.</td></tr> <tr><td>2</td><td>I will have bladder or bowel problems as I get older no matter what I do now.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I am not worried about bladder or bowel problems getting worse as I get older.	1	If I make changes now, I can prevent bladder or bowel problems in the future.	2	I will have bladder or bowel problems as I get older no matter what I do now.	99	Choose not to answer				
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99	Choose not to answer														
63	[hapa_sticktoplan_b1]	<p>When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?</p>	radio, Required <table border="1"> <tr><td>0</td><td>When I make a plan, I stick to it, even if I am tired or busy with other things.</td></tr> <tr><td>1</td><td>Even when I make a plan, other things can get in the way of me following through with the plan.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	When I make a plan, I stick to it, even if I am tired or busy with other things.	1	Even when I make a plan, other things can get in the way of me following through with the plan.	99	Choose not to answer						
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99	Choose not to answer														
64	[hapa_resources_b1]	<p>When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?</p>	radio, Required <table border="1"> <tr><td>0</td><td>I will have the support and resources I need to meet my goals.</td></tr> <tr><td>1</td><td>It will be hard for me to meet my goals because I don't have the support or resources I need.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I will have the support and resources I need to meet my goals.	1	It will be hard for me to meet my goals because I don't have the support or resources I need.	99	Choose not to answer						
0	I will have the support and resources I need to meet my goals.														
1	It will be hard for me to meet my goals because I don't have the support or resources I need.														
99	Choose not to answer														
65	[bitus_intend_b1]	<p>Section Header: During this research study, you will be able to use the Women on the Go program as often as you want to use it. THINKING ABOUT THE NEXT MONTH:</p> <p>How often do you INTEND or PLAN TO USE the Women on the Go program?</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> </table> 	1	At least once a month	2	A few times a month	3	Once a week						
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			<table border="1"> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	4	More than once a week	5	Every day	99	Choose not to answer								
4	More than once a week																
5	Every day																
99	Choose not to answer																
66	[bitus_predict_b1]	How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer		
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3	Once a week																
4	More than once a week																
5	Every day																
99	Choose not to answer																
67	[kegel_freq_b1]	<p>Section Header: <i>Section 2 of 5 - Current Health Behaviors The following questions are about things you do that may impact bladder or bowel health.</i></p> <p>Thinking about the last 4 weeks, on average, how often did you do Kegel squeezes, or pelvic floor muscle exercises?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Once per month or less</td></tr> <tr><td>2</td><td>A few times per month</td></tr> <tr><td>3</td><td>At least once per week</td></tr> <tr><td>4</td><td>Several times per week</td></tr> <tr><td>5</td><td>At least once per day</td></tr> <tr><td>6</td><td>Several times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Once per month or less	2	A few times per month	3	At least once per week	4	Several times per week	5	At least once per day	6	Several times per day	99	Choose not to answer
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3	At least once per week																
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5	At least once per day																
6	Several times per day																
99	Choose not to answer																
68	[fiber_guess_b1]	On an average day, how much fiber do you think you get through food and supplements?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
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69	[fluid_guess_b1]	On an average day, how much fluid do you think you drink (including all fluids, not just water) (not just water)?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
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3	More than I should																
99	Choose not to answer																
70	[est_totalfluid_b1]	Please make your best guess about how many ounces of fluid you drink on an average day. This guess should include all fluids you drink, not just water. A standard soda can, or a regular sized coffee cup, contains 12 ounces. If you choose not to answer, please enter 999. <i>ounces</i>	text (number, Min: 0, Max: 999), Required Custom alignment: LV														
71	[freq_coffee_b1]	Thinking about the last week, about how many servings of coffee with caffeine did you drink? Please do not include decaf coffee. One serving is 12 ounces, a regular sized coffee cup.	radio, Required <table border="1"> <tr><td>0</td><td>I do not drink coffee</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I do not drink coffee	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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5	3 or more servings (36 ounces) per day																
99	Choose not to answer																
72	[freq_soda_b1]	Thinking about the last week, about how many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12	radio, Required <table border="1"> <tr><td>0</td><td>I do not drink soda with caffeine</td></tr> </table>	0	I do not drink soda with caffeine												
0	I do not drink soda with caffeine																

		ounces. Please do not include caffeine-free soda (like Sprite, Ginger Ale, 7-Up, Fanta, etc.)	<table border="1"> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer		
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5	3 or more servings (36 ounces) per day																
99	Choose not to answer																
		Custom alignment: LV															
73	[fruit_b1]	Section Header: <i>This survey helps estimate how much fiber you get through foods you eat. Thinking about the last 4 weeks, on average, how often did you eat the following foods?</i> Fruit (not juice)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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74	[grnsalad_b1]	Green salad	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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75	[potato_b1]	Potatoes or oatmeal	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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76	[vegetable_b1]	Vegetables	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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77	[vegetjuice_b1]	Vegetable juice	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week								
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78	[vegetsoup_b1]	Vegetable soup/stew	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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79	[cereal_b1]	Fiber cereal (such as raisin bran, bran buds, fruit-n-fiber)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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80	[wheat_bread_b1]	Whole wheat / rye bread	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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81	[beans_b1]	Beans (baked, pinto, black, kidney, red, split peas, soy, lentils) - NOT green beans	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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6	More than 1 serving per day																
99	Choose not to answer																
82	[usecontainprod_b1]	<p>Section Header: This set of questions is about bathroom habits, including things like using pads or other products and your patterns in using the toilet. Think about the last 4 weeks, or month, as you answer these questions. When you do not know an answer for sure, just make your best guess.</p> <p>Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.</p>	checkbox, Required <table border="1"> <tr><td>1</td><td>usecontainprod_b1__1</td><td>I use panty liners</td></tr> <tr><td>2</td><td>usecontainprod_b1__2</td><td>I use pads</td></tr> <tr><td>3</td><td>usecontainprod_b1__3</td><td>I use undergarments (like Depend or diaper)</td></tr> </table>	1	usecontainprod_b1__1	I use panty liners	2	usecontainprod_b1__2	I use pads	3	usecontainprod_b1__3	I use undergarments (like Depend or diaper)					
1	usecontainprod_b1__1	I use panty liners															
2	usecontainprod_b1__2	I use pads															
3	usecontainprod_b1__3	I use undergarments (like Depend or diaper)															



4	usecontainprod_b1_4	I use something else
5	usecontainprod_b1_5	I do not use anything
99	usecontainprod_b1_99	Choose not to answer

Field Annotation: @NONEOFTHEABOVE='5,99'

83	[use_liner_b1]	How many panty liners do you use per 24 hour period (including one day and one night)? If you do not use panty liners, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
84	[use_pads_b1]	How many pads do you use per 24 hour period (including one day and one night)? If you do not use pads, please enter 0. If you choose not to answer, please enter 99.	text (integer, Min: 0, Max: 99), Required																				
85	[use_depends_b1]	How many undergarments (like Depends or diapers) do you use per 24 hour period (including one day and one night)? If you do not use undergarments, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
86	[incont_money_b1]	Thinking about the last month, about how much money have you spent on products (such as pads, undergarments, or plugs) to manage your bladder and/or bowel symptoms?	dropdown, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than \$5</td></tr> <tr><td>2</td><td>\$5 - \$10</td></tr> <tr><td>3</td><td>\$11 - \$20</td></tr> <tr><td>4</td><td>\$21 - \$30</td></tr> <tr><td>5</td><td>\$31 - \$50</td></tr> <tr><td>6</td><td>\$51 - \$100</td></tr> <tr><td>7</td><td>\$101 - \$200</td></tr> <tr><td>8</td><td>More than \$200</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	1	Less than \$5	2	\$5 - \$10	3	\$11 - \$20	4	\$21 - \$30	5	\$31 - \$50	6	\$51 - \$100	7	\$101 - \$200	8	More than \$200	99	Choose not to answer
0	None																						
1	Less than \$5																						
2	\$5 - \$10																						
3	\$11 - \$20																						
4	\$21 - \$30																						
5	\$31 - \$50																						
6	\$51 - \$100																						
7	\$101 - \$200																						
8	More than \$200																						
99	Choose not to answer																						
87	[voidovernight_b1]	Section Header: On an average night, about how many times do you wake up overnight to urinate, or pee? If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
88	[daytimevoids_b1]	On an average day, about how many times do you go to the toilet to urinate (pee) during the daytime? (Please do not include count trips to the bathroom overnight.)	radio, Required <table border="1"> <tr><td>1</td><td>less than 4 times per day</td></tr> <tr><td>2</td><td>4-5 times</td></tr> <tr><td>3</td><td>6-8 times</td></tr> <tr><td>4</td><td>9-10 times</td></tr> <tr><td>5</td><td>11-12 times</td></tr> <tr><td>6</td><td>more than 12 times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	less than 4 times per day	2	4-5 times	3	6-8 times	4	9-10 times	5	11-12 times	6	more than 12 times per day	99	Choose not to answer						
1	less than 4 times per day																						
2	4-5 times																						
3	6-8 times																						
4	9-10 times																						
5	11-12 times																						
6	more than 12 times per day																						
99	Choose not to answer																						
89	[voidinterval_b1]	During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?	radio, Required <table border="1"> <tr><td>1</td><td>4 hours or more</td></tr> <tr><td>2</td><td>3 hours</td></tr> <tr><td>3</td><td>2 hours</td></tr> <tr><td>4</td><td>1 hour</td></tr> </table> 	1	4 hours or more	2	3 hours	3	2 hours	4	1 hour												
1	4 hours or more																						
2	3 hours																						
3	2 hours																						
4	1 hour																						

5	less than 1 hour
99	Choose not to answer

Custom alignment: LV

radio, Required	
0	Never
1	About once a week or less often
2	Two or three times a week
3	About once a day
4	Several times a day
5	All the time
99	Choose not to answer

radio, Required	
0	None
2	A small amount
4	A moderate amount
6	A large amount
99	Choose not to answer

radio, Required	
0	0 (not at all)
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10 (a great deal)
99	Choose not to answer

Custom alignment: LH

checkbox, Required		
1	iciqui_urineleak_bl__1	Never - Urine does not leak
2	iciqui_urineleak_bl__2	Leaks before you can get to the toilet
3	iciqui_urineleak_bl__3	Leaks when you cough or sneeze
4	iciqui_urineleak_bl__4	Leaks when you are asleep
5	iciqui_urineleak_bl__5	Leaks when you are physically active/exercising
6	iciqui_urineleak_bl__6	Leaks when you have finished urinating



		urinating and are dressed
7	iciqui_urineleak_bl__7	Leaks for no obvious reason
8	iciqui_urineleak_bl__8	Leaks all the time
99	iciqui_urineleak_bl__99	Choose not to answer

Field Annotation: @NONEOFTHEABOVE='1,99'

94	[gse_ui1_b1]	<p>On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your urine when you want to?</p> <p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LH</p>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
0	0 (not at all)																									
1	1																									
2	2																									
3	3																									
4	4																									
5	5																									
6	6																									
7	7																									
8	8																									
9	9																									
10	10 (a great deal)																									
99	Choose not to answer																									
95	[gse_ui2_b1]	<p>On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent urine loss without relying on pads or protection when you are out?</p> <p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LH</p>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
0	0 (not at all)																									
1	1																									
2	2																									
3	3																									
4	4																									
5	5																									
6	6																									
7	7																									
8	8																									
9	9																									
10	10 (a great deal)																									
99	Choose not to answer																									
96	[pfiq_bladder_chores_b1]	<p>Section Header: Some women find that bladder symptoms affect their activities, relationships, and feelings. For each question select the response that best describes how much your activities, relationships, or feelings have been affected by your bladder symptoms or conditions over the last 4 weeks.</p> <p>Ability to do household chores (cooking, housecleaning, laundry)?</p> <p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer														
1	Not at all																									
2	Somewhat																									
3	Moderately																									
4	Quite a bit																									
99	Choose not to answer																									



97	[pfiq_bladder_walk_b1]	Ability to do physical activities such as walking, swimming, or other exercise?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
98	[pfiq_bladder_movie_b1]	Entertainment activities such as going to a movie or concert?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
99	[pfiq_bladder_travel_b1]	Ability to travel by car or bus for a distance greater than 30 minutes away from home?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
100	[pfiq_bladder_social_b1]	Participating in social activities outside your home?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
101	[pfiq_bladder_emotion_b1]	Emotional health (nervousness, depression, etc)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
102	[pfiq_bladder_frustrated_b1]	Feeling frustrated?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
103	[bladderseekhx_b1]	Have you ever talked with a health professional, like a doctor or nurse, about bladder leakage?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, but it was not very helpful</td></tr> <tr><td>2</td><td>Yes, and it was helpful</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LH</p>	0	No	1	Yes, but it was not very helpful	2	Yes, and it was helpful	99	Choose not to answer		
0	No												
1	Yes, but it was not very helpful												
2	Yes, and it was helpful												
99	Choose not to answer												
104	[bics_nohcp_b1]	Section Header: <i>These statements are about talking with a health professional (like a doctor or nurse) about your bladder leaks or</i>	radio (Matrix), Required										



		<i>urinary incontinence. To what extent are these statements true for you?</i> I don't have a health care practitioner who will see me for uncontrollable urine leakage	<table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
105	[<i>bics_insexp_b1</i>]	There are long delays before insurance repays out-of-pocket expenses	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
106	[<i>bics_inscomp_b1</i>]	My insurance is too complicated to figure out	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
107	[<i>bics_csthigh_b1</i>]	The cost of having my uncontrollable urine leakage evaluated is too high	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
108	[<i>bics_notrans_b1</i>]	There is no transportation to the office or clinic	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
109	[<i>bics_waitlng_b1</i>]	The wait is too long at the time of the appointment	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
110	[<i>bics_clncdist_b1</i>]	The office or clinic is too far away	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
111	[<i>bics_apptfar_b1</i>]	Appointments have to be scheduled too far ahead	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> </table>	1	Not at all								
1	Not at all												



			<table border="1"> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer		
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
112	[bics_hrlimit_b1]	Office hours are the office or clinic are limited	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
113	[bics_examine_b1]	I don't like to be examined or asked a lot of questions	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
114	[bics_hcptime_b1]	The physician or nurse practitioner doesn't take time to explain what he or she is doing or why, or answer my questions	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
115	[bics_afrsrspob_b1]	I am afraid to find out if I have a serious problem	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
116	[bics_afraidhcp_b1]	For some reason, I am afraid of the health care practitioner	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
117	[bics_hcpnoint_b1]	The health care practitioner and staff aren't interested in my worries about my health	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
118	[fvq_bmconst_b1]	<p>Section Header: Section 4 of 5 - Current Bowel Symptoms This set of questions asks about your bowel symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best guess.</p> <p>In the past month, how often have you been constipated?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> </table>	1	Never	2	Occasionally						
1	Never												
2	Occasionally												



			<table border="1"> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer								
3	Sometimes																		
4	Most of the time																		
5	All the time																		
99	Choose not to answer																		
119	[fvq_bmdiarr_b1]	In the past month, how often have you had diarrhea?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer				
1	Never																		
2	Occasionally																		
3	Sometimes																		
4	Most of the time																		
5	All the time																		
99	Choose not to answer																		
120	[fvq_bmconsist_b1]	What has been the usual consistency of your bowel movements (poop) in the last 4 weeks?	radio, Required <table border="1"> <tr><td>1</td><td>Type 1 - separate hard lumps, like nuts (hard to pass)</td></tr> <tr><td>2</td><td>Type 2 - sausage-shaped but lumpy</td></tr> <tr><td>3</td><td>Type 3 - like a sausage, but with cracks on its surface</td></tr> <tr><td>4</td><td>Type 4 - like a sausage or snake, smooth and soft</td></tr> <tr><td>5</td><td>Type 5 - soft blobs with clear-cut edges (passed easily)</td></tr> <tr><td>6</td><td>Type 6 - fluffy pieces with ragged edges, a mushy stool</td></tr> <tr><td>7</td><td>Type 7 - watery, no solid pieces. Entirely liquid</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Type 1 - separate hard lumps, like nuts (hard to pass)	2	Type 2 - sausage-shaped but lumpy	3	Type 3 - like a sausage, but with cracks on its surface	4	Type 4 - like a sausage or snake, smooth and soft	5	Type 5 - soft blobs with clear-cut edges (passed easily)	6	Type 6 - fluffy pieces with ragged edges, a mushy stool	7	Type 7 - watery, no solid pieces. Entirely liquid	99	Choose not to answer
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6	Type 6 - fluffy pieces with ragged edges, a mushy stool																		
7	Type 7 - watery, no solid pieces. Entirely liquid																		
99	Choose not to answer																		
121	[smis_solid_b1]	<p>Section Header: <i>Thinking about the last 4 weeks, please indicate how your bowel symptoms impact your life.</i></p> <p>How often do you have accidental leakage of solid stool (poop)?</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
1	Never (less than once per month)																		
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3	Sometimes (2-3 times a month)																		
4	Weekly																		
5	Daily																		
99	Choose not to answer																		
122	[smis_liquid_b1]	How often do you have accidental leakage of liquid stool (poop)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
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3	Sometimes (2-3 times a month)																		
4	Weekly																		
5	Daily																		
99	Choose not to answer																		
123	[smis_gas_b1]	How often do you lose control of gas?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)										
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4	Weekly																										
5	Daily																										
99	Choose not to answer																										
124	[sis_lifestyle_b1]	How often do your bowel symptoms affect your lifestyle?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer												
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3	Sometimes (2-3 times a month)																										
4	Weekly																										
5	Daily																										
99	Choose not to answer																										
125	[smis_padplug_b1]	Do you use a pad or plug for accidental bowel leakage?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
126	[smis_meds_b1]	Do you take medications to make you constipated?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
127	[smis_deferdef_b1]	Do you have to rush to the toilet as soon as you have an urge to go for a bowel movement (poop)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
128	[gse_abl1_b1]	Section Header: On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your stool (poop) when you want to?	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
0	0 (not at all)																										
1	1																										
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7	7																										
8	8																										
9	9																										
10	10 (a great deal)																										
99	Choose not to answer																										
129	[gse_abl2_b1]	On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent accidental bowel leakage without relying on pads or protection when you are out?	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5												
0	0 (not at all)																										
1	1																										
2	2																										
3	3																										
4	4																										
5	5																										



6	6
7	7
8	8
9	9
10	10 (a great deal)
99	Choose not to answer

Custom alignment: LH

radio, Required
0 No
1 Yes, but it was not very helpful
2 Yes, and it was helpful
99 Choose not to answer

Custom alignment: LH

dropdown, Required
1 Less than 4'0"
2 4'0"
3 4'1"
4 4'2"
5 4'3"
6 4'4"
7 4'5"
8 4'6"
9 4'7"
10 4'8"
11 4'9"
12 4'10"
13 4'11"
14 5'0"
15 5'1"
16 5'2"
17 5'3"
18 5'4"
19 5'5"
20 5'6"
21 5'7"
22 5'8"
23 5'9"
24 5'10"
25 5'11"
26 6'0"
27 6'1"
28 6'2"
29 6'3"



30	6'4"
31	6'5"
32	6'6"
33	More than 6'6"
34	Choose not to answer

132	[weight_b1]	How much do you weigh (in pounds)? If you choose not to answer, please enter 999.	text (number, Min: 79, Max: 999), Required																					
133	[live_household_b1]	Today, how many people live in your household (including yourself)? If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																					
134	[work_status_b1]	What is your current work status?	radio, Required <table border="1"> <tr><td>0</td><td>Retired</td></tr> <tr><td>1</td><td>Not working due to a disability</td></tr> <tr><td>2</td><td>Not working for another reason</td></tr> <tr><td>3</td><td>Stay at home parent or caregiver</td></tr> <tr><td>4</td><td>Working full-time</td></tr> <tr><td>5</td><td>Working part-time</td></tr> <tr><td>6</td><td>Looking for work</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Retired	1	Not working due to a disability	2	Not working for another reason	3	Stay at home parent or caregiver	4	Working full-time	5	Working part-time	6	Looking for work	99	Choose not to answer					
0	Retired																							
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5	Working part-time																							
6	Looking for work																							
99	Choose not to answer																							
135	[pcp_b1]	Do you have a primary care provider?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer															
1	Yes																							
2	No																							
99	Choose not to answer																							
136	[type_of_insurance_b1]	<p>If you have health insurance, what type(s) do you have? You may choose more than one answer.</p> <p>(Note: Medicare is a health insurance program for persons 65 years or over and for some people with disabilities).</p>	checkbox, Required <table border="1"> <tr><td>0</td><td>type_of_insurance_b1_0</td><td>I do not have any health insurance</td></tr> <tr><td>1</td><td>type_of_insurance_b1_1</td><td>Medicare</td></tr> <tr><td>2</td><td>type_of_insurance_b1_2</td><td>Medicaid</td></tr> <tr><td>3</td><td>type_of_insurance_b1_3</td><td>A plan provided by an employer or union</td></tr> <tr><td>4</td><td>type_of_insurance_b1_4</td><td>A plan purchased directly from an insurance company, through an insurance exchange, or through a group such as AARP</td></tr> <tr><td>5</td><td>type_of_insurance_b1_5</td><td>TRI-CARE, CHAMPUS or CHAMP-VA</td></tr> <tr><td>6</td><td>type_of_insurance_b1_6</td><td>I get care from the Dept. of Veterans Affairs (VA)</td></tr> </table>	0	type_of_insurance_b1_0	I do not have any health insurance	1	type_of_insurance_b1_1	Medicare	2	type_of_insurance_b1_2	Medicaid	3	type_of_insurance_b1_3	A plan provided by an employer or union	4	type_of_insurance_b1_4	A plan purchased directly from an insurance company, through an insurance exchange, or through a group such as AARP	5	type_of_insurance_b1_5	TRI-CARE, CHAMPUS or CHAMP-VA	6	type_of_insurance_b1_6	I get care from the Dept. of Veterans Affairs (VA)
0	type_of_insurance_b1_0	I do not have any health insurance																						
1	type_of_insurance_b1_1	Medicare																						
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6	type_of_insurance_b1_6	I get care from the Dept. of Veterans Affairs (VA)																						

7	type_of_insurance_bl__7	Something else
8	type_of_insurance_bl__8	I'm not sure
99	type_of_insurance_bl__99	Choose not to answer

Field Annotation: @NONEOFTHEABOVE='0,99'

137	[pregnancies_b1]	How many times have you been pregnant?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>More than 10</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	More than 10	99	Choose not to answer
0	0																												
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6	6																												
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8	8																												
9	9																												
10	10																												
11	More than 10																												
99	Choose not to answer																												
138	[vagdeliv_b1] Show the field ONLY if: [pregnancies_b1]>0	How many vaginal births have you had?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>More than 10</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	More than 10	99	Choose not to answer
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8	8																												
9	9																												
10	10																												
11	More than 10																												
99	Choose not to answer																												
139	[sf_q1_b1]	Overall, how would you rate your health during the past 4 weeks?	radio, Required <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>6</td><td>Very poor</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	6	Very poor	99	Choose not to answer												
1	Excellent																												
2	Very good																												
3	Good																												
4	Fair																												
5	Poor																												
6	Very poor																												
99	Choose not to answer																												
140	[medcond_b1]	Which of these medical conditions do you have? Please select all that apply.	checkbox, Required <table border="1"> <tr><td>1</td><td>medcond_b1_1</td><td>High blood pressure</td></tr> </table>	1	medcond_b1_1	High blood pressure																							
1	medcond_b1_1	High blood pressure																											



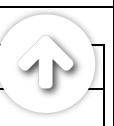
2	medcond_bl__2	Diabetes
3	medcond_bl__3	Obesity
4	medcond_bl__4	Memory problems
5	medcond_bl__5	Anxiety
6	medcond_bl__6	Depression
7	medcond_bl__7	Cancer
8	medcond_bl__8	Chronic pain
9	medcond_bl__9	None of these
99	medcond_bl__99	Choose not to answer

Field Annotation: @NONEOFTHEABOVE='9,99'

141	[relevantsurghx_bl]	<p>Which of these surgeries have you had? Please select all that apply.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>relevantsurghx_bl__1</td><td>Removal of the uterus (hysterectomy)</td></tr> <tr><td>2</td><td>relevantsurghx_bl__2</td><td>Removal of the gallbladder (cholecystectomy)</td></tr> <tr><td>3</td><td>relevantsurghx_bl__3</td><td>Surgery for pelvic organ prolapse</td></tr> <tr><td>4</td><td>relevantsurghx_bl__4</td><td>Mesh sling for urinary incontinence</td></tr> <tr><td>5</td><td>relevantsurghx_bl__5</td><td>Other surgery for urinary incontinence</td></tr> <tr><td>6</td><td>relevantsurghx_bl__6</td><td>Surgery for bowel incontinence</td></tr> <tr><td>7</td><td>relevantsurghx_bl__7</td><td>None of these</td></tr> <tr><td>99</td><td>relevantsurghx_bl__99</td><td>Choose not to answer</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE='7,99'</p>	1	relevantsurghx_bl__1	Removal of the uterus (hysterectomy)	2	relevantsurghx_bl__2	Removal of the gallbladder (cholecystectomy)	3	relevantsurghx_bl__3	Surgery for pelvic organ prolapse	4	relevantsurghx_bl__4	Mesh sling for urinary incontinence	5	relevantsurghx_bl__5	Other surgery for urinary incontinence	6	relevantsurghx_bl__6	Surgery for bowel incontinence	7	relevantsurghx_bl__7	None of these	99	relevantsurghx_bl__99	Choose not to answer
1	relevantsurghx_bl__1	Removal of the uterus (hysterectomy)																									
2	relevantsurghx_bl__2	Removal of the gallbladder (cholecystectomy)																									
3	relevantsurghx_bl__3	Surgery for pelvic organ prolapse																									
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5	relevantsurghx_bl__5	Other surgery for urinary incontinence																									
6	relevantsurghx_bl__6	Surgery for bowel incontinence																									
7	relevantsurghx_bl__7	None of these																									
99	relevantsurghx_bl__99	Choose not to answer																									
142	[self_weight_bl]	<p>How would you describe your weight?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Very underweight</td></tr> <tr><td>1</td><td>Somewhat underweight</td></tr> <tr><td>2</td><td>Normal weight</td></tr> <tr><td>3</td><td>Somewhat overweight</td></tr> <tr><td>4</td><td>Very overweight</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Very underweight	1	Somewhat underweight	2	Normal weight	3	Somewhat overweight	4	Very overweight	99	Choose not to answer												
0	Very underweight																										
1	Somewhat underweight																										
2	Normal weight																										
3	Somewhat overweight																										
4	Very overweight																										
99	Choose not to answer																										
143	[legal_res]	<p>Section Header: THANK YOU! YOU COMPLETED YOUR FIRST RESEARCH SURVEY FOR OUR STUDY. YOU WILL RECEIVE AN EMAIL WITH A LINK FOR A \$25 ELECTRONIC GIFT CARD WITHIN 5 BUSINESS DAYS. The next two questions are required to confirm that you are eligible to receive an electronic gift card to thank you for your participation. If you are not eligible to receive an electronic gift card, the research team will contact you by email to set up an alternative payment method.</p> <p>Are you a legal resident or citizen of the United States?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No																				
1	Yes																										
2	No																										
144	[uw_employee]	<p>Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee?</p>	<p>radio, Required, Identifier</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> 	1	Yes	2	No																				
1	Yes																										
2	No																										

145	[baseline_survey_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Screening Survey - direct email (screening_survey_not_real)  Enabled as survey									
146	[email_blurb_v2]	Welcome to the screening survey for the Women on the Go research study. Thank you for your interest in this research study. We have 9 screening questions to see whether this research study could be a good fit for you. Click "Next Page>>" to continue. This study is taking place at the University of Wisconsin-Madison. The purpose of this screening survey is to determine whether you are a good fit for this research study. If you meet the study requirements, you will be directed to another screen with more details about the research study. The information you provide will be kept private and will be stored securely. If you have questions, you may contact the lead researcher, Dr. Megan Piper, by email mep@ctri.wisc.edu, phone 608-265-5472, or mail: 1930 Monroe Street, Suite 200 Madison, WI 53711. Email is generally not a secure way to communicate sensitive or health related information as there are many ways for unauthorized users to access email. You should avoid sending sensitive, detailed personal information by email. Email should also not be used to convey information of an urgent nature.	descriptive						
147	[ss_engl_v2]	Section Header: Do you read and write English?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
148	[ss_emailuse_v2]	Do you use email?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
149	[ss_accweb_v2]	Do you have a computer, tablet, or smart phone that you can use to visit a website?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
150	[ss_age_v2]	How old are you?	text (number), Required, Identifier Custom alignment: RH						
151	[ss_sex_v2]	Were you born female?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
152	[ss_blood_v2]	Section Header: Have you seen blood in your urine (pee) or stools (poop) in the last six months?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
153	[ss_toilet_v2]	Do you need help using the toilet?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
154	[ss_dementia_v2]	Has a healthcare provider ever told you that you have dementia or cognitive impairment?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
155	[ss_kegel_v2]	Has a healthcare provider ever told you that you should not do pelvic floor muscle exercises, also called Kegel	radio, Required						



		exercises?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No																	
1	Yes																							
2	No																							
156	[ss_eligible_v2] Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'	Section Header: Thank you very much. Based on your responses, you meet the study requirements. This means you are eligible to volunteer for this research study. The National Institutes of Health (NIH) is committed to improving the representation of women and people from underrepresented groups in clinical trials. Before we get started, please answer these 5 questions about yourself and how you heard about this study.	descriptive																					
157	[ss_eligible_race_v2] Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'	What is your race? Please check all that apply:	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>ss_eligible_race_v2__1</td><td>American Indian or Alaska Native</td></tr> <tr><td>2</td><td>ss_eligible_race_v2__2</td><td>Asian or Asian American</td></tr> <tr><td>3</td><td>ss_eligible_race_v2__3</td><td>Black or African American</td></tr> <tr><td>4</td><td>ss_eligible_race_v2__4</td><td>Native Hawaiian or Pacific Islander</td></tr> <tr><td>5</td><td>ss_eligible_race_v2__5</td><td>White</td></tr> <tr><td>6</td><td>ss_eligible_race_v2__6</td><td>Other</td></tr> <tr><td>7</td><td>ss_eligible_race_v2__7</td><td>Do not wish to provide</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=7</p>	1	ss_eligible_race_v2__1	American Indian or Alaska Native	2	ss_eligible_race_v2__2	Asian or Asian American	3	ss_eligible_race_v2__3	Black or African American	4	ss_eligible_race_v2__4	Native Hawaiian or Pacific Islander	5	ss_eligible_race_v2__5	White	6	ss_eligible_race_v2__6	Other	7	ss_eligible_race_v2__7	Do not wish to provide
1	ss_eligible_race_v2__1	American Indian or Alaska Native																						
2	ss_eligible_race_v2__2	Asian or Asian American																						
3	ss_eligible_race_v2__3	Black or African American																						
4	ss_eligible_race_v2__4	Native Hawaiian or Pacific Islander																						
5	ss_eligible_race_v2__5	White																						
6	ss_eligible_race_v2__6	Other																						
7	ss_eligible_race_v2__7	Do not wish to provide																						
158	[ss_eligible_otherrace_v2] Show the field ONLY if: [ss_eligible_race_v2(6)] = '1'	What race(s) do you identify as?	text, Required																					
159	[ss_eligible_hisp_v2] Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'	What is your ethnicity?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Hispanic/Latino</td></tr> <tr><td>2</td><td>Non-Hispanic</td></tr> <tr><td>3</td><td>Do not wish to provide</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE=3</p>	1	Hispanic/Latino	2	Non-Hispanic	3	Do not wish to provide															
1	Hispanic/Latino																							
2	Non-Hispanic																							
3	Do not wish to provide																							
160	[ss_eligible_gender_v2] Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'	How do you identify your gender?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> <tr><td>3</td><td>Non-binary</td></tr> <tr><td>4</td><td>Do not wish to provide</td></tr> </table>	1	Female	2	Male	3	Non-binary	4	Do not wish to provide													
1	Female																							
2	Male																							
3	Non-binary																							
4	Do not wish to provide																							
161	[ss_eligible_edu_v2] Show the field ONLY if:	What is the highest level of education you have completed?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>8th grade or lower</td></tr> <tr><td>2</td><td>Some high school</td></tr> </table> 	1	8th grade or lower	2	Some high school																	
1	8th grade or lower																							
2	Some high school																							

	[ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'		<table border="1"> <tr><td>3</td><td>High school diploma or GED</td></tr> <tr><td>4</td><td>Vocational school or other specialized training</td></tr> <tr><td>5</td><td>Some college</td></tr> <tr><td>6</td><td>College degree (Associate's or Bachelor's)</td></tr> <tr><td>7</td><td>Master's or Doctorate degree</td></tr> <tr><td>8</td><td>Do not wish to provide</td></tr> </table>	3	High school diploma or GED	4	Vocational school or other specialized training	5	Some college	6	College degree (Associate's or Bachelor's)	7	Master's or Doctorate degree	8	Do not wish to provide												
3	High school diploma or GED																										
4	Vocational school or other specialized training																										
5	Some college																										
6	College degree (Associate's or Bachelor's)																										
7	Master's or Doctorate degree																										
8	Do not wish to provide																										
162	<p>[ss_eligible_outreach_v2]</p> <p>Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'</p>	<p>How did you hear about this research study? (Check all that apply)</p>	checkbox, Required <table border="1"> <tr><td>1</td><td>ss_eligible_outreach_v2__1</td><td>I saw it on Facebook</td></tr> <tr><td>2</td><td>ss_eligible_outreach_v2__2</td><td>I saw it on Instagram</td></tr> <tr><td>3</td><td>ss_eligible_outreach_v2__3</td><td>I saw it on Twitter</td></tr> <tr><td>4</td><td>ss_eligible_outreach_v2__4</td><td>I saw it on a website I trust</td></tr> <tr><td>5</td><td>ss_eligible_outreach_v2__5</td><td>I read about it in a newsletter</td></tr> <tr><td>6</td><td>ss_eligible_outreach_v2__6</td><td>I saw a flyer in my community</td></tr> <tr><td>7</td><td>ss_eligible_outreach_v2__7</td><td>Someone I know told me about it</td></tr> <tr><td>8</td><td>ss_eligible_outreach_v2__8</td><td>Something else</td></tr> </table>	1	ss_eligible_outreach_v2__1	I saw it on Facebook	2	ss_eligible_outreach_v2__2	I saw it on Instagram	3	ss_eligible_outreach_v2__3	I saw it on Twitter	4	ss_eligible_outreach_v2__4	I saw it on a website I trust	5	ss_eligible_outreach_v2__5	I read about it in a newsletter	6	ss_eligible_outreach_v2__6	I saw a flyer in my community	7	ss_eligible_outreach_v2__7	Someone I know told me about it	8	ss_eligible_outreach_v2__8	Something else
1	ss_eligible_outreach_v2__1	I saw it on Facebook																									
2	ss_eligible_outreach_v2__2	I saw it on Instagram																									
3	ss_eligible_outreach_v2__3	I saw it on Twitter																									
4	ss_eligible_outreach_v2__4	I saw it on a website I trust																									
5	ss_eligible_outreach_v2__5	I read about it in a newsletter																									
6	ss_eligible_outreach_v2__6	I saw a flyer in my community																									
7	ss_eligible_outreach_v2__7	Someone I know told me about it																									
8	ss_eligible_outreach_v2__8	Something else																									
163	<p>[ss_elig_descriptive_v2]</p> <p>Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'</p>	<p>Thank you for completing the screening. Click "Next Page" to choose whether you want to participate in the research study.</p>	descriptive																								
164	<p>[consent_v2]</p> <p>Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'</p>	<p>Section Header: <i>Informed Consent</i></p> <p>University of Wisconsin-Madison Consent to Participate in Research and Authorization to Use Protected Health Information for Research</p> <hr/> <p>Study Title for Participants: Women on the Go Formal Study Title: Tailoring Online Continence Promotion Lead Researcher: Drs. Megan Piper (email: mep@ctrl.wisc.edu; phone: 608-265-5472; mailing address: 1930 Monroe Street, Suite 200 Madison, WI 53711) and Heidi Brown (email: heidi.w.brown@kp.org) Institution: University of Wisconsin School of Medicine and Public Health and Kaiser Permanente</p> <hr/> <p>Key Information The information in this section is to help you decide whether or not to be a part of this study. You can find more detailed information later on in this form. Why are researchers doing this study? Even though lots of online programs (websites) exist to support us in making healthy choices, the majority of these websites</p>	descriptive (Attachment: Women on the Go Informed Consent.pdf, Display format: Link) Field Annotation: @INLINE																								



are not used regularly. The purpose of this research study is to test two versions of the Women on the Go program to see which version helps women stay engaged with the website. We also hope to learn which version of the Women on the Go program helps women make behavior changes to improve or prevent bladder and bowel symptoms. What will I need to do in this study? The research team will ask you to complete four questionnaires about your bladder and bowel health and about using the online program. You may also be invited to complete an optional interview with one of our study team members. The version of the program you get will be chosen by chance, like flipping a coin. Neither you nor the study doctor will choose what version you get. You will have an equal chance of being given each version. We expect that you will be in this research study for 6 months. You can find detailed information about the study procedures in the section called If I take part in the study, what will I do? How long will I be in this study? You will be part of the study for about 6 months. What are some reasons I might - or might not - want to be in this study? You may want to be in this study if you are: You may NOT want to be in this study if you: Comfortable having researchers ask questions about your bladder and/or bowel health. Willing to participate in the study for 6 months. Interested in contributing to scientific knowledge even though you may not benefit directly from the study. May not have time to complete study questionnaires. Feel uncomfortable or embarrassed answering survey questions about your bladder and/or bowel health. Do I have to be in the study? What happens if I say yes, but I change my mind later? No, you do not have to be in this study. Taking part in research is voluntary. This means that you decide if you want to be in the study. If you decide now to take part, you can choose to leave the study at any time. Let the researchers know if you choose to leave the study. Detailed Information The following is more detailed information about this study in addition to the information listed above. How is research different from health care? There is no single standard treatment for bladder or bowel incontinence. As part of their regular health care, people might take medicine, see a physical therapist, see a nutritionist, wear a device, have an office procedure, have surgery, or choose to have no treatment at all. People who access the Women on the Go program will learn about these treatments and may choose to seek medical treatment for bladder or bowel incontinence. People who take part in this study will not get any medical treatment from the study. This study is not part of your health care. Who can I talk to about this study? If you have questions, concerns, or complaints, or think that participating in the research has hurt you, talk to the research team at Megan Piper, PhD at (608) 265-5472. If you have concerns about your rights as a research participant or have complaints about the research study or study team, call the confidential research compliance line at 1-833-652-2506. UW Staff not part of the study team will work with you to address concerns and assist in resolving any complaints. If I take part in the study, what will I do? If you decide to participate in this research study, you will be asked to: Be randomly assigned to one of two versions of the Women on the Go program. Use the Women on the Go program at least once per week for 3 months. Complete electronic (email) research



surveys 4 times over 6 months. Consider an invitation to participate in a telephone or video interview about your experience. 1. What does being randomly assigned to one of two versions of the Women on the Go program mean? We are testing two versions of the Women on the Go program because we do not know which one will work better. The version of the program that you get will be chosen by chance, like flipping a coin. Neither you nor the research team will choose which version you get. You have a 50/50 chance of getting each version. 2. What is involved in using the Women on the Go program? The Women on the Go program is a website with information about how to change your habits to improve bladder and bowel health. Both versions of the program involve these activities: You will be mailed a paper booklet that you can use to help you track your progress. You can choose whether or not you use this booklet. You will be asked to create a free account with the Women on the Go program using your email address. You will create your own password and you can use the program as often as you want to. The program records data about which pages you have visited and how often you visit them. You will get an email from the Women on the Go program every week for 12 weeks. The emails are meant to help remind you to log into the program. The types of emails you receive will be different depending on which version of the program you are assigned, but the number of emails is the same in both versions. If you choose not to create an account with the Women on the Go program, you will not be able to participate in this research study. 3. How long will the surveys take? How often will they be? What are they about? The electronic surveys will take about 20-30 minutes each. You will be asked to complete a research survey today within this website. You will receive emails inviting you to complete research surveys again in 4 weeks, 12 weeks, and 24 weeks. The surveys ask questions about yourself and your health, your attitudes and behaviors, and your opinions about the Women on the Go program, some of the questions ask about bladder, bowel, and sexual health. You can choose not to answer any questions that make you feel uncomfortable. You may receive up to 3 reminder invitations for each email survey. You will receive \$25 after you complete each research survey (in the form of an electronic gift card or paper check.) 4. What happens if I am invited to participate in a telephone or video interview? About 30 - 40 of the 500 people in this research study will be invited to participate in a telephone or video interview to learn more about their personal experiences with the program. If you are selected for an invitation, the research team will send you an extra email asking for permission to contact you to schedule an interview that will last no more than 30 minutes by telephone or video. The interview will include questions about your experience with the program, what made it easier or harder for you to use the program, and how the program could be changed to make it easier and more helpful for people in the future. You can choose to skip any question you do not wish to answer. Your voice will be recorded but not your face or picture. Only the researchers will have access to the recording. What you say will be written down word for word to create a transcription. The transcription will be saved but the recording will be destroyed. No information that could identify you will be included in the transcription. Protected health information (PHI)



used in this study Protected health information, also called PHI, is information about your physical or mental health that includes your name or other information that can identify you, like your date of birth or medical record number. To do this study, we will use the following kinds of PHI: Name Contact information (mailing address, phone number, email address) Things you tell the researchers about your health What happens if I say yes, but I change my mind later? If you decide not to take part in the study, or if you choose to leave the study, your choice will not affect any treatment relationship you have with healthcare providers at UW-Madison, UW Health or any affiliated organizations, or any services you receive from them. No matter what decision you make, and even if your decision changes, there will be no penalty to you. You will not lose medical care or any legal rights. Your authorization for researchers to use your protected health information (PHI) will last until the research study is done. However: You can choose to take back your authorization for researchers to use your health information. You can do this at any time before or during your participation in the research. If you take back your authorization, information that was already collected may still be used and shared with others, but the researchers will no longer be able to collect NEW information about you. If you take back your authorization, you will not be able to take part in the research study. To take back your authorization, you will need to tell the Lead researcher, Dr. Megan Piper, in writing (1930 Monroe Street, Suite 200 Madison, WI 53711). Will being in this study help me in any way? Being in this study will not help you directly. But your participation in the study may benefit other people in the future by helping us learn more about how to improve the Women on the Go program. Will being in this study cost me anything? There will be no cost to you for any of the study activities or procedures. What are the study risks? There is a risk that your information could become known to someone not involved in this study. You may also feel embarrassed or uncomfortable completing questions about your health. How will the researchers keep my research information confidential? We have strict rules to protect your personal information and protected health information (PHI). We will limit who has access to your name, address, phone number, and other information that can identify you. We will also store this information securely. We may publish and present what we learn from this study, but none of this information will identify you directly without your permission. The study has a Certificate of Confidentiality from the National Institutes of Health. A Certificate of Confidentiality prohibits researchers from disclosing information that may identify you in a legal proceeding or in response to a legal request without your consent. However, we cannot promise complete confidentiality. Federal or state laws may permit or require us to show information to university or government officials responsible for monitoring this study. We may also have to tell appropriate authorities, such as child protective services or health care providers, if we learn during the study that you or others are at risk of harm (for example, due to child or elder abuse, or suicidal thoughts). Authorizing the research team to use your PHI means that we can release it to the people or groups listed above for the purposes described in this form. Once your health information is released



outside UW-Madison or UW Health it may not be protected by privacy laws and might be shared with others. Also, with appropriate confidentiality protections, we might use information that we collect during this study for other research or share it with other researchers without additional consent from you. What risks and benefits are associated with open access data sharing? Any research data collected from you, excluding your personally identifiable information, could be included in the open access data sharing. However, even with your identifiable information removed, there may be a risk of you being identified. Anybody in the world can have access to information in an open access database. If you tell other people that you participated in this study, you may increase the chance that someone will be able to link your data to you. We do not know how likely it is that your identity could become re-connected with information shared through open access. As of today, we believe there is a low risk that most de-identified study data could be used to re-identify you. However, data that cannot be used to identify you today could be used to identify you in the future. If you decide to withdraw from the study after consenting to open data sharing, we will not have any way to know who has already used your data before you withdrew and will not be able to prevent continued use of your data. There is no direct benefit to you from placing your data in an open access database. If you agree to open access data sharing, this will help a wider range of researchers make discoveries that may help others in the future. Will information from this study go in my medical record? None of the information we collect for this study will be put in your medical record. What else do I need to know? Will I receive anything for participating? We will pay you \$25 after you complete each survey (today, in 1 month, in 3 months, and in 6 months). You will be asked to provide your email address to receive an electronic gift card for each of these payments. If you choose to leave the study, or if we remove you from the study for any reason, you will not receive any additional payments. If you are invited for and complete a telephone interview, you will receive an additional \$25 electronic gift card.

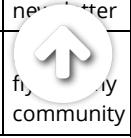
Permission to communicate about the study by email We are requesting your email address so we can send your 1 month, 3 month, and 6 month surveys. Email is generally not a secure way to communicate about your health as there are many ways for unauthorized users to access email. You should avoid sending sensitive, detailed personal information by email. Email should also not be used to convey information of an urgent nature. If you need to talk to someone immediately, please contact Megan Piper, PhD at 608-265-5472. How many people will be in this study? We estimate that about 500 people will participate in this study. Who is funding this study? Funding for this study is provided by the National Institutes of Health. Publication of study protocol and results statement A description of this clinical trial is available on <http://www.ClinicalTrials.gov>. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time. Agreement to participate in the research study You do not have to sign this form. If you refuse to sign, however, you cannot take part in this research study. If you sign the line below, it means that: You have read this consent form. You have had a chance to ask questions about the research study,



		and the researchers have answered your questions. You want to be in this study.																						
165	[consent_agree_v2] Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'	By checking the box below and typing my name below, I am electronically signing this consent form and agree to participate in the research study.	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	2	No																	
1	Yes																							
2	No																							
166	[consent_name_v2] Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'	First and last name:	text, Required																					
167	[dt_consent_signed_v2] Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' and [ss_acccweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dementia_v2] = '2' and [ss_kegel_v2] = '2' and [ss_blood_v2] = '2' and [ss_sex_v2] = '1'		text (date_mdy), Identifier Field Annotation: @TODAY @HIDDEN-SURVEY																					
168	[ss_not_eligible_v2] Show the field ONLY if: [ss_engl_v2] = '2' or [ss_emailuse_v2] = '2' or [ss_acccweb_v2] = '2' or [ss_age_v2] < 50 or [ss_sex_v2] = '2' or [ss_toilet_v2] = '1' or [ss_dementia_v2] = '1' or [ss_kegel_v2] = '1' or [ss_blood_v2] = '1'	Section Header: Thank you very much for your interest in the Women on the Go study. Based on your responses, you do not meet the study requirements at this time. Even though you will not be enrolled in the study, the National Institutes of Health (NIH) is committed to improving the representation of women and people from underrepresented groups in clinical trials. Please answer these 5 questions about yourself and how you heard about this study.	descriptive																					
169	[ss_not_eligible_race_v2] Show the field ONLY if: [ss_engl_v2] = '2' or [ss_emailuse_v2] = '2' or [ss_acccweb_v2] = '2' or [ss_age_v2] < 50 or [ss_sex_v2] = '2' or [ss_toilet_v2] = '1' or [ss_dementia_v2] = '1' or [ss_kegel_v2] = '1' or [ss_blood_v2] = '1'	What race(s) do you identify as? Please select all that apply:	checkbox, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>ss_not_eligible_race_v2__1</td> <td>American Indian or Alaska Native</td> </tr> <tr> <td>2</td> <td>ss_not_eligible_race_v2__2</td> <td>Asian</td> </tr> <tr> <td>3</td> <td>ss_not_eligible_race_v2__3</td> <td>Black or African American</td> </tr> <tr> <td>4</td> <td>ss_not_eligible_race_v2__4</td> <td>Native Hawaiian or Pacific Islander</td> </tr> <tr> <td>5</td> <td>ss_not_eligible_race_v2__5</td> <td>White</td> </tr> <tr> <td>6</td> <td>ss_not_eligible_race_v2__6</td> <td>Other</td> </tr> <tr> <td>7</td> <td>ss_not_eligible_race_v2__7</td> <td>Do not wish to answer</td> </tr> </table>	1	ss_not_eligible_race_v2__1	American Indian or Alaska Native	2	ss_not_eligible_race_v2__2	Asian	3	ss_not_eligible_race_v2__3	Black or African American	4	ss_not_eligible_race_v2__4	Native Hawaiian or Pacific Islander	5	ss_not_eligible_race_v2__5	White	6	ss_not_eligible_race_v2__6	Other	7	ss_not_eligible_race_v2__7	Do not wish to answer
1	ss_not_eligible_race_v2__1	American Indian or Alaska Native																						
2	ss_not_eligible_race_v2__2	Asian																						
3	ss_not_eligible_race_v2__3	Black or African American																						
4	ss_not_eligible_race_v2__4	Native Hawaiian or Pacific Islander																						
5	ss_not_eligible_race_v2__5	White																						
6	ss_not_eligible_race_v2__6	Other																						
7	ss_not_eligible_race_v2__7	Do not wish to answer																						



			Field Annotation: @NONEOFTHEABOVE=7																		
170	[ss_not_eligible_race_se_v2] Show the field ONLY if: [ss_not_eligible_race_v2(6) = '1'	What race(s) do you identify as?	text																		
171	[ss_ethnicity_notelig_v2] Show the field ONLY if: [ss_engl_v2] = '2' or [ss_em ailuse_v2] = '2' or [ss_accw eb_v2] = '2' or [ss_age_v2] < 50 or [ss_sex_v2] = '2' or [ss_toilet_v2] = '1' or [ss_de mentia_v2] = '1' or [ss_keg el_v2] = '1' or [ss_blood_v2] = '1'	What is your ethnicity?	radio, Required <table border="1"> <tr><td>1</td><td>Hispanic/Latino</td></tr> <tr><td>2</td><td>Non-Hispanic</td></tr> <tr><td>3</td><td>Do not wish to provide</td></tr> </table>	1	Hispanic/Latino	2	Non-Hispanic	3	Do not wish to provide												
1	Hispanic/Latino																				
2	Non-Hispanic																				
3	Do not wish to provide																				
172	[ss_notelig_gender_v2] Show the field ONLY if: [ss_engl_v2] = '2' or [ss_em ailuse_v2] = '2' or [ss_accw eb_v2] = '2' or [ss_age_v2] < 50 or [ss_sex_v2] = '2' or [ss_toilet_v2] = '1' or [ss_de mentia_v2] = '1' or [ss_keg el_v2] = '1' or [ss_blood_v2] = '1'	How do you identify your gender?	radio, Required <table border="1"> <tr><td>1</td><td>Female</td></tr> <tr><td>2</td><td>Male</td></tr> <tr><td>3</td><td>Non-binary</td></tr> <tr><td>4</td><td>Do not wish to provide</td></tr> </table>	1	Female	2	Male	3	Non-binary	4	Do not wish to provide										
1	Female																				
2	Male																				
3	Non-binary																				
4	Do not wish to provide																				
173	[ss_not_eligible_edu_v2] Show the field ONLY if: [ss_engl_v2] = '2' or [ss_em ailuse_v2] = '2' or [ss_accw eb_v2] = '2' or [ss_age_v2] < 50 or [ss_sex_v2] = '2' or [ss_toilet_v2] = '1' or [ss_de mentia_v2] = '1' or [ss_keg el_v2] = '1' or [ss_blood_v2] = '1'	What is the highest level of education you have completed?	radio, Required <table border="1"> <tr><td>1</td><td>8th grade or lower</td></tr> <tr><td>2</td><td>Some high school</td></tr> <tr><td>3</td><td>High school diploma or GED</td></tr> <tr><td>4</td><td>Vocational school or other specialized training</td></tr> <tr><td>5</td><td>Some college</td></tr> <tr><td>6</td><td>College degree (Associate's or Bachelor's)</td></tr> <tr><td>7</td><td>Master's or Doctorate degree</td></tr> <tr><td>8</td><td>Do not wish to provide</td></tr> </table>	1	8th grade or lower	2	Some high school	3	High school diploma or GED	4	Vocational school or other specialized training	5	Some college	6	College degree (Associate's or Bachelor's)	7	Master's or Doctorate degree	8	Do not wish to provide		
1	8th grade or lower																				
2	Some high school																				
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4	Vocational school or other specialized training																				
5	Some college																				
6	College degree (Associate's or Bachelor's)																				
7	Master's or Doctorate degree																				
8	Do not wish to provide																				
174	[ss_not_eligible_outreach_v2] Show the field ONLY if: [ss_engl_v2] = '2' or [ss_em ailuse_v2] = '2' or [ss_accw eb_v2] = '2' or [ss_age_v2] < 50 or [ss_sex_v2] = '2' or [ss_toilet_v2] = '1' or [ss_de mentia_v2] = '1' or [ss_keg el_v2] = '1' or [ss_blood_v2] = '1'	How did you hear about this research study? (Check all that apply)	checkbox, Required <table border="1"> <tr><td>1</td><td>ss_not_eligible_outreach_v2__1</td><td>I saw it on Facebook</td></tr> <tr><td>2</td><td>ss_not_eligible_outreach_v2__2</td><td>I saw it on Instagram</td></tr> <tr><td>3</td><td>ss_not_eligible_outreach_v2__3</td><td>I saw it on Twitter</td></tr> <tr><td>4</td><td>ss_not_eligible_outreach_v2__4</td><td>I saw it on a website I trust</td></tr> <tr><td>5</td><td>ss_not_eligible_outreach_v2__5</td><td>I read about it in a newspaper</td></tr> <tr><td>6</td><td>ss_not_eligible_outreach_v2__6</td><td>Other</td></tr> </table>	1	ss_not_eligible_outreach_v2__1	I saw it on Facebook	2	ss_not_eligible_outreach_v2__2	I saw it on Instagram	3	ss_not_eligible_outreach_v2__3	I saw it on Twitter	4	ss_not_eligible_outreach_v2__4	I saw it on a website I trust	5	ss_not_eligible_outreach_v2__5	I read about it in a newspaper	6	ss_not_eligible_outreach_v2__6	Other
1	ss_not_eligible_outreach_v2__1	I saw it on Facebook																			
2	ss_not_eligible_outreach_v2__2	I saw it on Instagram																			
3	ss_not_eligible_outreach_v2__3	I saw it on Twitter																			
4	ss_not_eligible_outreach_v2__4	I saw it on a website I trust																			
5	ss_not_eligible_outreach_v2__5	I read about it in a newspaper																			
6	ss_not_eligible_outreach_v2__6	Other																			



			7 ss_not_eligible_outreach_v2__7	Someone I know told me about it
			8 ss_not_eligible_outreach_v2__8	Something else
175	[eligible_firstname_v2] Show the field ONLY if: [consent_agree_v2] = '1'	Section Header: <i>Congratulations and welcome to the Women on the Go Study! Please provide your contact information so that we can get you enrolled in the Women on the Go program, send you research emails, and mail your tracker booklet.</i> First name:	text (alpha_only), Required, Identifier	
176	[eligible_lastname_v2] Show the field ONLY if: [consent_agree_v2] = '1'	Last name:	text (alpha_only), Required, Identifier	
177	[eligible_email_v2] Show the field ONLY if: [consent_agree_v2] = '1'	Email address:	text (email), Required, Identifier	
178	[eligible_phone_v2] Show the field ONLY if: [consent_agree_v2] = '1'	Phone number (XXX-XXX-XXXX):	text (phone), Required, Identifier	
179	[eligible_streetaddress1_v2] Show the field ONLY if: [consent_agree_v2] = '1'	Street address line 1:	text, Required, Identifier	
180	[eligible_streetaddress2_v2] Show the field ONLY if: [consent_agree_v2] = '1'	Street address line 2 (Building, Suite, or Apartment number):	text, Identifier	
181	[eligible_city_v2] Show the field ONLY if: [consent_agree_v2] = '1'	City:	text, Required, Identifier	
182	[eligible_state_v2] Show the field ONLY if: [consent_agree_v2] = '1'	State:	text, Required	
183	[eligible_zipcode_v2] Show the field ONLY if: [consent_agree_v2] = '1'	ZIP code:	text, Required, Identifier	
184	[consentedtopart_v2] Show the field ONLY if: [consent_agree_v2] = '1'	Section Header: Thanks for providing your contact information. Your tracker booklet will be mailed to you this week, and you will start to see emails from the research team and the Women on the Go program in the coming weeks. Click "Submit" below to be directed to your first research survey. If you do not complete this research survey now, you will receive an email from the research team inviting you to complete the survey before you can start using the Women on the Go program.	descriptive	
185	[ifconsented_no_v2] Show the field ONLY if: [consent_agree_v2] = '2'	Thank you very much for taking the time to learn more about our study. If in the future you change your mind and would like to participate, please feel free to contact us again.	descriptive	
186	[ss_not_eligible_ending_v2] Show the field ONLY if:	Thank you very much for taking the time to complete this screening questionnaire. We appreciate it! If you have other questions, you may contact the lead researcher, Dr. Megan Piper, by email (mep@ctrl.wisc.edu), phone	checkbox 1 ss_not_eligible_ending_v2__1	Submit form 

	[ss_engl_v2] = '2' or [ss_em ailuse_v2] = '2' or [ss_accw eb_v2] = '2' or [ss_age_v2] < 50 or [ss_sex_v2] = '2' or [ss_toilet_v2] = '1' or [ss_de mentia_v2] = '1' or [ss_keg el_v2] = '1' or [ss_blood_v2] = '1'	(608-265-5472), or in writing (1930 Monroe Street, Suite 200 Madison, WI 53711).	Stop actions on 1						
187	[screening_survey_not_re al_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Baseline Survey - direct email (baseline_survey_dup) 

188	[welcome_b1_dup]	<p>WELCOME! This is the first research survey of the Women on the Go Study. It should take about 10 - 20 minutes to complete. Please try to answer all the questions. You will receive \$25 after you complete the survey to thank you for your time and effort.</p> <p>Section 1 of 5 - Attitudes and Health Beliefs</p> <p>The questions in this section are about your attitudes, thoughts, and beliefs about health in general.</p>	descriptive												
189	[gse01_b1_dup]	<p>Section Header: <i>This set of questions is about how you approach problems. Please read the sentence and decide how true it is of you in general.</i></p> <p>I can manage to solve difficult problems if I try hard enough.</p>	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Fairly Often</td></tr><tr><td>5</td><td>Very Often</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
190	[gse02_b1_dup]	If someone tries to keep me from getting what I want, I can find a way to get what I want.	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Fairly Often</td></tr><tr><td>5</td><td>Very Often</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
191	[gse03_b1_dup]	It is easy for me to stick to my goals and reach them.	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Fairly Often</td></tr><tr><td>5</td><td>Very Often</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
192	[gse04_b1_dup]	I am confident that I could do a good job dealing with unexpected events.	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Fairly Often</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often				
1	Never														
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3	Sometimes														
4	Fairly Often														



			<table border="1"> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	5	Very Often	99	Choose not to answer								
5	Very Often														
99	Choose not to answer														
193	[gse05_b1_dup]	Thanks to my talents and skills, I know how to handle unexpected situations.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
194	[gse06_b1_dup]	I can solve most problems if I try hard enough.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
195	[gse07_b1_dup]	I can stay calm when facing difficulties because I can handle them.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
196	[gse08_b1_dup]	When I have a problem, I can find several ways to solve it.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
197	[gse09_b1_dup]	If I am in trouble, I can think of a solution.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
198	[gse10_b1_dup]	I can handle whatever comes my way.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often		
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														



			99 Choose not to answer												
199	[know_pads_b1_dup]	<p>Section Header: Below are some statements about urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each statement, or if you do not know.</p> <p>Other than pads and diapers, not much can be done to treat leakage of urine.</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
200	[know_exercises_b1_dup]	Certain exercises can be done to help to control urine leakage.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
201	[know_weight_b1_dup]	Being overweight may make urinary leakage worse.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
202	[know_oncestart_b1_dup]	Once people start to leak urine, they are never able to control their urine again.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
203	[know_nonsurgery_b1_dup]	Surgery is the only treatment for urinary leakage.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
204	[hana_intentions_b1_dup]	<p>Section Header: The Women on the Go program is designed to help women make changes to improve their bladder and bowel health.</p> <p>Thinking about the last month, when it came to making changes to improve bladder or bowel health, which of these statements best describes you?</p>	radio, Required <table border="1"> <tr><td>0</td><td>I DID NOT THINK ABOUT making any changes.</td></tr> <tr><td>1</td><td>I THOUGHT about making changes.</td></tr> <tr><td>2</td><td>I PLANNED to make changes.</td></tr> <tr><td>3</td><td>I MADE changes.</td></tr> <tr><td>4</td><td>My changes BECAME MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I DID NOT THINK ABOUT making any changes.	1	I THOUGHT about making changes.	2	I PLANNED to make changes.	3	I MADE changes.	4	My changes BECAME MY NEW ROUTINE.	99	Choose not to answer
0	I DID NOT THINK ABOUT making any changes.														
1	I THOUGHT about making changes.														
2	I PLANNED to make changes.														
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4	My changes BECAME MY NEW ROUTINE.														
99	Choose not to answer														
205	[hana_intentions_b1_2_du p]	Thinking about the next month, when it comes to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I am NOT PLANNING TO make any changes.</td></tr> <tr><td>1</td><td>I MIGHT make a change.</td></tr> <tr><td>2</td><td>I PLAN TO make a change.</td></tr> <tr><td>3</td><td>I WILL KEEP ON making changes.</td></tr> <tr><td>4</td><td>I WILL CONTINUE MY NEW ROUTINE</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	I am NOT PLANNING TO make any changes.	1	I MIGHT make a change.	2	I PLAN TO make a change.	3	I WILL KEEP ON making changes.	4	I WILL CONTINUE MY NEW ROUTINE	99	Choose not to answer
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3	I WILL KEEP ON making changes.														
4	I WILL CONTINUE MY NEW ROUTINE														
99	Choose not to answer														



			Custom alignment: LV												
206	[hana_older_b1_dup]	Thinking about the future, which of these statements best describes you?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>I am not worried about bladder or bowel problems getting worse as I get older.</td></tr> <tr><td>1</td><td>If I make changes now, I can prevent bladder or bowel problems in the future.</td></tr> <tr><td>2</td><td>I will have bladder or bowel problems as I get older no matter what I do now.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	I am not worried about bladder or bowel problems getting worse as I get older.	1	If I make changes now, I can prevent bladder or bowel problems in the future.	2	I will have bladder or bowel problems as I get older no matter what I do now.	99	Choose not to answer				
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99	Choose not to answer														
207	[hana_sticktoplan_b1_dup]	When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>When I make a plan, I stick to it, even if I am tired or busy with other things.</td></tr> <tr><td>1</td><td>Even when I make a plan, other things can get in the way of me following through with the plan.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	When I make a plan, I stick to it, even if I am tired or busy with other things.	1	Even when I make a plan, other things can get in the way of me following through with the plan.	99	Choose not to answer						
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99	Choose not to answer														
208	[hana_resources_b1_dup]	When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>I will have the support and resources I need to meet my goals.</td></tr> <tr><td>1</td><td>It will be hard for me to meet my goals because I don't have the support or resources I need.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	I will have the support and resources I need to meet my goals.	1	It will be hard for me to meet my goals because I don't have the support or resources I need.	99	Choose not to answer						
0	I will have the support and resources I need to meet my goals.														
1	It will be hard for me to meet my goals because I don't have the support or resources I need.														
99	Choose not to answer														
209	[bitus_intend_b1_dup]	<p>Section Header: <i>During this research study, you will be able to use the Women on the Go program as often as you want to use it. THINKING ABOUT THE NEXT MONTH:</i></p> <p>How often do you INTEND or PLAN TO USE the Women on the Go program?</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
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4	More than once a week														
5	Every day														
99	Choose not to answer														
210	[bitus_predict_b1_dup]	How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
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99	Choose not to answer														
211	[kegel_freq_b1_dup]	<p>Section Header: <i>Section 2 of 5 - Current Health Behaviors The following questions are about things you do that may impact bladder or bowel health.</i></p> <p>Thinking about the last 4 weeks, on average, how often did you do Kegel squeezes, or pelvic floor muscle exercises?</p>	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Once per month or less</td></tr> <tr><td>2</td><td>A few times per month</td></tr> <tr><td>3</td><td>At least once per week</td></tr> <tr><td>4</td><td>Several times per week</td></tr> </table>	1	Once per month or less	2	A few times per month	3	At least once per week	4	Several times per week				
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6	Several times per day																
99	Choose not to answer																
212	[fiber_guess_b1_dup]	On an average day, how much fiber do you think you get through food and supplements?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
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213	[fluid_guess_b1_dup]	On an average day, how much fluid do you think you drink (including all fluids, not just water) (not just water)?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
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3	More than I should																
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214	[est_totalfluid_b1_dup]	Please make your best guess about how many ounces of fluid you drink on an average day. This guess should include all fluids you drink, not just water. A standard soda can, or a regular sized coffee cup, contains 12 ounces. If you choose not to answer, please enter 999. <i>ounces</i>	text (number, Min: 0, Max: 999), Required Custom alignment: LV														
215	[freq_coffee_b1_dup]	Thinking about the last week, about how many servings of coffee with caffeine did you drink? Please do not include decaf coffee. One serving is 12 ounces, a regular sized coffee cup.	radio, Required <table border="1"> <tr><td>0</td><td>I do not drink coffee</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LV	0	I do not drink coffee	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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216	[freq_soda_b1_dup]	Thinking about the last week, about how many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12 ounces. Please do not include caffeine-free soda (like Sprite, Ginger Ale, 7-Up, Fanta, etc.)	radio, Required <table border="1"> <tr><td>0</td><td>I do not drink soda with caffeine</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LV	0	I do not drink soda with caffeine	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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217	[fruit_b1_dup]	Section Header: This survey helps estimate how much fiber you get through foods you eat. Thinking about the last 4 weeks, on average, how often did you eat the following foods? Fruit (not juice)	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Less than 1 serving per week</td></tr><tr><td>2</td><td>1 serving per week</td></tr><tr><td>3</td><td>2-3 servings per week</td></tr><tr><td>4</td><td>4-6 servings per week</td></tr><tr><td>5</td><td>1 serving per day</td></tr><tr><td>6</td><td>More than 1 serving per day</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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218	[grnsalad_b1_dup]	Green salad	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Less than 1 serving per week</td></tr><tr><td>2</td><td>1 serving per week</td></tr><tr><td>3</td><td>2-3 servings per week</td></tr><tr><td>4</td><td>4-6 servings per week</td></tr><tr><td>5</td><td>1 serving per day</td></tr><tr><td>6</td><td>More than 1 serving per day</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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219	[potato_b1_dup]	Potatoes or oatmeal	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Less than 1 serving per week</td></tr><tr><td>2</td><td>1 serving per week</td></tr><tr><td>3</td><td>2-3 servings per week</td></tr><tr><td>4</td><td>4-6 servings per week</td></tr><tr><td>5</td><td>1 serving per day</td></tr><tr><td>6</td><td>More than 1 serving per day</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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220	[vegetable_b1_dup]	Vegetables	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Less than 1 serving per week</td></tr><tr><td>2</td><td>1 serving per week</td></tr><tr><td>3</td><td>2-3 servings per week</td></tr><tr><td>4</td><td>4-6 servings per week</td></tr><tr><td>5</td><td>1 serving per day</td></tr><tr><td>6</td><td>More than 1 serving per day</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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221	[vegetjuice_b1_dup]	Vegetable juice	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Less than 1 serving per week</td></tr><tr><td>2</td><td>1 serving per week</td></tr><tr><td>3</td><td>2-3 servings per week</td></tr><tr><td>4</td><td>4-6 servings per week</td></tr><tr><td>5</td><td>1 serving per day</td></tr><tr><td>6</td><td>More than 1 serving per day</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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222	[vegetsoup_b1_dup]	Vegetable soup/stew	radio (Matrix), Required <table border="1"><tr><td>1</td><td>Less than 1 serving per week</td></tr><tr><td>2</td><td>1 serving per week</td></tr><tr><td>3</td><td>2-3 servings per week</td></tr></table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week								
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99	Choose not to answer																				
223	[cereal_b1_dup]	Fiber cereal (such as raisin bran, bran buds, fruit-n-fiber)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer				
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224	[wheat_bread_b1_dup]	Whole wheat / rye bread	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer				
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99	Choose not to answer																				
225	[beans_b1_dup]	Beans (baked, pinto, black, kidney, red, split peas, soy, lentils) - NOT green beans	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer				
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5	1 serving per day																				
6	More than 1 serving per day																				
99	Choose not to answer																				
226	[usecontainprod_b1_dup]	<p>Section Header: This set of questions is about bathroom habits, including things like using pads or other products and your patterns in using the toilet. Think about the last 4 weeks, or month, as you answer these questions. When you do not know an answer for sure, just make your best guess.</p> <p>Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.</p>	checkbox, Required <table border="1"> <tr><td>1</td><td>usecontainprod_bl_dup__1</td><td>I use panty liners</td></tr> <tr><td>2</td><td>usecontainprod_bl_dup__2</td><td>I use pads</td></tr> <tr><td>3</td><td>usecontainprod_bl_dup__3</td><td>I use undergarments (like Depends or diapers)</td></tr> <tr><td>4</td><td>usecontainprod_bl_dup__4</td><td>I use something else</td></tr> <tr><td>5</td><td>usecontainprod_bl_dup__5</td><td>I do not use anything</td></tr> <tr><td>99</td><td>usecontainprod_bl_dup__99</td><td>Choose not to answer</td></tr> </table> <p>Field Annotation: @NONEOFTHEABOVE='5,99'</p>	1	usecontainprod_bl_dup__1	I use panty liners	2	usecontainprod_bl_dup__2	I use pads	3	usecontainprod_bl_dup__3	I use undergarments (like Depends or diapers)	4	usecontainprod_bl_dup__4	I use something else	5	usecontainprod_bl_dup__5	I do not use anything	99	usecontainprod_bl_dup__99	Choose not to answer
1	usecontainprod_bl_dup__1	I use panty liners																			
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99	usecontainprod_bl_dup__99	Choose not to answer																			



227	[use_liner_b1_dup]	How many panty liners do you use per 24 hour period (including one day and one night)? If you do not use panty liners, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
228	[use_pads_b1_dup]	How many pads do you use per 24 hour period (including one day and one night)? If you do not use pads, please enter 0. If you choose not to answer, please enter 99.	text (integer, Min: 0, Max: 99), Required																				
229	[use_depends_b1_dup]	How many undergarments (like Depends or diapers) do you use per 24 hour period (including one day and one night)? If you do not use undergarments, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
230	[incont_money_b1_dup]	Thinking about the last month, about how much money have you spent on products (such as pads, undergarments, or plugs) to manage your bladder and/or bowel symptoms?	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than \$5</td></tr> <tr><td>2</td><td>\$5 - \$10</td></tr> <tr><td>3</td><td>\$11 - \$20</td></tr> <tr><td>4</td><td>\$21 - \$30</td></tr> <tr><td>5</td><td>\$31 - \$50</td></tr> <tr><td>6</td><td>\$51 - \$100</td></tr> <tr><td>7</td><td>\$101 - \$200</td></tr> <tr><td>8</td><td>More than \$200</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	1	Less than \$5	2	\$5 - \$10	3	\$11 - \$20	4	\$21 - \$30	5	\$31 - \$50	6	\$51 - \$100	7	\$101 - \$200	8	More than \$200	99	Choose not to answer
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8	More than \$200																						
99	Choose not to answer																						
231	[voidsovernight_b1_dup]	Section Header: On an average night, about how many times do you wake up overnight to urinate, or pee? If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
232	[daytimevoids_b1_dup]	On an average day, about how many times do you go to the toilet to urinate (pee) during the daytime? (Please do not include count trips to the bathroom overnight.)	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>less than 4 times per day</td></tr> <tr><td>2</td><td>4-5 times</td></tr> <tr><td>3</td><td>6-8 times</td></tr> <tr><td>4</td><td>9-10 times</td></tr> <tr><td>5</td><td>11-12 times</td></tr> <tr><td>6</td><td>more than 12 times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	less than 4 times per day	2	4-5 times	3	6-8 times	4	9-10 times	5	11-12 times	6	more than 12 times per day	99	Choose not to answer						
1	less than 4 times per day																						
2	4-5 times																						
3	6-8 times																						
4	9-10 times																						
5	11-12 times																						
6	more than 12 times per day																						
99	Choose not to answer																						
233	[voidinterval_b1_dup]	During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>4 hours or more</td></tr> <tr><td>2</td><td>3 hours</td></tr> <tr><td>3</td><td>2 hours</td></tr> <tr><td>4</td><td>1 hour</td></tr> <tr><td>5</td><td>less than 1 hour</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	4 hours or more	2	3 hours	3	2 hours	4	1 hour	5	less than 1 hour	99	Choose not to answer								
1	4 hours or more																						
2	3 hours																						
3	2 hours																						
4	1 hour																						
5	less than 1 hour																						
99	Choose not to answer																						
234	[iciqui_leak_b1_dup]	Section Header: <i>Section 3 of 5 - Current Bladder Symptoms</i> This set of questions asks about your bladder symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best guess. How often do you leak urine?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>About once a week or less often</td></tr> </table> 	0	Never	1	About once a week or less often																
0	Never																						
1	About once a week or less often																						

			<table border="1"> <tr><td>2</td><td>Two or three times a week</td></tr> <tr><td>3</td><td>About once a day</td></tr> <tr><td>4</td><td>Several times a day</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	2	Two or three times a week	3	About once a day	4	Several times a day	5	All the time	99	Choose not to answer																	
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3	About once a day																													
4	Several times a day																													
5	All the time																													
99	Choose not to answer																													
235	[iciqui_howmuch_b1_dup]	We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?	radio, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>2</td><td>A small amount</td></tr> <tr><td>4</td><td>A moderate amount</td></tr> <tr><td>6</td><td>A large amount</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	2	A small amount	4	A moderate amount	6	A large amount	99	Choose not to answer																	
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2	A small amount																													
4	A moderate amount																													
6	A large amount																													
99	Choose not to answer																													
236	[iciqui_interfer_b1_dup]	Overall, how much does leaking urine interfere with your everyday life? Please select a number between 0 (not at all) and 10 (a great deal).	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LH</p>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer			
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8	8																													
9	9																													
10	10 (a great deal)																													
99	Choose not to answer																													
237	[iciqui_urineleak_b1_dupe]	When does urine leak? (Please select all that apply to you)	checkbox, Required <table border="1"> <tr><td>1</td><td>iciqui_urineleak_b1_dup__1</td><td>Never - Urine does not leak</td></tr> <tr><td>2</td><td>iciqui_urineleak_b1_dup__2</td><td>Leaks before you can get to the toilet</td></tr> <tr><td>3</td><td>iciqui_urineleak_b1_dup__3</td><td>Leaks when you cough or sneeze</td></tr> <tr><td>4</td><td>iciqui_urineleak_b1_dup__4</td><td>Leaks when you are asleep</td></tr> <tr><td>5</td><td>iciqui_urineleak_b1_dup__5</td><td>Leaks when you are physically active/exercising</td></tr> <tr><td>6</td><td>iciqui_urineleak_b1_dup__6</td><td>Leaks when you have finished urinating and are dressed</td></tr> <tr><td>7</td><td>iciqui_urineleak_b1_dup__7</td><td>Leaks for no obvious reason</td></tr> <tr><td>8</td><td>iciqui_urineleak_b1_dup__8</td><td>Leaks during the night</td></tr> <tr><td>99</td><td>iciqui_urineleak_b1_dup__99</td><td>Choose not to answer</td></tr> </table>	1	iciqui_urineleak_b1_dup__1	Never - Urine does not leak	2	iciqui_urineleak_b1_dup__2	Leaks before you can get to the toilet	3	iciqui_urineleak_b1_dup__3	Leaks when you cough or sneeze	4	iciqui_urineleak_b1_dup__4	Leaks when you are asleep	5	iciqui_urineleak_b1_dup__5	Leaks when you are physically active/exercising	6	iciqui_urineleak_b1_dup__6	Leaks when you have finished urinating and are dressed	7	iciqui_urineleak_b1_dup__7	Leaks for no obvious reason	8	iciqui_urineleak_b1_dup__8	Leaks during the night	99	iciqui_urineleak_b1_dup__99	Choose not to answer
1	iciqui_urineleak_b1_dup__1	Never - Urine does not leak																												
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99	iciqui_urineleak_b1_dup__99	Choose not to answer																												

			Field Annotation: @NONEOFTHEABOVE='1,99'																								
238	[gse_ui1_b1_dup]	On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your urine when you want to?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LH</p>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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10	10 (a great deal)																										
99	Choose not to answer																										
239	[gse_ui2_b1_dup]	On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent urine loss without relying on pads or protection when you are out?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LH</p>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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10	10 (a great deal)																										
99	Choose not to answer																										
240	[pfiq_bladder_chores_b1_dup]	<p>Section Header: Some women find that bladder symptoms affect their activities, relationships, and feelings. For each question select the response that best describes how much your activities, relationships, or feelings have been affected by your bladder symptoms or conditions over the last 4 weeks.</p> <p>Ability to do household chores (cooking, housecleaning, laundry)?</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer														
1	Not at all																										
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3	Moderately																										
4	Quite a bit																										
99	Choose not to answer																										
241	[pfiq_bladder_walk_b1_d <p>]</p>	Ability to do physical activities such as walking, swimming, or other exercise?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer														
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99	Choose not to answer																										
242	[pfiq_bladder_movie_b1_d <p>up</p>]	Entertainment activities such as going to a movie or concert?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Not at all</td></tr> </table>	1	Not at all																						
1	Not at all																										



			<table border="1"> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer		
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
243	[pfiq_bladder_travel_b1_dup]	Ability to travel by car or bus for a distance greater than 30 minutes away from home?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
244	[pfiq_bladder_social_b1_dup]	Participating in social activities outside your home?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
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3	Moderately												
4	Quite a bit												
99	Choose not to answer												
245	[pfiq_bladder_emotion_b1_dup]	Emotional health (nervousness, depression, etc)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
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4	Quite a bit												
99	Choose not to answer												
246	[pfiq_bladder_frustrated_b1_dup]	Feeling frustrated?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
247	[bladderseekhx_b1_dup]	Have you ever talked with a health professional, like a doctor or nurse, about bladder leakage?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, but it was not very helpful</td></tr> <tr><td>2</td><td>Yes, and it was helpful</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LH</p>	0	No	1	Yes, but it was not very helpful	2	Yes, and it was helpful	99	Choose not to answer		
0	No												
1	Yes, but it was not very helpful												
2	Yes, and it was helpful												
99	Choose not to answer												
248	[bics_nohcp_b1_dup]	Section Header: <i>These statements are about talking with a health professional (like a doctor or nurse) about your bladder leaks or urinary incontinence. To what extent are these statements true for you?</i> I don't have a health care practitioner who will see me for uncontrollable urine leakage	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
249	[bics_insexp_b1_dup]	There are long delays before insurance repays out-of-pocket expenses	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> </table> 	1	Not at all	2	Slightly						
1	Not at all												
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			<table border="1"> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	3	Moderately	4	Greatly	99	Choose not to answer				
3	Moderately												
4	Greatly												
99	Choose not to answer												
250	[bics_inscomp_b1_dup]	My insurance is too complicated to figure out	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
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4	Greatly												
99	Choose not to answer												
251	[bics_csthigh_b1_dup]	The cost of having my uncontrollable urine leakage evaluated is too high	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
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4	Greatly												
99	Choose not to answer												
252	[bics_notrans_b1_dup]	There is no transportation to the office or clinic	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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3	Moderately												
4	Greatly												
99	Choose not to answer												
253	[bics_waitlng_b1_dup]	The wait is too long at the time of the appointment	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
254	[bics_clncdist_b1_dup]	The office or clinic is too far away	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
255	[bics_apptfar_b1_dup]	Appointments have to be scheduled too far ahead	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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4	Greatly												
99	Choose not to answer												
256	[bics_hrlimit_b1_dup]	Office hours are the office or clinic are limited	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately				
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4	Greatly														
99	Choose not to answer														
257	[bics_examine_b1_dup]	I don't like to be examined or asked a lot of questions	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer		
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258	[bics_hcptime_b1_dup]	The physician or nurse practitioner doesn't take time to explain what he or she is doing or why, or answer my questions	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer		
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4	Greatly														
99	Choose not to answer														
259	[bics_afrsrsprob_b1_dup]	I am afraid to find out if I have a serious problem	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer		
1	Not at all														
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3	Moderately														
4	Greatly														
99	Choose not to answer														
260	[bics_afraidhcp_b1_dup]	For some reason, I am afraid of the health care practitioner	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer		
1	Not at all														
2	Slightly														
3	Moderately														
4	Greatly														
99	Choose not to answer														
261	[bics_hcpnoint_b1_dup]	The health care practitioner and staff aren't interested in my worries about my health	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer		
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4	Greatly														
99	Choose not to answer														
262	[fvq_bmconst_b1_dup]	<p>Section Header: Section 4 of 5 - Current Bowel Symptoms This set of questions asks about your bowel symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best guess.</p> <p>In the past month, how often have you been constipated?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer
1	Never														
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3	Sometimes														
4	Most of the time														
5	All the time														
99	Choose not to answer														
263	[fvq_bmdiarr_b1_dup]	In the past month, how often have you had diarrhea?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes						
1	Never														
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4	Most of the time																		
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99	Choose not to answer																		
264	[fvq_bmconsist_b1_dup]	What has been the usual consistency of your bowel movements (poop) in the last 4 weeks?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Type 1 - separate hard lumps, like nuts (hard to pass)</td></tr> <tr><td>2</td><td>Type 2 - sausage-shaped but lumpy</td></tr> <tr><td>3</td><td>Type 3 - like a sausage, but with cracks on its surface</td></tr> <tr><td>4</td><td>Type 4 - like a sausage or snake, smooth and soft</td></tr> <tr><td>5</td><td>Type 5 - soft blobs with clear-cut edges (passed easily)</td></tr> <tr><td>6</td><td>Type 6 - fluffy pieces with ragged edges, a mushy stool</td></tr> <tr><td>7</td><td>Type 7 - watery, no solid pieces. Entirely liquid</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Type 1 - separate hard lumps, like nuts (hard to pass)	2	Type 2 - sausage-shaped but lumpy	3	Type 3 - like a sausage, but with cracks on its surface	4	Type 4 - like a sausage or snake, smooth and soft	5	Type 5 - soft blobs with clear-cut edges (passed easily)	6	Type 6 - fluffy pieces with ragged edges, a mushy stool	7	Type 7 - watery, no solid pieces. Entirely liquid	99	Choose not to answer
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99	Choose not to answer																		
			Custom alignment: LV																
265	[smis_solid_b1_dup]	<p>Section Header: <i>Thinking about the last 4 weeks, please indicate how your bowel symptoms impact your life.</i></p> <p>How often do you have accidental leakage of solid stool (poop)?</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
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5	Daily																		
99	Choose not to answer																		
266	[smis_liquid_b1_dup]	How often do you have accidental leakage of liquid stool (poop)?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
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5	Daily																		
99	Choose not to answer																		
267	[smis_gas_b1_dup]	How often do you lose control of gas?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
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5	Daily																		
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268	[sis_lifestyle_b1_dup]	How often do your bowel symptoms affect your lifestyle?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly								
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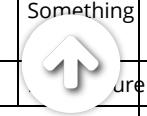
			<table border="1"> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	5	Daily	99	Choose not to answer																				
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99	Choose not to answer																										
269	[smis_padplug_b1_dup]	Do you use a pad or plug for accidental bowel leakage?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
270	[smis_meds_b1_dup]	Do you take medications to make you constipated?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
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2	No																										
99	Choose not to answer																										
271	[smis_deferdef_b1_dup]	Do you have to rush to the toilet as soon as you have an urge to go for a bowel movement (poop)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
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99	Choose not to answer																										
272	[gse_abl1_b1_dup]	<p>Section Header:</p> <p>On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your stool (poop) when you want to?</p>	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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10	10 (a great deal)																										
99	Choose not to answer																										
273	[gse_abl2_b1_dup]	On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent accidental bowel leakage without relying on pads or protection when you are out?	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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99	Choose not to answer																										



274	[bowelseekhx_b1_dup]	Have you ever talked with a health professional, like a doctor or nurse, about accidental bowel leakage?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, but it was not very helpful</td></tr> <tr><td>2</td><td>Yes, and it was helpful</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	No	1	Yes, but it was not very helpful	2	Yes, and it was helpful	99	Choose not to answer																																																												
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275	[height_b1_dup]	Section Header: Section 5 of 5 - Demographics and health information <i>This is the last section! You are almost finished. Thank you very much for taking the time to complete this survey.</i> How tall are you (in feet and inches)?	dropdown, Required <table border="1"> <tr><td>1</td><td>Less than 4'0"</td></tr> <tr><td>2</td><td>4'0"</td></tr> <tr><td>3</td><td>4'1"</td></tr> <tr><td>4</td><td>4'2"</td></tr> <tr><td>5</td><td>4'3"</td></tr> <tr><td>6</td><td>4'4"</td></tr> <tr><td>7</td><td>4'5"</td></tr> <tr><td>8</td><td>4'6"</td></tr> <tr><td>9</td><td>4'7"</td></tr> <tr><td>10</td><td>4'8"</td></tr> <tr><td>11</td><td>4'9"</td></tr> <tr><td>12</td><td>4'10"</td></tr> <tr><td>13</td><td>4'11"</td></tr> <tr><td>14</td><td>5'0"</td></tr> <tr><td>15</td><td>5'1"</td></tr> <tr><td>16</td><td>5'2"</td></tr> <tr><td>17</td><td>5'3"</td></tr> <tr><td>18</td><td>5'4"</td></tr> <tr><td>19</td><td>5'5"</td></tr> <tr><td>20</td><td>5'6"</td></tr> <tr><td>21</td><td>5'7"</td></tr> <tr><td>22</td><td>5'8"</td></tr> <tr><td>23</td><td>5'9"</td></tr> <tr><td>24</td><td>5'10"</td></tr> <tr><td>25</td><td>5'11"</td></tr> <tr><td>26</td><td>6'0"</td></tr> <tr><td>27</td><td>6'1"</td></tr> <tr><td>28</td><td>6'2"</td></tr> <tr><td>29</td><td>6'3"</td></tr> <tr><td>30</td><td>6'4"</td></tr> <tr><td>31</td><td>6'5"</td></tr> <tr><td>32</td><td>6'6"</td></tr> <tr><td>33</td><td>More than 6'6"</td></tr> <tr><td>34</td><td>Choose not to answer</td></tr> </table>	1	Less than 4'0"	2	4'0"	3	4'1"	4	4'2"	5	4'3"	6	4'4"	7	4'5"	8	4'6"	9	4'7"	10	4'8"	11	4'9"	12	4'10"	13	4'11"	14	5'0"	15	5'1"	16	5'2"	17	5'3"	18	5'4"	19	5'5"	20	5'6"	21	5'7"	22	5'8"	23	5'9"	24	5'10"	25	5'11"	26	6'0"	27	6'1"	28	6'2"	29	6'3"	30	6'4"	31	6'5"	32	6'6"	33	More than 6'6"	34	Choose not to answer
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276	[weight_b1_dup]	How much do you weigh (in pounds)? If you choose not to answer, please enter 999.	text (number, Min: 79, Max: 999), Required																																																																				



277	[live_household_b1_dup]	Today, how many people live in your household (including yourself)? If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																											
278	[work_status_b1_dup]	What is your current work status?	radio, Required <table border="1"> <tr><td>0</td><td>Retired</td></tr> <tr><td>1</td><td>Not working due to a disability</td></tr> <tr><td>2</td><td>Not working for another reason</td></tr> <tr><td>3</td><td>Stay at home parent or caregiver</td></tr> <tr><td>4</td><td>Working full-time</td></tr> <tr><td>5</td><td>Working part-time</td></tr> <tr><td>6</td><td>Looking for work</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Retired	1	Not working due to a disability	2	Not working for another reason	3	Stay at home parent or caregiver	4	Working full-time	5	Working part-time	6	Looking for work	99	Choose not to answer											
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279	[pcp_b1_dup]	Do you have a primary care provider?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																					
1	Yes																													
2	No																													
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280	[type_of_insurance_b1_dupe]	<p>If you have health insurance, what type(s) do you have? You may choose more than one answer.</p> <p>(Note: Medicare is a health insurance program for persons 65 years or over and for some people with disabilities).</p>	checkbox, Required <table border="1"> <tr><td>0</td><td>type_of_insurance_b1_dup__0</td><td>I do not have any health insurance</td></tr> <tr><td>1</td><td>type_of_insurance_b1_dup__1</td><td>Medicare</td></tr> <tr><td>2</td><td>type_of_insurance_b1_dup__2</td><td>Medicaid</td></tr> <tr><td>3</td><td>type_of_insurance_b1_dup__3</td><td>A plan provided by an employer or union</td></tr> <tr><td>4</td><td>type_of_insurance_b1_dup__4</td><td>A plan purchased directly from an insurance company, through an insurance exchange, or through a group such as AARP</td></tr> <tr><td>5</td><td>type_of_insurance_b1_dup__5</td><td>TRI-CARE, CHAMPUS or CHAMP-VA</td></tr> <tr><td>6</td><td>type_of_insurance_b1_dup__6</td><td>I get care from the Department of Veterans Affairs (VA)</td></tr> <tr><td>7</td><td>type_of_insurance_b1_dup__7</td><td>Something else</td></tr> <tr><td>8</td><td>type_of_insurance_b1_dup__8</td><td>Other</td></tr> </table>	0	type_of_insurance_b1_dup__0	I do not have any health insurance	1	type_of_insurance_b1_dup__1	Medicare	2	type_of_insurance_b1_dup__2	Medicaid	3	type_of_insurance_b1_dup__3	A plan provided by an employer or union	4	type_of_insurance_b1_dup__4	A plan purchased directly from an insurance company, through an insurance exchange, or through a group such as AARP	5	type_of_insurance_b1_dup__5	TRI-CARE, CHAMPUS or CHAMP-VA	6	type_of_insurance_b1_dup__6	I get care from the Department of Veterans Affairs (VA)	7	type_of_insurance_b1_dup__7	Something else	8	type_of_insurance_b1_dup__8	Other
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			99 type_of_insurance_bl_dup__99 Choose not to answer																										
Field Annotation: @NONEOFTHEABOVE='0,99'																													
281	[pregnancies_bl_dup]	How many times have you been pregnant?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>More than 10</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	More than 10	99	Choose not to answer
0	0																												
1	1																												
2	2																												
3	3																												
4	4																												
5	5																												
6	6																												
7	7																												
8	8																												
9	9																												
10	10																												
11	More than 10																												
99	Choose not to answer																												
282	[vagdeliv_bl_dup] Show the field ONLY if: [pregnancies_bl_dup]>0	How many vaginal births have you had?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>More than 10</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	More than 10	99	Choose not to answer
0	0																												
1	1																												
2	2																												
3	3																												
4	4																												
5	5																												
6	6																												
7	7																												
8	8																												
9	9																												
10	10																												
11	More than 10																												
99	Choose not to answer																												
283	[sf_q1_bl_dup]	Overall, how would you rate your health during the past 4 weeks?	radio, Required <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>6</td><td>Very poor</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	6	Very poor	99	Choose not to answer												
1	Excellent																												
2	Very good																												
3	Good																												
4	Fair																												
5	Poor																												
6	Very poor																												
99	Choose not to answer																												
284	[medcond_bl_dup]	Which of these medical conditions do you have? Please select all that apply.	checkbox, Required <table border="1"> <tr><td>1</td><td>medcond_bl_dup__1</td><td>High blood pressure</td></tr> <tr><td>2</td><td>medcond_bl_dup__2</td><td>Diabetes</td></tr> <tr><td>3</td><td>medcond_bl_dup__3</td><td>Obesity</td></tr> </table>	1	medcond_bl_dup__1	High blood pressure	2	medcond_bl_dup__2	Diabetes	3	medcond_bl_dup__3	Obesity																	
1	medcond_bl_dup__1	High blood pressure																											
2	medcond_bl_dup__2	Diabetes																											
3	medcond_bl_dup__3	Obesity																											

4	medcond_bl_dup__4	Memory problems
5	medcond_bl_dup__5	Anxiety
6	medcond_bl_dup__6	Depression
7	medcond_bl_dup__7	Cancer
8	medcond_bl_dup__8	Chronic pain
9	medcond_bl_dup__9	None of these
99	medcond_bl_dup__99	Choose not to answer

Field Annotation: @NONEOFTHEABOVE='9,99'

285	[relevantsurghx_b1_dup]	Which of these surgeries have you had? Please select all that apply.	checkbox, Required																								
			<table border="1"> <tr><td>1</td><td>relevantsurghx_b1_dup__1</td><td>Removal of the uterus (hysterectomy)</td></tr> <tr><td>2</td><td>relevantsurghx_b1_dup__2</td><td>Removal of the gallbladder (cholecystectomy)</td></tr> <tr><td>3</td><td>relevantsurghx_b1_dup__3</td><td>Surgery for pelvic organ prolapse</td></tr> <tr><td>4</td><td>relevantsurghx_b1_dup__4</td><td>Mesh sling for urinary incontinence</td></tr> <tr><td>5</td><td>relevantsurghx_b1_dup__5</td><td>Other surgery for urinary incontinence</td></tr> <tr><td>6</td><td>relevantsurghx_b1_dup__6</td><td>Surgery for bowel incontinence</td></tr> <tr><td>7</td><td>relevantsurghx_b1_dup__7</td><td>None of these</td></tr> <tr><td>99</td><td>relevantsurghx_b1_dup__99</td><td>Choose not to answer</td></tr> </table>	1	relevantsurghx_b1_dup__1	Removal of the uterus (hysterectomy)	2	relevantsurghx_b1_dup__2	Removal of the gallbladder (cholecystectomy)	3	relevantsurghx_b1_dup__3	Surgery for pelvic organ prolapse	4	relevantsurghx_b1_dup__4	Mesh sling for urinary incontinence	5	relevantsurghx_b1_dup__5	Other surgery for urinary incontinence	6	relevantsurghx_b1_dup__6	Surgery for bowel incontinence	7	relevantsurghx_b1_dup__7	None of these	99	relevantsurghx_b1_dup__99	Choose not to answer
1	relevantsurghx_b1_dup__1	Removal of the uterus (hysterectomy)																									
2	relevantsurghx_b1_dup__2	Removal of the gallbladder (cholecystectomy)																									
3	relevantsurghx_b1_dup__3	Surgery for pelvic organ prolapse																									
4	relevantsurghx_b1_dup__4	Mesh sling for urinary incontinence																									
5	relevantsurghx_b1_dup__5	Other surgery for urinary incontinence																									
6	relevantsurghx_b1_dup__6	Surgery for bowel incontinence																									
7	relevantsurghx_b1_dup__7	None of these																									
99	relevantsurghx_b1_dup__99	Choose not to answer																									
			Field Annotation: @NONEOFTHEABOVE='7,99'																								
286	[self_weight_b1_dup]	How would you describe your weight?	radio, Required																								
			<table border="1"> <tr><td>0</td><td>Very underweight</td></tr> <tr><td>1</td><td>Somewhat underweight</td></tr> <tr><td>2</td><td>Normal weight</td></tr> <tr><td>3</td><td>Somewhat overweight</td></tr> <tr><td>4</td><td>Very overweight</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Very underweight	1	Somewhat underweight	2	Normal weight	3	Somewhat overweight	4	Very overweight	99	Choose not to answer												
0	Very underweight																										
1	Somewhat underweight																										
2	Normal weight																										
3	Somewhat overweight																										
4	Very overweight																										
99	Choose not to answer																										
287	[legal_res_dup]	<p>Section Header: THANK YOU! YOU COMPLETED YOUR FIRST RESEARCH SURVEY FOR OUR STUDY. YOU WILL RECEIVE AN EMAIL WITH A LINK FOR A \$25 ELECTRONIC GIFT CARD WITHIN 5 BUSINESS DAYS. The next two questions are required to confirm that you are eligible to receive an electronic gift card to thank you for your participation. If you are not eligible to receive an electronic gift card, the research team will contact you by email to set up an alternative payment method.</p> <p>Are you a legal resident or citizen of the United States?</p>	radio, Required																								
288	[uw_employee_dup]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee?	radio, Required																								



289	[baseline_survey_dup_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **MM confirmed real person** (mm_confirmed_real_person)  **Enabled as survey**

290	[mm_confirmed_pt]	Thank you for your interest. Please send an email to hwbrown2@wisc.edu to schedule a brief phone call with our study team. Email is generally not a secure way to communicate sensitive or health related information as there are many ways for unauthorized users to access email. You should avoid sending sensitive, detailed personal information by email. Email should also not be used to convey information of an urgent nature. If you need to talk to someone immediately or would prefer not to receive study communication by email, please contact Megan Piper, Researcher at 608-265-5472.	descriptive						
291	[mm_confirmed_real_person_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Identity Confirmation** (identity_confirmation)  **Enabled as survey**

292	[intro]	Section Header: You have been asked to provide additional information to confirm your identity and validate your continued participation in the Women on the Go Study. To maintain study integrity, we need to confirm that each participant in the study is unique, including having a unique name, email address, and contact details. Please complete this survey within five days to remain eligible for this study. We apologize for any inconvenience.	descriptive						
293	[name_conf]	Please provide your full name.	text, Required, Identifier						
294	[email_conf_1]	Please provide your email address.	text (email), Required, Identifier						
295	[email_conf_2]	Please confirm your email address.	text (email), Required, Identifier						
296	[mail_conf]	Please provide your mailing address.	text, Required, Identifier						
297	[tel_conf]	Please provide your telephone number.	text (phone), Required, Identifier						
298	[zip_conf]	Please confirm your 5-digit zip code.	text (zipcode), Required, Identifier						
299	[identity_confirmation_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Verification status** (verification_status)  **Enabled as survey**

300	[sent_qi_email]	Verification status: Green (complete) - identity verification matched screening survey Yellow (in progress) - HB to make final decisions (some may just be small typos)	notes, Required, Identifier
-----	-----------------	---	-----------------------------



		Red (incomplete) - identity verification did not match screening survey information							
301	[duration_baseline]	Duration of baseline survey	calc Calculation: [survey-duration:baseline_survey:m]						
302	[verification_status_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Signed into WotG** (signed_into_wotg)  Enabled as survey

303	[active_participant]	Is patient actively enrolled in study?	radio <table border="1"> <tr> <td>1</td><td>enrolled and randomized</td></tr> <tr> <td>2</td><td>enrolled but not yet randomized</td></tr> <tr> <td>3</td><td>excluded - indicate reason on exclusion form</td></tr> </table>	1	enrolled and randomized	2	enrolled but not yet randomized	3	excluded - indicate reason on exclusion form		
1	enrolled and randomized										
2	enrolled but not yet randomized										
3	excluded - indicate reason on exclusion form										
304	[first_name_p2]	First name: [eligible_firstname]	descriptive, Identifier Field Annotation: @READONLY								
305	[last_name_p3]	Last name: [eligible_lastname]	descriptive, Identifier Field Annotation: @READONLY								
306	[email_address_p2]	Email address: [eligible_email]	descriptive, Identifier Field Annotation: @READONLY								
307	[create_wotg_account]	Did participant create Women on the Go website?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>Not yet</td> </tr> <tr> <td>3</td> <td>No, not eligible to participate</td> </tr> <tr> <td>4</td> <td>Duplicate study id or incomplete baseline survey</td> </tr> </table>	1	Yes	2	Not yet	3	No, not eligible to participate	4	Duplicate study id or incomplete baseline survey
1	Yes										
2	Not yet										
3	No, not eligible to participate										
4	Duplicate study id or incomplete baseline survey										
308	[date_first_email_sent]	Date first email reminder sent to register for Women on the Go	text, Identifier								
309	[create_wotg_account_2]	Did participant create Women on the Go website?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No				
1	Yes										
2	No										
310	[date_first_email_sent_2]	Date first email reminder sent to register for Women on the Go	text, Identifier								
311	[create_wotg_account_3]	Did participant create Women on the Go website?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No				
1	Yes										
2	No										
312	[date_first_email_sent_3]	Date first email reminder sent to register for Women on the Go	text, Identifier								
313	[create_wotg_account_4]	Did participant create Women on the Go website?	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No				
1	Yes										
2	No										
314	[date_first_email_sent_4]	Date call to ask participant to register for Women on the Go	text, Identifier								
315	[signed_into_wotg_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										



Instrument: Booklet mailed (booklet_mailed)											
316	[first_name_mailing]	Participant first name: [eligible_firstname]	descriptive, Identifier Field Annotation: @READONLY								
317	[last_name_mailing]	Participant last name: [eligible_lastname]	descriptive, Identifier Field Annotation: @READONLY								
318	[street_address_mailing]	Street address: [eligible_streetaddress1]	descriptive, Identifier Field Annotation: @READONLY								
319	[address2_mailing]	Address 2: [eligible_streetaddress2]	descriptive, Identifier Field Annotation: @READONLY								
320	[city_mailing]	City: [eligible_city]	descriptive, Identifier Field Annotation: @READONLY								
321	[state_mailing]	State: [eligible_state]	descriptive, Identifier Field Annotation: @READONLY								
322	[zip_mailing]	ZIP code: [eligible_zipcode]	descriptive, Identifier Field Annotation: @READONLY								
323	[booklet_mailed]	Booklet mailed?	radio <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>Not yet</td></tr> <tr> <td>3</td><td>No, not eligible to participate</td></tr> <tr> <td>4</td><td>Duplicate study id or incomplete baseline survey</td></tr> </table>	1	Yes	2	Not yet	3	No, not eligible to participate	4	Duplicate study id or incomplete baseline survey
1	Yes										
2	Not yet										
3	No, not eligible to participate										
4	Duplicate study id or incomplete baseline survey										
324	[date_mailed]	Date booklet mailed	text								
325	[booklet_mailed_2]	Was booklet returned to sender (Dr. Piper)?	radio <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No				
1	Yes										
2	No										
326	[booklet_mailed_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: \$25 paid (paid) 											
327	[uw_employ_p1]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee? [uw_employee]	descriptive Field Annotation: @READONLY								
328	[non_res_alien_p1]	Are you a legal resident or citizen of the United States? [legal_res]	descriptive Field Annotation: @READONLY								
329	[first_name_p1]	First name: [eligible_firstname]	descriptive, Identifier Field Annotation: @READONLY								
330	[last_name_p2]	Last name: [eligible_lastname]	descriptive, Identifier Field Annotation: @READONLY								
331	[email_address_p1]	Email address: [eligible_email]	descriptive, Identifier Field Annotation: @READONLY								
332	[paid_baseline]	\$25 compensation sent	radio <table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>Not yet</td></tr> <tr> <td>3</td><td>No, not eligible to participate</td></tr> <tr> <td>4</td><td>Duplicate study id or incomplete baseline survey</td></tr> </table>	1	Yes	2	Not yet	3	No, not eligible to participate	4	Duplicate study id or incomplete baseline survey
1	Yes										
2	Not yet										
3	No, not eligible to participate										
4	Duplicate study id or incomplete baseline survey										
333	[datepaid_baseline]	Date \$25 sent	text								

334	[paid_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: RZ (rz)

335	[rand_allo]	Randomization	radio <table border="1"><tr><td>1</td><td>Control</td></tr><tr><td>2</td><td>Tailored Arm</td></tr></table>	1	Control	2	Tailored Arm		
1	Control								
2	Tailored Arm								
336	[rand_round_2]	Randomization round 2 (after the original 438 were randomized)	radio <table border="1"><tr><td>1</td><td>Control</td></tr><tr><td>2</td><td>Tailored</td></tr></table>	1	Control	2	Tailored		
1	Control								
2	Tailored								
337	[rand_not_eligible]	Randomized	radio <table border="1"><tr><td>1</td><td>Not eligible to participate</td></tr><tr><td>2</td><td>Duplicate study id or incomplete baseline survey</td></tr></table>	1	Not eligible to participate	2	Duplicate study id or incomplete baseline survey		
1	Not eligible to participate								
2	Duplicate study id or incomplete baseline survey								
338	[dropout]	Date and reason for dropout	notes						
339	[rz_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Pt excluded (pt_excluded) 

340	[exclude_reason]	if excluded, reason for exclusion	radio <table border="1"><tr><td>1</td><td>did not create WOTG account by deadline</td></tr><tr><td>2</td><td>did not verify contact info by deadline</td></tr><tr><td>3</td><td>provided inconsistent contact info</td></tr><tr><td>4</td><td>withdrew</td></tr><tr><td>5</td><td>other</td></tr><tr><td>6</td><td>duplicate</td></tr><tr><td>7</td><td>did not complete baseline survey</td></tr><tr><td>8</td><td>did not meet inclusion criteria</td></tr><tr><td>9</td><td>spent 6 minutes or less completing baseline survey</td></tr><tr><td>10</td><td>fraudulent phone number</td></tr><tr><td>11</td><td>fraudulent email address</td></tr><tr><td>12</td><td>fraudulent mailing address</td></tr><tr><td>13</td><td>other fraudulent information provided (use text box below)</td></tr></table>	1	did not create WOTG account by deadline	2	did not verify contact info by deadline	3	provided inconsistent contact info	4	withdrew	5	other	6	duplicate	7	did not complete baseline survey	8	did not meet inclusion criteria	9	spent 6 minutes or less completing baseline survey	10	fraudulent phone number	11	fraudulent email address	12	fraudulent mailing address	13	other fraudulent information provided (use text box below)
1	did not create WOTG account by deadline																												
2	did not verify contact info by deadline																												
3	provided inconsistent contact info																												
4	withdrew																												
5	other																												
6	duplicate																												
7	did not complete baseline survey																												
8	did not meet inclusion criteria																												
9	spent 6 minutes or less completing baseline survey																												
10	fraudulent phone number																												
11	fraudulent email address																												
12	fraudulent mailing address																												
13	other fraudulent information provided (use text box below)																												
341	[tracking_notes]	Tracking notes:	notes																										
342	[email_address_p3]	Email address: [eligible_email]	descriptive, Identifier Field Annotation: @READONLY																										
343	[pt_excluded_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																				
0	Incomplete																												
1	Unverified																												
2	Complete																												



Instrument: Basic info C (basic_info_c)									
344	[si_b4_rand]	Study ID from before randomization	text						
345	[si_aft_rand]	Study ID after randomization	text						
346	[pr_first_name]	First name	text, Identifier						
347	[pr_last_name]	Last name	text, Identifier						
348	[pr_email_address]	Email address:	text (email), Identifier						
349	[pr_uw_employ]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee?	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
350	[pr_non_res_alien]	Are you a non-resident alien?	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
351	[basic_info_c_complete]	Section Header: Form Status Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Basic info T (basic_info_t)

352	[si_b4_rand_basicinfot]	Study ID from before randomization	text						
353	[si_aft_rand_basicinfot]	Study ID after randomization	text						
354	[pr_first_name_basicinfo_t]	First name	text, Identifier						
355	[pr_last_name_basicinfo_t]	Last name	text, Identifier						
356	[pr_email_address_basicinfo_t]	Email address:	text (email), Identifier						
357	[pr_uw_employ_basicinfo_t]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee?	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
358	[pr_non_res_alien_basicinfo_t]	Are you a non-resident alien?	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
359	[basic_info_t_complete]	Section Header: Form Status Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 1C (c) Enabled as survey

360	[week1firstname_1]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY				
361	[week1lastname_1]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY				
362	[week1ea_1]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY				
363	[vse1]	Verified email sent?	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>2</td><td>No</td></tr> </table>	1	Yes	2	No
1	Yes						
2	No						



364	[c_complete]	Section Header: <i>Form Status</i> Complete?	dropdown						
			<table border="1"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 1 (daae)  Enabled as survey

365	[week1firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
366	[week1lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
367	[week1ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
368	[week_1_tailored_option]	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A -> Z):	radio, Required						
			<table border="1"> <tr> <td>1</td><td>Visited getting started section (visited 1a. Welcome Video)</td></tr> <tr> <td>2</td><td>Did not visit getting started section (did not visit 1a. Welcome Video)</td></tr> </table>	1	Visited getting started section (visited 1a. Welcome Video)	2	Did not visit getting started section (did not visit 1a. Welcome Video)		
1	Visited getting started section (visited 1a. Welcome Video)								
2	Did not visit getting started section (did not visit 1a. Welcome Video)								
369	[daae_complete]	Section Header: <i>Form Status</i> Complete?	dropdown						
			<table border="1"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: T1 (t1)  Enabled as survey

370	[ta_howprogramgoing]	How are things going with the program?	radio												
			<table border="1"> <tr> <td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr> <td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr> <td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.						
1	Great - I know what I need to do - just bring me back to the program home page!														
2	Okay, but I could use some help with next steps.														
3	Not well at all.														
371	[ta_okay] Show the field ONLY if: [ta_howprogramgoing] = '2'	Section Header: OK - happy to help! Where would you like to start?	radio												
			<table border="1"> <tr> <td>1</td><td>I need more information about how to use the program.</td></tr> <tr> <td>2</td><td>I need help remembering to use the program.</td></tr> <tr> <td>3</td><td>I need help setting or meeting goals.</td></tr> <tr> <td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr> <td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr> <td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
372	[ta_notwellatall] Show the field ONLY if: [ta_howprogramgoing] = '3'	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	radio												
			<table border="1"> <tr> <td>1</td><td>I need more information about how to use the program.</td></tr> <tr> <td>2</td><td>I need help remembering to use the program.</td></tr> <tr> <td>3</td><td>I need help setting or meeting goals.</td></tr> <tr> <td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr> <td>5</td><td>I want to get help from a healthcare provider.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.		
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														



			<table border="1"> <tr> <td>6</td><td>I want help with something else.</td></tr> </table>	6	I want help with something else.										
6	I want help with something else.														
373	[d5] Show the field ONLY if: [ta_okay] = '4' or [ta_notwellatall] = '4'	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio <table border="1"> <tr> <td>1</td> <td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td> </tr> <tr> <td>2</td> <td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td> </tr> <tr> <td>3</td> <td>I am ready to learn about other treatments for bladder and bowel problems.</td> </tr> <tr> <td>4</td> <td>I am ready to talk with a healthcare provider about my symptoms.</td> </tr> <tr> <td>5</td> <td>I want help with something else.</td> </tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.		
1	I need help setting and meeting goals in Women on the Go for my specific symptoms.														
2	I am doing my exercises but I am not seeing an improvement in my symptoms.														
3	I am ready to learn about other treatments for bladder and bowel problems.														
4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
374	[d2] Show the field ONLY if: [ta_okay] = '3' or [ta_notwellatall] = '3' or [d5] = '1'	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"> <tr> <td>1</td> <td>I need help setting goals that I can meet</td> </tr> <tr> <td>2</td> <td>I need help setting goals to improve my symptoms</td> </tr> <tr> <td>3</td> <td>I need help remembering to work on my goals</td> </tr> <tr> <td>4</td> <td>Working on my goals is making things worse</td> </tr> </table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work on my goals	4	Working on my goals is making things worse				
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work on my goals														
4	Working on my goals is making things worse														
375	[e2] Show the field ONLY if: [d2] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"> <tr> <td>1</td> <td>e2_1</td> <td>Leaking urine (incontinence)</td> </tr> <tr> <td>2</td> <td>e2_2</td> <td>Waking up overnight to pee (nocturia)</td> </tr> <tr> <td>3</td> <td>e2_3</td> <td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td> </tr> <tr> <td>4</td> <td>e2_4</td> <td>Constipation</td> </tr> </table>	1	e2_1	Leaking urine (incontinence)	2	e2_2	Waking up overnight to pee (nocturia)	3	e2_3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_4	Constipation
1	e2_1	Leaking urine (incontinence)													
2	e2_2	Waking up overnight to pee (nocturia)													
3	e2_3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_4	Constipation													
376	[e2a] Show the field ONLY if: [e2(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"> <tr> <td>1</td> <td>General urine leakage</td> </tr> <tr> <td>2</td> <td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td> </tr> <tr> <td>3</td> <td>Sudden urges to pee or peeing too often (overactive bladder)</td> </tr> </table>	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)						
1	General urine leakage														
2	Leakage with coughing, sneezing, or exercising (stress incontinence)														
3	Sudden urges to pee or peeing too often (overactive bladder)														
377	[d6] Show the field ONLY if: [ta_notwellatall] = '5' or [ta_notwellatall] = '5' or [ta_okay] = '5'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier												
378	[ta_d1] Show the field ONLY if: [ta_okay] = '1' or [ta_notwellatall] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier												
379	[d2a] Show the field ONLY if: [d2] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier												
380	[d7] Show the field ONLY if:	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthegostudy@gmail.com to tell us more about	descriptive, Identifier 												

	[ta_notwellatall] = '6' or [ta_okay] = '6' or [d5] = '5'	what you need. We will get back to you within 3 business days. You got this! Dr. Heidi							
381	[ta_great] Show the field ONLY if: [ta_howprogramgoing] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier						
382	[e1] Show the field ONLY if: [d2] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier						
383	[xxx] Show the field ONLY if: [e2a] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier						
384	[d4] Show the field ONLY if: [ta_okay] = '2' or [ta_notwellatall] = '2' or [ta_okay] = '2' or [d2] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier						
385	[e2b] Show the field ONLY if: [e2a] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress Incontinence). You got this! Dr. Heidi	descriptive, Identifier						
386	[e2c] Show the field ONLY if: [e2a] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier						
387	[e4a] Show the field ONLY if: [e2(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier						
388	[e5a] Show the field ONLY if: [e2(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
389	[e6a] Show the field ONLY if: [e2(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier						
390	[d5b] Show the field ONLY if: [d5] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier						
391	[d5c] Show the field ONLY if: [d5] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
392	[d5d] Show the field ONLY if: [d5] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
393	[t1_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 1 sent (sent)

 Enabled as survey



394	[firstname1s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
395	[lastname1s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
396	[emailadd1s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
397	[w1es]	Verified email was sent	radio <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No		
1	Yes								
2	No								
398	[sent_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 2C (c_dd73)  Enabled as survey

399	[week1firstname_1_2c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY						
400	[week1lastname_1_2c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY						
401	[week1ea_1_2c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
402	[ves2]	Verified email sent?	radio <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No		
1	Yes								
2	No								
403	[c_dd73_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 2 (daae_e2d7)  Enabled as survey

404	[week2firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
405	[week2lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
406	[week2ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
407	[week_1_tailored_option_v2]	Weekly Check-in Variable (filter for participants email in column A, then sort column H): Ex: today is tuesday the 25th, last tuesday was the 18th - would get credit for logging in between 18th and 25th.	radio, Required <table border="1"><tr><td>1</td><td>Logged in during past week (if today is a Tuesday; look to see the date of last week Tuesday; if participant signed in last Tuesday or since then, select this option)</td></tr><tr><td>2</td><td>Did not log in during past week (if participant last signed prior to last week Tuesday select this option)</td></tr></table>	1	Logged in during past week (if today is a Tuesday; look to see the date of last week Tuesday; if participant signed in last Tuesday or since then, select this option)	2	Did not log in during past week (if participant last signed prior to last week Tuesday select this option)		
1	Logged in during past week (if today is a Tuesday; look to see the date of last week Tuesday; if participant signed in last Tuesday or since then, select this option)								
2	Did not log in during past week (if participant last signed prior to last week Tuesday select this option)								
408	[daae_e2d7_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: T2 (t2)  Enabled as survey

409	[ta_howprogramgoing_t2]	How are things going with the program?	radio
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			<table border="1"> <tr><td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr><td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr><td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.						
1	Great - I know what I need to do - just bring me back to the program home page!														
2	Okay, but I could use some help with next steps.														
3	Not well at all.														
410	<p>[ta_okay_t2]</p> <p>Show the field ONLY if: [ta_howprogramgoing_t2] = '2'</p>	<p>Section Header:</p> <p>OK - happy to help! Where would you like to start?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
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4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
411	<p>[ta_notwellatall_t2]</p> <p>Show the field ONLY if: [ta_howprogramgoing_t2] = '3'</p>	<p>Section Header:</p> <p>Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
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3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
412	<p>[d5_t2]</p> <p>Show the field ONLY if: [ta_okay_t2] = '4' or [ta_notwellatall_t2] = '4'</p>	<p>Section Header:</p> <p>More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td></tr> <tr><td>2</td><td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td></tr> <tr><td>3</td><td>I am ready to learn about other treatments for bladder and bowel problems.</td></tr> <tr><td>4</td><td>I am ready to talk with a healthcare provider about my symptoms.</td></tr> <tr><td>5</td><td>I want help with something else.</td></tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.		
1	I need help setting and meeting goals in Women on the Go for my specific symptoms.														
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4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
413	<p>[d2_t2]</p> <p>Show the field ONLY if: [ta_okay_t2] = '3' or [ta_notwellatall_t2] = '3' or [d5_t2] = '1'</p>	<p>Section Header:</p> <p>Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>I need help setting goals that I can meet</td></tr> <tr><td>2</td><td>I need help setting goals to improve my symptoms</td></tr> <tr><td>3</td><td>I need help remembering to work on my goals</td></tr> <tr><td>4</td><td>Working on my goals is making things worse</td></tr> </table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work on my goals	4	Working on my goals is making things worse				
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work on my goals														
4	Working on my goals is making things worse														
414	<p>[e2_t2]</p> <p>Show the field ONLY if: [d2_t2] = '2'</p>	<p>Section Header:</p> <p>Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>e2_t2__1</td><td>Leaking urine (incontinence)</td></tr> <tr><td>2</td><td>e2_t2__2</td><td>Waking up overnight to urinate (nocturia)</td></tr> </table>	1	e2_t2__1	Leaking urine (incontinence)	2	e2_t2__2	Waking up overnight to urinate (nocturia)						
1	e2_t2__1	Leaking urine (incontinence)													
2	e2_t2__2	Waking up overnight to urinate (nocturia)													

			<table border="1"> <tr><td>3</td><td>e2_t2_3</td><td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td></tr> <tr><td>4</td><td>e2_t2_4</td><td>Constipation</td></tr> </table>	3	e2_t2_3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t2_4	Constipation	
3	e2_t2_3	Leaking stool (poop) or sudden urges to poop (bowel urgency)								
4	e2_t2_4	Constipation								
415	[e2a_t2] Show the field ONLY if: [e2_t2(1)] = '1'	Section Header: Do you want help setting goals for...	<table border="1"> <tr><td>radio</td></tr> <tr><td>1</td><td>General urine leakage</td></tr> <tr><td>2</td><td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td></tr> <tr><td>3</td><td>Sudden urges to pee or peeing too often (overactive bladder)</td></tr> </table>	radio	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)
radio										
1	General urine leakage									
2	Leakage with coughing, sneezing, or exercising (stress incontinence)									
3	Sudden urges to pee or peeing too often (overactive bladder)									
416	[ta_d1_t2] Show the field ONLY if: [ta_okay_t2] = '1' or [ta_notwellatall_t2] = '1'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier							
417	[d2a_t2] Show the field ONLY if: [d2_t2] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier							
418	[ta_great_t2] Show the field ONLY if: [ta_howprogramgoing_t2] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier							
419	[d6_t2] Show the field ONLY if: [ta_notwellatall_t2] = '5' or [ta_notwellatall_t2] = '5' or [ta_okay_t2] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier							
420	[xxxx_t2] Show the field ONLY if: [e2a_t2] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier							
421	[d7_t2] Show the field ONLY if: [ta_notwellatall_t2] = '6' or [ta_okay_t2] = '6' or [d5_t2] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthegostudy@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier							
422	[e1_t2] Show the field ONLY if: [d2_t2] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier							
423	[d4_t2] Show the field ONLY if: [ta_okay_t2] = '2' or [ta_notwellatall_t2] = '2' or [ta_okay_t2] = '2' or [d2_t2] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier							
424	[e2b_t2] Show the field ONLY if: [e2a_t2] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress Incontinence). You got this! Dr. Heidi	descriptive, Identifier							
425	[e2c_t2] Show the field ONLY if: [e2a_t2] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier							
426	[e4a_t2]	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up	descriptive, Identifier							



	Show the field ONLY if: [e2_t2(2)] = '1'	overnight to pee. You got this! Dr. Heidi							
427	[e5a_t2] Show the field ONLY if: [e2_t2(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
428	[e6a_t2] Show the field ONLY if: [e2_t2(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier						
429	[d5b_t2] Show the field ONLY if: [d5_t2] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how do check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier						
430	[d5c_t2] Show the field ONLY if: [d5_t2] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
431	[d5d_t2] Show the field ONLY if: [d5_t2] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
432	[t2_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 2 sent (sent_f16f)  Enabled as survey

433	[firstname2s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
434	[lastname2s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
435	[emailadd2s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
436	[w1es_2es]	Verified email was sent	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
437	[sent_f16f_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 3C (c_98b4)  Enabled as survey

438	[week1firstname_1_3c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY				
439	[week1lastname_1_3c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY				
440	[week1ea_1_3c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY				
441	[yes3]	Verified email sent?	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No
1	Yes						
2	No						



442	[c_98b4_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 3 (ddcd)  Enabled as survey									
443	[week3firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
444	[week3lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
445	[week3ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
446	[week_1_tailored_option_v2_v3]	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A -> Z):	radio, Required <table border="1"> <tr><td>1</td><td>Clicked through goals section (G1 - G7; has visited 4/7 of the pages)</td></tr> <tr><td>2</td><td>Did not click through goals section (G1 - G7; has not visited 3 or less pages)</td></tr> </table>	1	Clicked through goals section (G1 - G7; has visited 4/7 of the pages)	2	Did not click through goals section (G1 - G7; has not visited 3 or less pages)		
1	Clicked through goals section (G1 - G7; has visited 4/7 of the pages)								
2	Did not click through goals section (G1 - G7; has not visited 3 or less pages)								
447	[ddcd_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: T3 (t3)  Enabled as survey															
448	[ta_howprogramgoing_t3]	How are things going with the program?	radio, Required <table border="1"> <tr><td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr><td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr><td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.						
1	Great - I know what I need to do - just bring me back to the program home page!														
2	Okay, but I could use some help with next steps.														
3	Not well at all.														
449	[ta_okay_t3] Show the field ONLY if: [ta_howprogramgoing_t3] = '2'	Section Header: OK - happy to help! Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
450	[ta_notwellatall_t3] Show the field ONLY if: [ta_howprogramgoing_t3] = '3'	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.		
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4	I want to see more improvement in my symptoms.														
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			<table border="1"> <tr> <td>6</td><td>I want help with something else.</td></tr> </table>	6	I want help with something else.										
6	I want help with something else.														
451	[d5_t3] Show the field ONLY if: [ta_okay_t3] = '4' or [ta_notwellatall_t3] = '4'	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio <table border="1"> <tr> <td>1</td> <td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td> </tr> <tr> <td>2</td> <td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td> </tr> <tr> <td>3</td> <td>I am ready to learn about other treatments for bladder and bowel problems.</td> </tr> <tr> <td>4</td> <td>I am ready to talk with a healthcare provider about my symptoms.</td> </tr> <tr> <td>5</td> <td>I want help with something else.</td> </tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.		
1	I need help setting and meeting goals in Women on the Go for my specific symptoms.														
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3	I am ready to learn about other treatments for bladder and bowel problems.														
4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
452	[d2_t3] Show the field ONLY if: [ta_okay_t3] = '3' or [ta_notwellatall_t3] = '3' or [d5_t3] = '1'	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"> <tr> <td>1</td> <td>I need help setting goals that I can meet</td> </tr> <tr> <td>2</td> <td>I need help setting goals to improve my symptoms</td> </tr> <tr> <td>3</td> <td>I need help remembering to work on my goals</td> </tr> <tr> <td>4</td> <td>Working on my goals is making things worse</td> </tr> </table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work on my goals	4	Working on my goals is making things worse				
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work on my goals														
4	Working on my goals is making things worse														
453	[e2_t3] Show the field ONLY if: [d2_t3] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"> <tr> <td>1</td> <td>e2_t3__1</td> <td>Leaking urine (incontinence)</td> </tr> <tr> <td>2</td> <td>e2_t3__2</td> <td>Waking up overnight to pee (nocturia)</td> </tr> <tr> <td>3</td> <td>e2_t3__3</td> <td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td> </tr> <tr> <td>4</td> <td>e2_t3__4</td> <td>Constipation</td> </tr> </table>	1	e2_t3__1	Leaking urine (incontinence)	2	e2_t3__2	Waking up overnight to pee (nocturia)	3	e2_t3__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t3__4	Constipation
1	e2_t3__1	Leaking urine (incontinence)													
2	e2_t3__2	Waking up overnight to pee (nocturia)													
3	e2_t3__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_t3__4	Constipation													
454	[e2a_t3] Show the field ONLY if: [e2_t3(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"> <tr> <td>1</td> <td>General urine leakage</td> </tr> <tr> <td>2</td> <td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td> </tr> <tr> <td>3</td> <td>Sudden urges to pee or peeing too often (overactive bladder)</td> </tr> </table>	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)						
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2	Leakage with coughing, sneezing, or exercising (stress incontinence)														
3	Sudden urges to pee or peeing too often (overactive bladder)														
455	[d6_t3] Show the field ONLY if: [ta_notwellatall_t3] = '5' or [ta_notwellatall_t3] = '5' or [ta_okay_t3] = '5'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier												
456	[ta_great_t3] Show the field ONLY if: [ta_howprogramgoing_t3] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier												
457	[ta_d1_t3] Show the field ONLY if: [ta_okay_t3] = '1' or [ta_notwellatall_t3] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier												
458	[d2a_t3] Show the field ONLY if: [d2_t3] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of	descriptive, Identifier												



		the program to learn more about setting goals that will work for you. You got this! Dr. Heidi							
459	[xxxx_t3] Show the field ONLY if: [e2a_t3] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier						
460	[d7_t3] Show the field ONLY if: [ta_notwellatall_t3] = '6' or [ta_okay_t3] = '6' or [d5_t3] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthegostudy@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier						
461	[e1_t3] Show the field ONLY if: [d2_t3] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier						
462	[d4_t3] Show the field ONLY if: [ta_okay_t3] = '2' or [ta_notwellatall_t3] = '2' or [ta_okay_t3] = '2' or [d2_t3] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier						
463	[e2b_t3] Show the field ONLY if: [e2a_t3] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress Incontinence). You got this! Dr. Heidi	descriptive, Identifier						
464	[e2c_t3] Show the field ONLY if: [e2a_t3] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier						
465	[e4a_t3] Show the field ONLY if: [e2_t3(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier						
466	[e5a_t3] Show the field ONLY if: [e2_t3(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
467	[e6a_t3] Show the field ONLY if: [e2_t3(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier						
468	[d5b_t3] Show the field ONLY if: [d5_t3] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier						
469	[d5c_t3] Show the field ONLY if: [d5_t3] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
470	[d5d_t3] Show the field ONLY if: [d5_t3] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
471	[t3_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> 	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

472	[firstname3s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
473	[lastname3s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
474	[emailadd3s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
475	[w1es_3es]	Verified email was sent	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No		
1	Yes								
2	No								
476	[sent_3307_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 4C (c_a4d6)  Enabled as survey

477	[week1firstname_1_4c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY						
478	[week1lastname_1_4c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY						
479	[week1ea_1_4c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
480	[ves4]	Verified email sent?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No		
1	Yes								
2	No								
481	[c_a4d6_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 4 (ddcd_cad3)  Enabled as survey

482	[week4firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
483	[week4lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
484	[week4ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
485	[week_1_tailored_option_v2_v4]	Weekly Check-in Variable (filter for participants email in column A, then sort column H):	radio, Required <table border="1"><tr><td>1</td><td>Logged in at least 3 times in past month, including once in past week</td></tr><tr><td>2</td><td>Logged in 3 times in last month but NOT in last week</td></tr><tr><td>3</td><td>Has logged in less than 3 times in last month</td></tr></table>	1	Logged in at least 3 times in past month, including once in past week	2	Logged in 3 times in last month but NOT in last week	3	Has logged in less than 3 times in last month
1	Logged in at least 3 times in past month, including once in past week								
2	Logged in 3 times in last month but NOT in last week								
3	Has logged in less than 3 times in last month								

Instrument: T4 (t4)  Enabled as survey

487	[feedbackinvite_t4]	Hello, [bl_arm_3][pr_first_name_basicinfot]!	radio, Required, Identifier
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		Dr. Heidi here. If you can spare a moment, please tell me what you think of our weekly check-ins.	<table border="1"> <tr><td>1</td><td>I like them. They help me find the parts of the Women on the Go program that are most useful for me.</td></tr> <tr><td>2</td><td>They are OK. At first they were helpful, but now they are just a waste of my time.</td></tr> <tr><td>3</td><td>I don't like them. They have never been helpful for me.</td></tr> <tr><td>4</td><td>I don't have any feedback to share. Please just take me to our regular check-in.</td></tr> </table>	1	I like them. They help me find the parts of the Women on the Go program that are most useful for me.	2	They are OK. At first they were helpful, but now they are just a waste of my time.	3	I don't like them. They have never been helpful for me.	4	I don't have any feedback to share. Please just take me to our regular check-in.				
1	I like them. They help me find the parts of the Women on the Go program that are most useful for me.														
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3	I don't like them. They have never been helpful for me.														
4	I don't have any feedback to share. Please just take me to our regular check-in.														
488	[openfeedback_1mo] Show the field ONLY if: [feedbackinvite_t4] = '1' or [feedbackinvite_t4] = '2' or [feedbackinvite_t4] = '3'	How could I change our weekly check-in to make it more helpful for you?	notes Field Annotation: [feedbackinvite_t4] = 1 OR [feedbackinvite_t4] = 2 OR [feedbackinvite_t4] = 3												
489	[ta_howprogramgoing_t4] Show the field ONLY if: [feedbackinvite_t4] = '4'	Section Header: How are things going with the program?	radio <table border="1"> <tr><td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr><td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr><td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.						
1	Great - I know what I need to do - just bring me back to the program home page!														
2	Okay, but I could use some help with next steps.														
3	Not well at all.														
490	[ta_okay_t4] Show the field ONLY if: [ta_howprogramgoing_t4] = '2'	Section Header: OK - happy to help! Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
491	[ta_notwellatall_t4] Show the field ONLY if: [ta_howprogramgoing_t4] = '3'	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
492	[d5_t4] Show the field ONLY if: [ta_okay_t4] = '4' or [ta_notwellatall_t4] = '4'	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio <table border="1"> <tr><td>1</td><td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td></tr> <tr><td>2</td><td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td></tr> <tr><td>3</td><td>I am ready to learn about other treatments for bladder and bowel problems.</td></tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.						
1	I need help setting and meeting goals in Women on the Go for my specific symptoms.														
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3	I am ready to learn about other treatments for bladder and bowel problems.														



			<table border="1"> <tr><td>4</td><td>I am ready to talk with a healthcare provider about my symptoms.</td></tr> <tr><td>5</td><td>I want help with something else.</td></tr> </table>	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.								
4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
493	[d2_t4] Show the field ONLY if: [ta_okay_t4] = '3' or [ta_notwellatall_t4] = '3' or [d5_t4] = '1'	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need help setting goals that I can meet</td></tr> <tr><td>2</td><td>I need help setting goals to improve my symptoms</td></tr> <tr><td>3</td><td>I need help remembering to work on my goals</td></tr> <tr><td>4</td><td>Working on my goals is making things worse</td></tr> </table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work on my goals	4	Working on my goals is making things worse				
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work on my goals														
4	Working on my goals is making things worse														
494	[e2_t4] Show the field ONLY if: [d2_t4] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"> <tr><td>1</td><td>e2_t4__1</td><td>Leaking urine (incontinence)</td></tr> <tr><td>2</td><td>e2_t4__2</td><td>Waking up overnight to pee (nocturia)</td></tr> <tr><td>3</td><td>e2_t4__3</td><td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td></tr> <tr><td>4</td><td>e2_t4__4</td><td>Constipation</td></tr> </table>	1	e2_t4__1	Leaking urine (incontinence)	2	e2_t4__2	Waking up overnight to pee (nocturia)	3	e2_t4__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t4__4	Constipation
1	e2_t4__1	Leaking urine (incontinence)													
2	e2_t4__2	Waking up overnight to pee (nocturia)													
3	e2_t4__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_t4__4	Constipation													
495	[e2a_t4] Show the field ONLY if: [e2_t4(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"> <tr><td>1</td><td>General urine leakage</td></tr> <tr><td>2</td><td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td></tr> <tr><td>3</td><td>Sudden urges to pee or peeing too often (overactive bladder)</td></tr> </table>	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)						
1	General urine leakage														
2	Leakage with coughing, sneezing, or exercising (stress incontinence)														
3	Sudden urges to pee or peeing too often (overactive bladder)														
496	[d6_t4] Show the field ONLY if: [ta_notwellatall_t4] = '5' or [ta_okay_t4] = '5'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier												
497	[ta_great_t4] Show the field ONLY if: [ta_howprogramgoing_t4] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier												
498	[ta_d1_t4] Show the field ONLY if: [ta_okay_t4] = '1' or [ta_notwellatall_t4] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier												
499	[d2a_t4] Show the field ONLY if: [d2_t4] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier												
500	[d7_t4] Show the field ONLY if: [ta_notwellatall_t4] = '6' or [ta_okay_t4] = '6' or [d5_t4] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthegostudy@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier												
501	[e1_t4] Show the field ONLY if: [d2_t4] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier												



502	[xxxx_t4] Show the field ONLY if: [e2a_t4] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier						
503	[d4_t4] Show the field ONLY if: [ta_okay_t4] = '2' or [ta_not wellatall_t4] = '2' or [ta_oka y_t4] = '2' or [d2_t4] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier						
504	[e2b_t4] Show the field ONLY if: [e2a_t4] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress Incontinence). You got this! Dr. Heidi	descriptive, Identifier						
505	[e2c_t4] Show the field ONLY if: [e2a_t4] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier						
506	[e4a_t4] Show the field ONLY if: [e2_t4(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier						
507	[e5a_t4] Show the field ONLY if: [e2_t4(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
508	[e6a_t4] Show the field ONLY if: [e2_t4(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier						
509	[d5b_t4] Show the field ONLY if: [d5_t4] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier						
510	[d5c_t4] Show the field ONLY if: [d5_t4] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
511	[d5d_t4] Show the field ONLY if: [d5_t4] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
512	[t4_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **4 sent** (sent_102c)  Enabled as survey

513	[firstname4s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY				
514	[lastname4s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY				
515	[emailadd4s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY				
516	[w1es_4es]	Verified email was sent	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No
1	Yes						
2	No						



517	[sent_102c_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: Month 1 Survey (month_1_survey)  Enabled as survey																	
518	[welcome_1mo]	Welcome to the second research survey for the Women on the Go Study! It should take about 10 - 20 minutes to complete. Please try to answer all the questions. You will receive \$25 after you complete the survey to thank you for your time and effort. Section 1 of 3 - Attitudes, Beliefs, and General Health The questions in this section are about your attitudes, beliefs, and general health.	descriptive														
519	[sf_q1_1mo]	Overall, how would you rate your health during the past 4 weeks?	radio, Required <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>6</td><td>Very poor</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	6	Very poor	99	Choose not to answer
1	Excellent																
2	Very good																
3	Good																
4	Fair																
5	Poor																
6	Very poor																
99	Choose not to answer																
520	[weight_1mo]	How much do you weigh in pounds? If you choose not to answer, please enter 999.	text (number, Min: 79, Max: 999), Required														
521	[know_pads_1mo]	Section Header: <i>Below are some statements about urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each statement, or if you do not know.</i> Other than pads and diapers, not much can be done to treat leakage of urine.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer						
1	Agree																
2	Disagree																
3	Don't know																
99	Choose not to answer																
522	[know_exercises_1mo]	Certain exercises can be done to help to control urine leakage.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer						
1	Agree																
2	Disagree																
3	Don't know																
99	Choose not to answer																
523	[know_weight_1mo]	Being overweight may make urinary leakage worse.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer						
1	Agree																
2	Disagree																
3	Don't know																
99	Choose not to answer																
524	[know_oncestart_1mo]	Once people start to leak urine, they are never able to control their urine again.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer						
1	Agree																
2	Disagree																
3	Don't know																
99	Choose not to answer																
525	[know_nonsurgery_1mo]	Surgery is the only treatment for urinary leakage.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> </table>	1	Agree												
1	Agree																



			<table border="1"> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	2	Disagree	3	Don't know	99	Choose not to answer						
2	Disagree														
3	Don't know														
99	Choose not to answer														
526	[psq_1mo]	<p>Section Header: <i>This set of questions asks about your experience with the Women on the Go program.</i></p> <p>How satisfied are you with your progress in the Women on the Go program?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Completely satisfied</td></tr> <tr><td>2</td><td>Somewhat satisfied</td></tr> <tr><td>3</td><td>Not at all satisfied</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Completely satisfied	2	Somewhat satisfied	3	Not at all satisfied	99	Choose not to answer				
1	Completely satisfied														
2	Somewhat satisfied														
3	Not at all satisfied														
99	Choose not to answer														
527	[gpi_1mo]	Since starting the Women on the Go program, overall, do you feel that you are:	radio, Required <table border="1"> <tr><td>1</td><td>Much Better</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Worse</td></tr> <tr><td>5</td><td>Much worse</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Much Better	2	Better	3	About the same	4	Worse	5	Much worse	99	Choose not to answer
1	Much Better														
2	Better														
3	About the same														
4	Worse														
5	Much worse														
99	Choose not to answer														
528	[epi_1mo]	Since starting the Women on the Go program, please estimate how much better you are on a scale from 0% (no better) to 100% (completely better).	slider (number, Min: 0, Max: 100) Slider labels: 0%, 50%, 100% Custom alignment: RH												
529	[recwotg_1mo]	Would you recommend Women on the Go to a friend or family member?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LH	1	Yes	2	No	99	Choose not to answer						
1	Yes														
2	No														
99	Choose not to answer														
530	[rec_why_1mo]	Please tell us more about why you would or would not recommend the Women on the Go program.	notes Custom alignment: LH												
531	[freetext_feedback_1mo]	What else would you like to share about your experience with the Women on the Go program?	notes Custom alignment: LH												
532	[hapa_intentions_last_1mo]	<p>Section Header: <i>The Women on the Go program is designed to help women make changes to improve bladder and bowel health. For each of the following questions, choose the statement that best describes you.</i></p> <p>Thinking about the last month, when it came to making changes to improve bladder or bowel health, which of these statements best describes you?</p>	radio, Required <table border="1"> <tr><td>0</td><td>I DID NOT THINK ABOUT making any changes.</td></tr> <tr><td>1</td><td>I THOUGHT about making changes.</td></tr> <tr><td>2</td><td>I PLANNED to make changes.</td></tr> <tr><td>3</td><td>I MADE changes.</td></tr> <tr><td>4</td><td>My changes BECAME MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LV	0	I DID NOT THINK ABOUT making any changes.	1	I THOUGHT about making changes.	2	I PLANNED to make changes.	3	I MADE changes.	4	My changes BECAME MY NEW ROUTINE.	99	Choose not to answer
0	I DID NOT THINK ABOUT making any changes.														
1	I THOUGHT about making changes.														
2	I PLANNED to make changes.														
3	I MADE changes.														
4	My changes BECAME MY NEW ROUTINE.														
99	Choose not to answer														



533	[hapa_intentions_plans_1mo]	<p>Thinking about the next month, when it comes to making changes to improve bladder or bowel health, which of these statements best describes you?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>I am NOT PLANNING TO make any changes.</td></tr> <tr><td>1</td><td>I MIGHT make a change.</td></tr> <tr><td>2</td><td>I PLAN TO make a change.</td></tr> <tr><td>3</td><td>I WILL KEEP ON making changes.</td></tr> <tr><td>4</td><td>I WILL CONTINUE MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I am NOT PLANNING TO make any changes.	1	I MIGHT make a change.	2	I PLAN TO make a change.	3	I WILL KEEP ON making changes.	4	I WILL CONTINUE MY NEW ROUTINE.	99	Choose not to answer		
0	I am NOT PLANNING TO make any changes.																
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2	I PLAN TO make a change.																
3	I WILL KEEP ON making changes.																
4	I WILL CONTINUE MY NEW ROUTINE.																
99	Choose not to answer																
534	[hapa_older_1mo]	<p>Thinking about the future, which of these statements best describes you?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>I am not worried about bladder or bowel problems getting worse as I get older.</td></tr> <tr><td>1</td><td>If I make changes now, I can prevent bladder or bowel problems in the future.</td></tr> <tr><td>2</td><td>I will have bladder or bowel problems as I get older no matter what I do now.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I am not worried about bladder or bowel problems getting worse as I get older.	1	If I make changes now, I can prevent bladder or bowel problems in the future.	2	I will have bladder or bowel problems as I get older no matter what I do now.	99	Choose not to answer						
0	I am not worried about bladder or bowel problems getting worse as I get older.																
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2	I will have bladder or bowel problems as I get older no matter what I do now.																
99	Choose not to answer																
535	[hapa_sticktoplan_1mo]	<p>When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>When I make a plan, I stick to it, even if I am tired or busy with other things.</td></tr> <tr><td>1</td><td>Even when I make a plan, other things can get in the way of me following through with the plan.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	When I make a plan, I stick to it, even if I am tired or busy with other things.	1	Even when I make a plan, other things can get in the way of me following through with the plan.	99	Choose not to answer								
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99	Choose not to answer																
536	[hapa_resources_1mo]	<p>When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>I have the support and resources I need to meet my goals.</td></tr> <tr><td>1</td><td>It is hard for me to meet my goals because I don't have the support or resources I need.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I have the support and resources I need to meet my goals.	1	It is hard for me to meet my goals because I don't have the support or resources I need.	99	Choose not to answer								
0	I have the support and resources I need to meet my goals.																
1	It is hard for me to meet my goals because I don't have the support or resources I need.																
99	Choose not to answer																
537	[bitus_lastmo_1mo]	<p>Section Header: <i>During this research study, you are able to use the Women on the Go program as often as you want to use it.</i></p> <p>How often DID YOU USE the Women on the Go program IN THE LAST MONTH?</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
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3	Once a week																
4	More than once a week																
5	Every day																
99	Choose not to answer																
538	[bitus_intend_1mo]	<p>How often do you INTEND or PLAN TO USE the Women on the Go program IN THE NEXT MONTH?</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> </table>	0	Not at all	1	At least once a month	2	A few times a month								
0	Not at all																
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			<table border="1"> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer						
3	Once a week																
4	More than once a week																
5	Every day																
99	Choose not to answer																
539	[bitus_predict_1mo]	How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program IN THE NEXT MONTH?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
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4	More than once a week																
5	Every day																
99	Choose not to answer																
540	[kegel_freq_1mo]	<p>Section Header: Section 2 of 3 - Current Health Behaviors The following questions are about things you do that may impact bladder or bowel health.</p> <p>Thinking about the last 4 weeks, on average, how often did you do Kegel squeezes, or pelvic floor muscle exercises?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Once per month or less</td></tr> <tr><td>2</td><td>A few times per month</td></tr> <tr><td>3</td><td>At least once per week</td></tr> <tr><td>4</td><td>Several times per week</td></tr> <tr><td>5</td><td>At least once per day</td></tr> <tr><td>6</td><td>Several times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Once per month or less	2	A few times per month	3	At least once per week	4	Several times per week	5	At least once per day	6	Several times per day	99	Choose not to answer
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3	At least once per week																
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5	At least once per day																
6	Several times per day																
99	Choose not to answer																
541	[fiber_guess_1mo]	On an average day, how much fiber do you think you get through food and supplements?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
1	Less than I should																
2	About what I should																
3	More than I should																
99	Choose not to answer																
542	[fluid_guess_1mo]	On an average day, how much fluid do you think you drink (including all fluids, not just water)?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
1	Less than I should																
2	About what I should																
3	More than I should																
99	Choose not to answer																
543	[est_totalfluid_1mo]	Please make your best guess about how many ounces of fluid you drink on an average day. This guess should include all fluids you drink, not just water. A standard soda can, or a regular sized coffee cup, contains 12 ounces. If you choose not to answer, please enter 999. <i>ounces</i>	text (number, Min: 0, Max: 999) Custom alignment: LV														
544	[freq_coffee_1mo]	Thinking about the last week, about how many servings of coffee with caffeine did you drink? Please do not include decaf coffee. One serving is 12 ounces, a regular sized coffee cup.	radio, Required <table border="1"> <tr><td>0</td><td>I do not drink coffee</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p> 	0	I do not drink coffee	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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5	3 or more servings (36 ounces) per day																
99	Choose not to answer																

545	[freq_soda_1mo]	<p>Thinking about the last week, about how many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12 ounces. Please do not include caffeine-free soda (like Sprite, Ginger Ale, 7-Up, Fanta, etc.)</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>I do not drink soda with caffeine</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I do not drink soda with caffeine	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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99	Choose not to answer																
546	[fruit_1mo]	<p>Section Header: <i>These questions help estimate how much fiber you get through foods you eat. Thinking about the last 4 weeks, on average, how often did you eat the following foods?</i></p> <p>Fruit (not juice)</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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4	4-6 servings per week																
5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
547	[grnsalad_1mo]	Green salad	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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548	[potato_1mo]	Potatoes or oatmeal	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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6	More than 1 serving per day																
99	Choose not to answer																
549	[vegetable_1mo]	Vegetables	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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550	[vegetjuice_1mo]	Vegetable Juice	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> </table>	1	Less than 1 serving per week												
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2	1 serving per week
3	2-3 servings per week
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99	Choose not to answer

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1	Less than 1 serving per week
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99	Choose not to answer

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1	Less than 1 serving per week
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5	1 serving per day
6	More than 1 serving per day
99	Choose not to answer

	checkbox, Required
1	usecontainprod_1mo__1 I use panty liners
2	usecontainprod_1mo__2 I use pads
3	usecontainprod_1mo__3 I use undergarments

551	[vegetsoup_1mo]	Vegetable soup/stew	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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99	Choose not to answer																
552	[cereal_1mo]	Fiber cereal (raisin bran, bran buds, fruit-n-fiber)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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553	[wheat_bread_1mo]	Whole wheat / rye bread	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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99	Choose not to answer																
554	[beans_1mo]	Beans (baked, pinto, black, kidney, red, split peas, soy, lentils) - NOT green beans	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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6	More than 1 serving per day																
99	Choose not to answer																
555	[usecontainprod_1mo]	<p>Section Header: This set of questions is about bathroom habits, including things like using pads or other products and your patterns in using the toilet. Think about the last 4 weeks, or one month, as you answer these questions. When you do not know an answer for sure, just make your best guess.</p> <p>Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.</p>	checkbox, Required <table border="1"> <tr><td>1</td><td>usecontainprod_1mo__1 I use panty liners</td></tr> <tr><td>2</td><td>usecontainprod_1mo__2 I use pads</td></tr> <tr><td>3</td><td>usecontainprod_1mo__3 I use undergarments</td></tr> </table>	1	usecontainprod_1mo__1 I use panty liners	2	usecontainprod_1mo__2 I use pads	3	usecontainprod_1mo__3 I use undergarments								
1	usecontainprod_1mo__1 I use panty liners																
2	usecontainprod_1mo__2 I use pads																
3	usecontainprod_1mo__3 I use undergarments																

				(like Depends or diapers)																				
4	usecontainprod_1mo__4	I use something else																						
5	usecontainprod_1mo__5	I do not use anything																						
99	usecontainprod_1mo__99	Choose not to answer																						
Field Annotation: @NONEOFTHEABOVE='5,99'																								
556	[use_liner_1mo]	How many panty liners do you use per 24 hour period (including one day and one night)? If you do not use panty liners, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																					
557	[use_pads_1mo]	How many pads do you use per 24 hour period (including one day and one night)? If you do not use pads, please enter 0. If you choose not to answer, please enter 99	text (number, Min: 0, Max: 99), Required																					
558	[use_depends_1mo]	How many undergarments (like Depends or diapers) do you use per 24 hour period (including one day and one night)? If you do not use undergarments, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																					
559	[incont_money_1mo]	Thinking about the last month, about how much money have you spent on products (such as pads, undergarments, or plugs) to manage your bladder and/or bowel symptoms?	dropdown, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than \$5</td></tr> <tr><td>2</td><td>\$5-10</td></tr> <tr><td>3</td><td>\$11-20</td></tr> <tr><td>4</td><td>\$21-30</td></tr> <tr><td>5</td><td>\$31-50</td></tr> <tr><td>6</td><td>\$51-100</td></tr> <tr><td>7</td><td>\$101 - \$200</td></tr> <tr><td>8</td><td>More than \$200</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>		0	None	1	Less than \$5	2	\$5-10	3	\$11-20	4	\$21-30	5	\$31-50	6	\$51-100	7	\$101 - \$200	8	More than \$200	99	Choose not to answer
0	None																							
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4	\$21-30																							
5	\$31-50																							
6	\$51-100																							
7	\$101 - \$200																							
8	More than \$200																							
99	Choose not to answer																							
560	[voidsovernight_1mo]	Section Header: On an average night, about how many times do you wake up overnight to urinate, or pee? If you do not wake up overnight, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																					
561	[daytimevoids_1mo]	On an average day, about how many times do you go to the toilet to urinate (pee) during the daytime? (Please do not include count trips to the bathroom overnight.)	radio, Required <table border="1"> <tr><td>1</td><td>less than 4 times per day</td></tr> <tr><td>2</td><td>4-5 times</td></tr> <tr><td>3</td><td>6-8 times</td></tr> <tr><td>4</td><td>9-10 times</td></tr> <tr><td>5</td><td>11-12 times</td></tr> <tr><td>6</td><td>more than 12 times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>		1	less than 4 times per day	2	4-5 times	3	6-8 times	4	9-10 times	5	11-12 times	6	more than 12 times per day	99	Choose not to answer						
1	less than 4 times per day																							
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4	9-10 times																							
5	11-12 times																							
6	more than 12 times per day																							
99	Choose not to answer																							
562	[voidinterval_1mo]	During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?	radio, Required <table border="1"> <tr><td>1</td><td>4 hours or more</td></tr> <tr><td>2</td><td>3 hours</td></tr> </table>		1	4 hours or more	2	3 hours																
1	4 hours or more																							
2	3 hours																							



3	2 hours
4	1 hour
5	Less than 1 hour
99	Choose not to answer

Custom alignment: LV

563	[iciquiintro]	<p>Section Header: <i>Section 3 of 3 - Current Bladder and Bowel Health</i></p> <p>This set of questions asks about your bladder symptoms over the last 4 weeks (1 month).</p> <p>When you are not sure about an answer, make your best guess.</p>	descriptive																								
564	[iciqui_leak_1mo]	How often do you leak urine?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>About once a week or less often</td></tr> <tr><td>2</td><td>Two or three times a week</td></tr> <tr><td>3</td><td>About once a day</td></tr> <tr><td>4</td><td>Several times a day</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Never	1	About once a week or less often	2	Two or three times a week	3	About once a day	4	Several times a day	5	All the time	99	Choose not to answer										
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4	Several times a day																										
5	All the time																										
99	Choose not to answer																										
565	[iciqui_howmuch_1mo]	We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?	radio, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>2</td><td>A small amount</td></tr> <tr><td>4</td><td>A moderate amount</td></tr> <tr><td>6</td><td>A large amount</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	2	A small amount	4	A moderate amount	6	A large amount	99	Choose not to answer														
0	None																										
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4	A moderate amount																										
6	A large amount																										
99	Choose not to answer																										
566	[iciqui_interfer_1mo]	Overall, how much does leaking urine interfere with your everyday life? Please select a number between 0 (not at all) and 10 (a great deal).	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
0	0 (not at all)																										
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10	10 (a great deal)																										
99	Choose not to answer																										
567	[iciqui_urineleak_1mo]	When does urine leak? (Please select all that apply to you)	checkbox, Required <table border="1"> <tr><td>1</td><td>iciqui_urineleak_1mo__1</td><td>Never - Urine does not leak</td></tr> <tr><td>2</td><td>iciqui_urineleak_1mo__2</td><td>Leaks before you can go to the toilet</td></tr> </table>	1	iciqui_urineleak_1mo__1	Never - Urine does not leak	2	iciqui_urineleak_1mo__2	Leaks before you can go to the toilet																		
1	iciqui_urineleak_1mo__1	Never - Urine does not leak																									
2	iciqui_urineleak_1mo__2	Leaks before you can go to the toilet																									

3	iciqui_urineleak_1mo__3	Leaks when you cough or sneeze
4	iciqui_urineleak_1mo__4	Leaks when you are asleep
5	iciqui_urineleak_1mo__5	Leaks when you are physically active/exercising
6	iciqui_urineleak_1mo__6	Leaks when you have finished urinating and are dressed
7	iciqui_urineleak_1mo__7	Leaks for no obvious reason
8	iciqui_urineleak_1mo__8	Leaks all the time
99	iciqui_urineleak_1mo__99	Choose not to answer

Field Annotation: @NONEOFTHEABOVE='1,99'

568	[gse_ui1_1mo]	<p>On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your urine when you want to?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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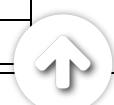
Custom alignment: LH

569	[gse_ui2_1mo]	<p>On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent urine loss without relying on pads or protection when you are out?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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9	9																										
10	10 (a great deal)																										
99	Choose not to answer																										

Custom alignment: LH



570	[fvq_bmconst_1mo]	<p>Section Header: <i>This set of questions asks about your bowel symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best guess.</i></p> <p>In the past month, how often have you been constipated?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer				
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3	Sometimes																		
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5	All the time																		
99	Choose not to answer																		
571	[fvq_bmdiarr_1mo]	In the past month, how often have you had diarrhea?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer				
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99	Choose not to answer																		
572	[fvq_bmconsist_1mo]	What has been the usual consistency of your bowel movements (poop) in the last 4 weeks?	radio, Required <table border="1"> <tr><td>1</td><td>Type 1 - separate hard lumps, like nuts (hard to pass)</td></tr> <tr><td>2</td><td>Type 2 - sausage-shaped but lumpy</td></tr> <tr><td>3</td><td>Type 3 - like a sausage, but with cracks on its surface</td></tr> <tr><td>4</td><td>Type 4 - like a sausage or snake, smooth and soft</td></tr> <tr><td>5</td><td>Type 5 - soft blobs with clear-cut edges (passed easily)</td></tr> <tr><td>6</td><td>Type 6 - fluffy pieces with ragged edges, a mushy stool</td></tr> <tr><td>7</td><td>Type 7 - watery, no solid pieces. Entirely liquid</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Type 1 - separate hard lumps, like nuts (hard to pass)	2	Type 2 - sausage-shaped but lumpy	3	Type 3 - like a sausage, but with cracks on its surface	4	Type 4 - like a sausage or snake, smooth and soft	5	Type 5 - soft blobs with clear-cut edges (passed easily)	6	Type 6 - fluffy pieces with ragged edges, a mushy stool	7	Type 7 - watery, no solid pieces. Entirely liquid	99	Choose not to answer
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99	Choose not to answer																		
573	[smis_solid_1mo]	<p>Section Header: <i>Thinking about the last 4 weeks, please indicate how your bowel symptoms impact your life.</i></p> <p>How often do you have accidental leakage of solid stool (poop)?</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
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5	Daily																		
99	Choose not to answer																		
574	[smis_liquid_1mo]	How often do you have accidental leakage of liquid stool (poop)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
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99	Choose not to answer																		
575	[smis_gas_1mo]	How often do you lose control of gas?	radio (Matrix), Required																



			<table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer												
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576	[sis_lifestyle_1mo]	How often do your bowel symptoms affect your lifestyle?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer												
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4	Weekly																										
5	Daily																										
99	Choose not to answer																										
577	[smis_padplug_1mo]	Do you use a pad or plug for accidental bowel leakage?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
578	[smis_meds_1mo]	Do you take medications to make you constipated?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
579	[smis_defer_1mo]	Do you have to rush to the toilet as soon as you have an urge to go for a bowel movement (poop)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
580	[gse_abl1_1mo]	Section Header: On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your stool (poop) when you want to?	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LH</p>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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581	[gse_abl2_1mo]	On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent accidental bowel leakage without relying on pads or protection when you are out?	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> </table> 	0	0 (not at all)	1	1	2	2																		
0	0 (not at all)																										
1	1																										
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3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10 (a great deal)
99	Choose not to answer

Custom alignment: LH

582	[phonecall]	<p>Section Header: <i>Congratulations! Only two more questions before your survey is complete.</i></p> <p>Would you be interested in doing a telephone or video interview with the research team to share more about your experience using Women on the Go? Answering yes to this question does not mean you are required to do a telephone or video interview. You may receive an email from the research team inviting you to schedule an interview.</p>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>Maybe</td></tr> <tr><td>3</td><td>No, thank you</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	Maybe	3	No, thank you	99	Choose not to answer
1	Yes										
2	Maybe										
3	No, thank you										
99	Choose not to answer										
583	[mo_suvey_completed]	<p>Section Header:</p> <p>THANK YOU FOR COMPLETING THE RESEARCH SURVEY!</p> <p>You will receive an email with a link to a \$25 electronic gift card to thank you for your participation. If you are not eligible to receive an electronic gift card, the research team will confirm an alternate payment method for your \$25 stipend of appreciation. Your next research survey invitation will come in 2 months.</p>	descriptive								
584	[month_1_survey_complet e]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **\$25 paid C** (paid_c)  Enabled as survey

585	[pr_uw_employ_p2]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee? [bl_arm_2][pr_uw_employ]	descriptive Field Annotation: v@READONLY				
586	[pr_non_res_alien_p2]	Are you a non-resident alien? [bl_arm_2][pr_non_res_alien]	descriptive Field Annotation: @READONLY				
587	[pr_first_name_p2]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY				
588	[pr_last_name_p2]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY				
589	[pr_email_address_p2]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY				
590	[paid_p2]	\$25 compensation sent	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No
1	Yes						
2	No						
591	[datepaid_p2]	Date \$25 sent	text				
592	[paid_c_complete]	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> </table>	0	Incomplete	1	Unverified
0	Incomplete						
1	Unverified						



2	Complete
---	----------

Instrument: \$25 paid T (paid_t) 

593	[pr_uw_employ_p2_tailored]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee? [bl_arm_3][pr_uw_employ_basicinfot]	descriptive Field Annotation: v@READONLY						
594	[pr_non_res_alien_p2_taiored]	Are you a non-resident alien? [bl_arm_3][pr_non_res_alien_basicinfot]	descriptive Field Annotation: @READONLY						
595	[pr_first_name_p2_tailored]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
596	[pr_last_name_p2_tailored]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
597	[pr_email_address_p2_taiored]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
598	[paid_p2_tailored]	\$25 compensation sent	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
599	[datepaid_p2_tailored]	Date \$25 sent	text						
600	[paid_t_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 5C (c_3ba0) 

601	[week1firstname_1_5c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY						
602	[week1lastname_1_5c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY						
603	[week1ea_1_5c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
604	[ves5]	Verified email sent?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
605	[c_3ba0_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 5 (ddcd_58a6) 

606	[week5firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY				
607	[week5lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY				
608	[week5ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY				
609	[week_1_tailored_option_v2_v5]	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A -> Z):	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Clicked through Kegels section (3a - 3h; clicked through 4 or more pages)</td> </tr> <tr> <td>2</td> <td>Did not click through Kegels section 3h; clicked through 3 or less pages</td> </tr> </table>	1	Clicked through Kegels section (3a - 3h; clicked through 4 or more pages)	2	Did not click through Kegels section 3h; clicked through 3 or less pages
1	Clicked through Kegels section (3a - 3h; clicked through 4 or more pages)						
2	Did not click through Kegels section 3h; clicked through 3 or less pages						
610	[ddcd_58a6_complete]	Section Header: <i>Form Status</i>	dropdown				



		Complete?	<table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: T5 (t5) 															
611	[ta_howprogramgoing_t5]	How are things going with the program?	radio, Required <table border="1"> <tr><td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr><td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr><td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.						
1	Great - I know what I need to do - just bring me back to the program home page!														
2	Okay, but I could use some help with next steps.														
3	Not well at all.														
612	[ta_okay_t5] Show the field ONLY if: [ta_howprogramgoing_t5] = '2'	Section Header: OK - happy to help! Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
613	[ta_notwellatall_t5] Show the field ONLY if: [ta_howprogramgoing_t5] = '3'	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
614	[d5_t5] Show the field ONLY if: [ta_okay_t5] = '4' or [ta_notwellatall_t5] = '4'	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio <table border="1"> <tr><td>1</td><td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td></tr> <tr><td>2</td><td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td></tr> <tr><td>3</td><td>I am ready to learn about other treatments for bladder and bowel problems.</td></tr> <tr><td>4</td><td>I am ready to talk with a healthcare provider about my symptoms.</td></tr> <tr><td>5</td><td>I want help with something else.</td></tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.		
1	I need help setting and meeting goals in Women on the Go for my specific symptoms.														
2	I am doing my exercises but I am not seeing an improvement in my symptoms.														
3	I am ready to learn about other treatments for bladder and bowel problems.														
4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
615	[d2_t5] Show the field ONLY if: [ta_okay_t5] = '3' or [ta_notwellatall_t5] = '3' or [d5_t5] = '1'	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need help setting goals that I can meet</td></tr> <tr><td>2</td><td>I need help setting goals to improve my symptoms</td></tr> <tr><td>3</td><td>I need help remembering to work goals</td></tr> </table> 	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work goals						
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work goals														

			4 Working on my goals is making things worse												
616	[e2_t5] Show the field ONLY if: [d2_t5] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"><tr><td>1</td><td>e2_t5_1</td><td>Leaking urine (incontinence)</td></tr><tr><td>2</td><td>e2_t5_2</td><td>Waking up overnight to pee (nocturia)</td></tr><tr><td>3</td><td>e2_t5_3</td><td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td></tr><tr><td>4</td><td>e2_t5_4</td><td>Constipation</td></tr></table>	1	e2_t5_1	Leaking urine (incontinence)	2	e2_t5_2	Waking up overnight to pee (nocturia)	3	e2_t5_3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t5_4	Constipation
1	e2_t5_1	Leaking urine (incontinence)													
2	e2_t5_2	Waking up overnight to pee (nocturia)													
3	e2_t5_3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_t5_4	Constipation													
617	[e2a_t5] Show the field ONLY if: [e2_t5(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"><tr><td>1</td><td>General urine leakage</td></tr><tr><td>2</td><td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td></tr><tr><td>3</td><td>Sudden urges to pee or peeing too often (overactive bladder)</td></tr></table>	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)						
1	General urine leakage														
2	Leakage with coughing, sneezing, or exercising (stress incontinence)														
3	Sudden urges to pee or peeing too often (overactive bladder)														
618	[ta_d1_t5] Show the field ONLY if: [ta_okay_t5] = '1' or [ta_notwellatall_t5] = '1'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier												
619	[d6_t5] Show the field ONLY if: [ta_notwellatall_t5] = '5' or [ta_notwellatall_t5] = '5' or [ta_okay_t5] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier												
620	[ta_great_t5] Show the field ONLY if: [ta_howprogramgoing_t5] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier												
621	[d2a_t5] Show the field ONLY if: [d2_t5] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier												
622	[e1_t5] Show the field ONLY if: [d2_t5] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier												
623	[d7_t5] Show the field ONLY if: [ta_notwellatall_t5] = '6' or [ta_okay_t5] = '6' or [d5_t5] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthegostudy@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier												
624	[xxx_t5] Show the field ONLY if: [e2a_t5] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier												
625	[d4_t5] Show the field ONLY if: [ta_okay_t5] = '2' or [ta_notwellatall_t5] = '2' or [ta_okay_t5] = '2' or [d2_t5] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier												
626	[e2b_t5]	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with	descriptive, Identifier												



	Show the field ONLY if: [e2a_t5] = '2'	Activity (Stress Incontinence). You got this! Dr. Heidi							
627	[e2c_t5] Show the field ONLY if: [e2a_t5] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier						
628	[e4a_t5] Show the field ONLY if: [e2_t5(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier						
629	[e5a_t5] Show the field ONLY if: [e2_t5(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
630	[e6a_t5] Show the field ONLY if: [e2_t5(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier						
631	[d5b_t5] Show the field ONLY if: [d5_t5] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how do check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier						
632	[d5c_t5] Show the field ONLY if: [d5_t5] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
633	[d5d_t5] Show the field ONLY if: [d5_t5] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
634	[t5_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 5 sent (sent_b199)  Enabled as survey

635	[firstname5s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
636	[lastname5s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
637	[emailadd5s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
638	[w1es_4es_5es]	Verified email was sent	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
639	[sent_b199_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 6C (c_a2f8)  Enabled as survey

640	[week1firstname_1_6c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
641	[week1lastname_1_6c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY



642	[week1ea_1_6c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
643	[ves6]	Verified email sent?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
644	[c_a2f8_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 6 (ddcd_dde0)  **Enabled as survey**

645	[week6firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
646	[week6lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
647	[week6ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
648	[week_1_tailored_option_v2_v6]	Weekly Check-in Variable (filter for participants email in column A, then sort column H): Ex: today is tuesday the 25th, last tuesday was the 18th - would get credit for loggin in between 18th and 25th.	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Logged in during past week (if today is a Tuesday; look to see the date of last week Tuesday; if participant signs din last Tuesday or since then, select this option)</td></tr> <tr><td>2</td><td>Did not log in during past week (if participant last signed in prior to last week Tuesday select this option)</td></tr> </table>	1	Logged in during past week (if today is a Tuesday; look to see the date of last week Tuesday; if participant signs din last Tuesday or since then, select this option)	2	Did not log in during past week (if participant last signed in prior to last week Tuesday select this option)		
1	Logged in during past week (if today is a Tuesday; look to see the date of last week Tuesday; if participant signs din last Tuesday or since then, select this option)								
2	Did not log in during past week (if participant last signed in prior to last week Tuesday select this option)								
649	[ddcd_dde0_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: T6 (t6)  **Enabled as survey**

650	[ta_howprogramgoing_t6]	How are things going with the program?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr><td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr><td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.						
1	Great - I know what I need to do - just bring me back to the program home page!														
2	Okay, but I could use some help with next steps.														
3	Not well at all.														
651	[ta_okay_t6] Show the field ONLY if: [ta_howprogramgoing_t6] = '2'	Section Header: OK - happy to help! Where would you like to start?	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
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4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
652	[ta_notwellatall_t6] Show the field ONLY if:	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> </table>	1	I need more information about how to use the program.										
1	I need more information about how to use the program.														

	[ta_howprogramgoing_t6] = '3'		<table border="1"> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.		
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
653	[d5_t6] Show the field ONLY if: [ta_okay_t6] = '4' or [ta_notwellatall_t6] = '4'	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio <table border="1"> <tr><td>1</td><td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td></tr> <tr><td>2</td><td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td></tr> <tr><td>3</td><td>I am ready to learn about other treatments for bladder and bowel problems.</td></tr> <tr><td>4</td><td>I am ready to talk with a healthcare provider about my symptoms.</td></tr> <tr><td>5</td><td>I want help with something else.</td></tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.		
1	I need help setting and meeting goals in Women on the Go for my specific symptoms.														
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4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
654	[d2_t6] Show the field ONLY if: [ta_okay_t6] = '3' or [ta_notwellatall_t6] = '3' or [d5_t6] = '1'	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need help setting goals that I can meet</td></tr> <tr><td>2</td><td>I need help setting goals to improve my symptoms</td></tr> <tr><td>3</td><td>I need help remembering to work on my goals</td></tr> <tr><td>4</td><td>Working on my goals is making things worse</td></tr> </table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work on my goals	4	Working on my goals is making things worse				
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work on my goals														
4	Working on my goals is making things worse														
655	[e2_t6] Show the field ONLY if: [d2_t6] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"> <tr><td>1</td><td>e2_t6__1</td><td>Leaking urine (incontinence)</td></tr> <tr><td>2</td><td>e2_t6__2</td><td>Waking up overnight to pee (nocturia)</td></tr> <tr><td>3</td><td>e2_t6__3</td><td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td></tr> <tr><td>4</td><td>e2_t6__4</td><td>Constipation</td></tr> </table>	1	e2_t6__1	Leaking urine (incontinence)	2	e2_t6__2	Waking up overnight to pee (nocturia)	3	e2_t6__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t6__4	Constipation
1	e2_t6__1	Leaking urine (incontinence)													
2	e2_t6__2	Waking up overnight to pee (nocturia)													
3	e2_t6__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_t6__4	Constipation													
656	[e2a_t6] Show the field ONLY if: [e2_t6(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"> <tr><td>1</td><td>General urine leakage</td></tr> <tr><td>2</td><td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td></tr> <tr><td>3</td><td>Sudden urges to pee or peeing too often (overactive bladder)</td></tr> </table>	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)						
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2	Leakage with coughing, sneezing, or exercising (stress incontinence)														
3	Sudden urges to pee or peeing too often (overactive bladder)														
657	[ta_d1_t6] Show the field ONLY if: [ta_okay_t6] = '1' or [ta_notwellatall_t6] = '1'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier												
658	[ta_great_t6] Show the field ONLY if: [ta_howprogramgoing_t6] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier												



659	[d6_t6] Show the field ONLY if: [ta_notwellatall_t6] = '5' or [ta_notwellatall_t6] = '5' or [ta_okay_t6] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier
660	[d2a_t6] Show the field ONLY if: [d2_t6] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier
661	[d7_t6] Show the field ONLY if: [ta_notwellatall_t6] = '6' or [ta_okay_t6] = '6' or [d5_t6] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthegostudy@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier
662	[e1_t6] Show the field ONLY if: [d2_t6] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier
663	[xxxx_t6] Show the field ONLY if: [e2a_t6] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier
664	[d4_t6] Show the field ONLY if: [ta_okay_t6] = '2' or [ta_notwellatall_t6] = '2' or [ta_oky_t6] = '2' or [d2_t6] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier
665	[e2b_t6] Show the field ONLY if: [e2a_t6] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress Incontinence). You got this! Dr. Heidi	descriptive, Identifier
666	[e2c_t6] Show the field ONLY if: [e2a_t6] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier
667	[e4a_t6] Show the field ONLY if: [e2_t6(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier
668	[e5a_t6] Show the field ONLY if: [e2_t6(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier
669	[e6a_t6] Show the field ONLY if: [e2_t6(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier
670	[d5b_t6] Show the field ONLY if: [d5_t6] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier
671	[d5c_t6] Show the field ONLY if: [d5_t6] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier



672	[d5d_t6] Show the field ONLY if: [d5_t6] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
673	[t6_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 6 sent (sent_b964)  **Enabled as survey**

674	[firstname6s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
675	[lastname6s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
676	[emailadd6s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
677	[w1es_6es]	Verified email was sent	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
678	[sent_b964_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 7C (c_614a)  **Enabled as survey**

679	[week1firstname_1_7c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY						
680	[week1lastname_1_7c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY						
681	[week1ea_1_7c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
682	[ves7]	Verified email sent?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
683	[c_614a_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 7 (ddcd_219a)  **Enabled as survey**

684	[week7firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
685	[week7lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
686	[week7ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY



687	[week_1_tailored_option_v2_v7]	Weekly Check-in Variable (look at REDCap participant survey data T1, T2, T3, T4, T5, T6): Note: MM gives credit for completing survey if it is orange/yellow or green - the check mark just indicates the participant completed the survey. No check mark means our study team completed the survey (this would be for verifying an email was sent, etc.).	radio, Required						
688	[ddcd_219a_complete]	Section Header: <i>Form Status</i> Complete?	dropdown						
			<table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: T7 (t7)  Enabled as survey

689	[ta_howprogramgoing_t7]	How are things going with the program?	radio, Required												
			<table border="1"> <tr><td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr><td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr><td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.						
1	Great - I know what I need to do - just bring me back to the program home page!														
2	Okay, but I could use some help with next steps.														
3	Not well at all.														
690	[ta_okay_t7] Show the field ONLY if: [ta_howprogramgoing_t7] = '2'	Section Header: OK - happy to help! Where would you like to start?	radio												
			<table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
691	[ta_notwellatall_t7] Show the field ONLY if: [ta_howprogramgoing_t7] = '3'	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	radio												
			<table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
692	[d5_t7] Show the field ONLY if: [ta_okay_t7] = '4' or [ta_notwellatall_t7] = '4'	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio												
			<table border="1"> <tr><td>1</td><td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td></tr> <tr><td>2</td><td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td></tr> <tr><td>3</td><td>I am ready to learn about other treatments for bladder and bowel problems.</td></tr> <tr><td>4</td><td>I am ready to talk with a healthcare provider about my symptoms.</td></tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.				
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4	I am ready to talk with a healthcare provider about my symptoms.														

			5 I want help with something else.												
693	[d2_t7] Show the field ONLY if: [ta_okay_t7] = '3' or [ta_notwellatall_t7] = '3' or [d5_t7] = '1'	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"><tr><td>1</td><td>I need help setting goals that I can meet</td></tr><tr><td>2</td><td>I need help setting goals to improve my symptoms</td></tr><tr><td>3</td><td>I need help remembering to work on my goals</td></tr><tr><td>4</td><td>Working on my goals is making things worse</td></tr></table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work on my goals	4	Working on my goals is making things worse				
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work on my goals														
4	Working on my goals is making things worse														
694	[e2_t7] Show the field ONLY if: [d2_t7] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"><tr><td>1</td><td>e2_t7__1</td><td>Leaking urine (incontinence)</td></tr><tr><td>2</td><td>e2_t7__2</td><td>Waking up overnight to pee (nocturia)</td></tr><tr><td>3</td><td>e2_t7__3</td><td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td></tr><tr><td>4</td><td>e2_t7__4</td><td>Constipation</td></tr></table>	1	e2_t7__1	Leaking urine (incontinence)	2	e2_t7__2	Waking up overnight to pee (nocturia)	3	e2_t7__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t7__4	Constipation
1	e2_t7__1	Leaking urine (incontinence)													
2	e2_t7__2	Waking up overnight to pee (nocturia)													
3	e2_t7__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_t7__4	Constipation													
695	[e2a_t7] Show the field ONLY if: [e2_t7(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"><tr><td>1</td><td>General urine leakage</td></tr><tr><td>2</td><td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td></tr><tr><td>3</td><td>Sudden urges to pee or peeing too often (overactive bladder)</td></tr></table>	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)						
1	General urine leakage														
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3	Sudden urges to pee or peeing too often (overactive bladder)														
696	[ta_d1_t7] Show the field ONLY if: [ta_okay_t7] = '1' or [ta_notwellatall_t7] = '1'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier												
697	[ta_great_t7] Show the field ONLY if: [ta_howprogramgoing_t7] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier												
698	[d6_t7] Show the field ONLY if: [ta_notwellatall_t7] = '5' or [ta_notwellatall_t7] = '5' or [ta_okay_t7] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier												
699	[d2a_t7] Show the field ONLY if: [d2_t7] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier												
700	[d7_t7] Show the field ONLY if: [ta_notwellatall_t7] = '6' or [ta_okay_t7] = '6' or [d5_t7] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthego@study@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier												
701	[e1_t7] Show the field ONLY if: [d2_t7] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier												
702	[xxxx_t7] Show the field ONLY if:	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this!	descriptive, Identifier												



	[e2a_t7] = '1'	Dr. Heidi							
703	[d4_t7] Show the field ONLY if: [ta_okay_t7] = '2' or [ta_not wellatall_t7] = '2' or [ta_oka y_t7] = '2' or [d2_t7] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier						
704	[e2b_t7] Show the field ONLY if: [e2a_t7] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress Incontinence). You got this! Dr. Heidi	descriptive, Identifier						
705	[e2c_t7] Show the field ONLY if: [e2a_t7] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier						
706	[e4a_t7] Show the field ONLY if: [e2_t7(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier						
707	[e5a_t7] Show the field ONLY if: [e2_t7(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
708	[e6a_t7] Show the field ONLY if: [e2_t7(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier						
709	[d5b_t7] Show the field ONLY if: [d5_t7] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier						
710	[d5c_t7] Show the field ONLY if: [d5_t7] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
711	[d5d_t7] Show the field ONLY if: [d5_t7] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
712	[t7_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **7 sent** (sent_4ce4) 

713	[firstname7s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY				
714	[lastname7s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY				
715	[emailadd7s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY				
716	[w1es_7es]	Verified email was sent	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No
1	Yes						
2	No						
717	[sent_4ce4_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> </table>	0	Incomplete		
0	Incomplete						



1	Unverified
2	Complete

Instrument: **8C** (c_f0c5)  Enabled as survey

718	[week1firstname_1_8c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY						
719	[week1lastname_1_8c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY						
720	[week1ea_1_8c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
721	[ves8]	Verified email sent?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No		
1	Yes								
2	No								
722	[c_f0c5_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **8** (ddcd_be5e)  Enabled as survey

723	[week8firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
724	[week8lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
725	[week8ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
726	[week_1_tailored_option_v2_v8]	Weekly Check-in Variable (filter for participants email in column A, then sort column H):	radio, Required <table border="1"><tr><td>1</td><td>REGULAR OR INCREASING, Logged in at least 6 times since starting program, or has logged in consistently (weekly) in last 4 weeks (EMAIL TEXT: strong work using the program regularly!)</td></tr><tr><td>2</td><td>WANING, Logged in more times last month than this month (EMAIL TEXT: strong work using the program this month! I notice you are using it less often than you used to.)</td></tr><tr><td>3</td><td>NON- OR RARE, Has logged in 2 times or less each month (EMAIL TEXT: I notice you do not use Women on the Go very often.)</td></tr></table>	1	REGULAR OR INCREASING, Logged in at least 6 times since starting program, or has logged in consistently (weekly) in last 4 weeks (EMAIL TEXT: strong work using the program regularly!)	2	WANING, Logged in more times last month than this month (EMAIL TEXT: strong work using the program this month! I notice you are using it less often than you used to.)	3	NON- OR RARE, Has logged in 2 times or less each month (EMAIL TEXT: I notice you do not use Women on the Go very often.)
1	REGULAR OR INCREASING, Logged in at least 6 times since starting program, or has logged in consistently (weekly) in last 4 weeks (EMAIL TEXT: strong work using the program regularly!)								
2	WANING, Logged in more times last month than this month (EMAIL TEXT: strong work using the program this month! I notice you are using it less often than you used to.)								
3	NON- OR RARE, Has logged in 2 times or less each month (EMAIL TEXT: I notice you do not use Women on the Go very often.)								
727	[ddcd_be5e_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **T8** (t8)  Enabled as survey

728	[feedbackinvite_t8]	Hello, [bl_arm_3][pr_first_name_basicinfot]! Dr. Heidi here. If you can spare a moment, please tell me what you think about our weekly check-ins this month, in month 2 of the program.	radio, Required, Identifier <table border="1"><tr><td>1</td><td>I like them. They are helpful.</td></tr><tr><td>2</td><td>They are OK. I don't really need them but I like getting the reminder emails.</td></tr><tr><td>3</td><td>I don't like them. I would rather not get emails from Women on the Go.</td></tr><tr><td>4</td><td>I don't have any feedback to share just take me to our regular check-in.</td></tr></table>	1	I like them. They are helpful.	2	They are OK. I don't really need them but I like getting the reminder emails.	3	I don't like them. I would rather not get emails from Women on the Go.	4	I don't have any feedback to share just take me to our regular check-in.
1	I like them. They are helpful.										
2	They are OK. I don't really need them but I like getting the reminder emails.										
3	I don't like them. I would rather not get emails from Women on the Go.										
4	I don't have any feedback to share just take me to our regular check-in.										



729	[openfeedback_2mo]	How could I change the emails or our weekly check-ins to make them more helpful for you?	notes												
730	[ta_howprogramgoing_t8]	Section Header: How are things going with the program?	radio <table border="1"> <tr> <td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr> <td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr> <td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.						
1	Great - I know what I need to do - just bring me back to the program home page!														
2	Okay, but I could use some help with next steps.														
3	Not well at all.														
731	[ta_okay_t8]	Section Header: OK - happy to help! Where would you like to start?	radio <table border="1"> <tr> <td>1</td><td>I need more information about how to use the program.</td></tr> <tr> <td>2</td><td>I need help remembering to use the program.</td></tr> <tr> <td>3</td><td>I need help setting or meeting goals.</td></tr> <tr> <td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr> <td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr> <td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
732	[ta_notwellatall_t8]	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	radio <table border="1"> <tr> <td>1</td><td>I need more information about how to use the program.</td></tr> <tr> <td>2</td><td>I need help remembering to use the program.</td></tr> <tr> <td>3</td><td>I need help setting or meeting goals.</td></tr> <tr> <td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr> <td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr> <td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
733	[d5_t8]	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio <table border="1"> <tr> <td>1</td><td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td></tr> <tr> <td>2</td><td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td></tr> <tr> <td>3</td><td>I am ready to learn about other treatments for bladder and bowel problems.</td></tr> <tr> <td>4</td><td>I am ready to talk with a healthcare provider about my symptoms.</td></tr> <tr> <td>5</td><td>I want help with something else.</td></tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.		
1	I need help setting and meeting goals in Women on the Go for my specific symptoms.														
2	I am doing my exercises but I am not seeing an improvement in my symptoms.														
3	I am ready to learn about other treatments for bladder and bowel problems.														
4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
734	[d2_t8]	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"> <tr> <td>1</td><td>I need help setting goals that I can meet</td></tr> <tr> <td>2</td><td>I need help setting goals to improve my symptoms</td></tr> <tr> <td>3</td><td>I need help remembering to work goals</td></tr> </table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work goals						
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work goals														



			4 Working on my goals is making things worse												
735	[e2_t8] Show the field ONLY if: [d2_t8] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"><tr><td>1</td><td>e2_t8_1</td><td>Leaking urine (incontinence)</td></tr><tr><td>2</td><td>e2_t8_2</td><td>Waking up overnight to pee (nocturia)</td></tr><tr><td>3</td><td>e2_t8_3</td><td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td></tr><tr><td>4</td><td>e2_t8_4</td><td>Constipation</td></tr></table>	1	e2_t8_1	Leaking urine (incontinence)	2	e2_t8_2	Waking up overnight to pee (nocturia)	3	e2_t8_3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t8_4	Constipation
1	e2_t8_1	Leaking urine (incontinence)													
2	e2_t8_2	Waking up overnight to pee (nocturia)													
3	e2_t8_3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_t8_4	Constipation													
736	[e2a_t8] Show the field ONLY if: [e2_t8(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"><tr><td>1</td><td>General urine leakage</td></tr><tr><td>2</td><td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td></tr><tr><td>3</td><td>Sudden urges to pee or peeing too often (overactive bladder)</td></tr></table>	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)						
1	General urine leakage														
2	Leakage with coughing, sneezing, or exercising (stress incontinence)														
3	Sudden urges to pee or peeing too often (overactive bladder)														
737	[ta_d1_t8] Show the field ONLY if: [ta_okay_t8] = '1' or [ta_notwellatall_t8] = '1'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier												
738	[ta_great_t8] Show the field ONLY if: [ta_howprogramgoing_t8] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier												
739	[d6_t8] Show the field ONLY if: [ta_notwellatall_t8] = '5' or [ta_notwellatall_t8] = '5' or [ta_okay_t8] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier												
740	[d2a_t8] Show the field ONLY if: [d2_t8] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier												
741	[d7_t8] Show the field ONLY if: [ta_notwellatall_t8] = '6' or [ta_okay_t8] = '6' or [d5_t8] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthegostudy@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier												
742	[e1_t8] Show the field ONLY if: [d2_t8] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier												
743	[xxx_t8] Show the field ONLY if: [e2a_t8] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier												
744	[d4_t8] Show the field ONLY if: [ta_okay_t8] = '2' or [ta_notwellatall_t8] = '2' or [ta_okay_t8] = '2' or [d2_t8] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier												
745	[e2b_t8]	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with	descriptive, Identifier												



	Show the field ONLY if: [e2a_t8] = '2'	Activity (Stress Incontinence). You got this! Dr. Heidi							
746	[e2c_t8] Show the field ONLY if: [e2a_t8] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier						
747	[e4a_t8] Show the field ONLY if: [e2_t8(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier						
748	[e5a_t8] Show the field ONLY if: [e2_t8(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
749	[e6a_t8] Show the field ONLY if: [e2_t8(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier						
750	[d5b_t8] Show the field ONLY if: [d5_t8] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how do check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier						
751	[d5c_t8] Show the field ONLY if: [d5_t8] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
752	[d5d_t8] Show the field ONLY if: [d5_t8] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
753	[t8_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 8 sent (sent_10fb)  Enabled as survey

754	[firstname8s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
755	[lastname8s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
756	[emailadd8s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
757	[w1es_8es]	Verified email was sent	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
758	[sent_10fb_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 9C (c_e697)  Enabled as survey

759	[week1firstname_1_9c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
760	[week1lastname_1_9c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY



761	[week1ea_1_9c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
762	[ves9]	Verified email sent?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
763	[c_e697_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 9 (ddcd_b2c0)

 Enabled as survey

764	[week9firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
765	[week9lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
766	[week9ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
767	[week_1_tailored_option_v2_v9]	Weekly Check-in Variable (filter for participants email in column A, then sort column H from A -> Z): Original text from algorithm (MM revised for simplicity in choices to the right): 1, Did not log in this week (Regular last week but did not log in since last week (EMAIL TEXT: I hope things are going well; I missed seeing you this week.)2, Logged in this week (Regular, waning or rare last week and logged in since then (EMAIL TEXT: It's great that you are making time to log in to the program this week!)3, Has not logged in for two weeks or more (Waning or rare last week and did not log in since; EMAIL TEXT: I missed seeing you again this week.)	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Did not log in during the past week (Ex: if today Tuesday (25th), did not log in between last Tuesday (18th), including last Tuesday, and today---BUT logged in during the week prior including the previous Tuesday (11th), so logged in between the 11th and the 17th)</td></tr> <tr><td>2</td><td>Logged in this week (if today Tuesday, logged in between last Tuesday, including last Tuesday (18th), and today (25th))</td></tr> <tr><td>3</td><td>Has not logged in for two weeks or more (Ex: if today Tuesday (25th), has not logged in since before the 11th - so two Tuesdays ago)</td></tr> </table>	1	Did not log in during the past week (Ex: if today Tuesday (25th), did not log in between last Tuesday (18th), including last Tuesday, and today---BUT logged in during the week prior including the previous Tuesday (11th), so logged in between the 11th and the 17th)	2	Logged in this week (if today Tuesday, logged in between last Tuesday, including last Tuesday (18th), and today (25th))	3	Has not logged in for two weeks or more (Ex: if today Tuesday (25th), has not logged in since before the 11th - so two Tuesdays ago)
1	Did not log in during the past week (Ex: if today Tuesday (25th), did not log in between last Tuesday (18th), including last Tuesday, and today---BUT logged in during the week prior including the previous Tuesday (11th), so logged in between the 11th and the 17th)								
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768	[ddcd_b2c0_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: T9 (t9)

 Enabled as survey

769	[ta_howprogramgoing_t9]	How are things going with the program?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr><td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr><td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.		
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3	Not well at all.										
770	[ta_okay_t9] Show the field ONLY if: [ta_howprogramgoing_t9] = '2'	Section Header: OK - happy to help! Where would you like to start?	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.
1	I need more information about how to use the program.										
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			<table border="1"> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	5	I want to get help from a healthcare provider.	6	I want help with something else.								
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
771	[ta_notwellatall_t9] Show the field ONLY if: [ta_howprogramgoing_t9] = '3'	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
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5	I want to get help from a healthcare provider.														
6	I want help with something else.														
772	[d5_t9] Show the field ONLY if: [ta_okay_t9] = '4' or [ta_notwellatall_t9] = '4'	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio <table border="1"> <tr><td>1</td><td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td></tr> <tr><td>2</td><td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td></tr> <tr><td>3</td><td>I am ready to learn about other treatments for bladder and bowel problems.</td></tr> <tr><td>4</td><td>I am ready to talk with a healthcare provider about my symptoms.</td></tr> <tr><td>5</td><td>I want help with something else.</td></tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.		
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3	I am ready to learn about other treatments for bladder and bowel problems.														
4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
773	[d2_t9] Show the field ONLY if: [ta_okay_t9] = '3' or [ta_notwellatall_t9] = '3' or [d5_t9] = '1'	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need help setting goals that I can meet</td></tr> <tr><td>2</td><td>I need help setting goals to improve my symptoms</td></tr> <tr><td>3</td><td>I need help remembering to work on my goals</td></tr> <tr><td>4</td><td>Working on my goals is making things worse</td></tr> </table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work on my goals	4	Working on my goals is making things worse				
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work on my goals														
4	Working on my goals is making things worse														
774	[e2_t9] Show the field ONLY if: [d2_t9] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"> <tr><td>1</td><td>e2_t9__1</td><td>Leaking urine (incontinence)</td></tr> <tr><td>2</td><td>e2_t9__2</td><td>Waking up overnight to pee (nocturia)</td></tr> <tr><td>3</td><td>e2_t9__3</td><td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td></tr> <tr><td>4</td><td>e2_t9__4</td><td>Constipation</td></tr> </table>	1	e2_t9__1	Leaking urine (incontinence)	2	e2_t9__2	Waking up overnight to pee (nocturia)	3	e2_t9__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t9__4	Constipation
1	e2_t9__1	Leaking urine (incontinence)													
2	e2_t9__2	Waking up overnight to pee (nocturia)													
3	e2_t9__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_t9__4	Constipation													
775	[e2a_t9] Show the field ONLY if: [e2_t9(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"> <tr><td>1</td><td>General urine leakage</td></tr> <tr><td>2</td><td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td></tr> <tr><td>3</td><td>Sudden urges to pee or peeing too often (overactive bladder)</td></tr> </table>	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)						
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3	Sudden urges to pee or peeing too often (overactive bladder)														
776	[ta_d1_t9] Show the field ONLY if: [ta_okay_t9] = '1' or [ta_notwellatall_t9] = '1'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly	descriptive, Identifier 												

		goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	
777	[d6_t9] Show the field ONLY if: [ta_notwellatall_t9] = '5' or [ta_notwellatall_t9] = '5' or [ta_okay_t9] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier
778	[ta_great_t9] Show the field ONLY if: [ta_howprogramgoing_t9] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier
779	[d2a_t9] Show the field ONLY if: [d2_t9] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier
780	[d7_t9] Show the field ONLY if: [ta_notwellatall_t9] = '6' or [ta_okay_t9] = '6' or [d5_t9] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthestudy@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier
781	[e1_t9] Show the field ONLY if: [d2_t9] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier
782	[xxxx_t9] Show the field ONLY if: [e2a_t9] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier
783	[d4_t9] Show the field ONLY if: [ta_okay_t9] = '2' or [ta_notwellatall_t9] = '2' or [ta_oky_t9] = '2' or [d2_t9] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier
784	[e2b_t9] Show the field ONLY if: [e2a_t9] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress Incontinence). You got this! Dr. Heidi	descriptive, Identifier
785	[e2c_t9] Show the field ONLY if: [e2a_t9] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier
786	[e4a_t9] Show the field ONLY if: [e2_t9(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier
787	[e5a_t9] Show the field ONLY if: [e2_t9(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier
788	[e6a_t9] Show the field ONLY if: [e2_t9(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier
789	[d5b_t9] Show the field ONLY if: [d5_t9] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier



790	[d5c_t9] Show the field ONLY if: [d5_t9] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
791	[d5d_t9] Show the field ONLY if: [d5_t9] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
792	[t9_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 9 sent (sent_956c)  Enabled as survey

793	[firstname9s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
794	[lastname9s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
795	[emailadd9s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
796	[w1es_9es]	Verified email was sent	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No		
1	Yes								
2	No								
797	[sent_956c_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 10C (c_8311)  Enabled as survey

798	[week1firstname_1_10c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY						
799	[week1lastname_1_10c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY						
800	[week1ea_1_10c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
801	[ves10]	Verified email sent?	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No		
1	Yes								
2	No								
802	[c_8311_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 10 (ddcd_4616)  Enabled as survey

803	[week10firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
804	[week10lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
805	[week10ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY



806	[week_1_tailored_option_v2_v4_v10]	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A -> Z):	radio, Required						
			<table border="1"> <tr> <td>1</td><td>Has clicked through bladder (4a - 4l: clicked through 6 or more) but not bowels (5a - 5g: clicked through 3 or less) OR bowels (5a - 5g: clicked through 4 or more) but not bladder (4a - 4l: clicked through 5 or less)</td></tr> <tr> <td>2</td><td>Has clicked through both bowels (5a - 5g: clicked through 4 or more) and bladder (4a - 4l: clicked through 6 or more)</td></tr> <tr> <td>3</td><td>Has not clicked through bowels (5a - 5g: clicked through 3 or less) or bladder (4a - 4l: clicked through 5 or less)</td></tr> </table>	1	Has clicked through bladder (4a - 4l: clicked through 6 or more) but not bowels (5a - 5g: clicked through 3 or less) OR bowels (5a - 5g: clicked through 4 or more) but not bladder (4a - 4l: clicked through 5 or less)	2	Has clicked through both bowels (5a - 5g: clicked through 4 or more) and bladder (4a - 4l: clicked through 6 or more)	3	Has not clicked through bowels (5a - 5g: clicked through 3 or less) or bladder (4a - 4l: clicked through 5 or less)
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3	Has not clicked through bowels (5a - 5g: clicked through 3 or less) or bladder (4a - 4l: clicked through 5 or less)								
807	[ddcd_4616_complete]	Section Header: <i>Form Status</i> Complete?	dropdown						
			<table border="1"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: T10 (t10)  Enabled as survey

808	[ta_howprogramgoing_t10]	How are things going with the program?	radio, Required												
			<table border="1"> <tr> <td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr> <td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr> <td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.						
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2	Okay, but I could use some help with next steps.														
3	Not well at all.														
809	[ta_okay_t10] Show the field ONLY if: [ta_howprogramgoing_t10] = '2'	Section Header: OK - happy to help! Where would you like to start?	radio												
			<table border="1"> <tr> <td>1</td><td>I need more information about how to use the program.</td></tr> <tr> <td>2</td><td>I need help remembering to use the program.</td></tr> <tr> <td>3</td><td>I need help setting or meeting goals.</td></tr> <tr> <td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr> <td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr> <td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
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5	I want to get help from a healthcare provider.														
6	I want help with something else.														
810	[ta_notwellatall_t10] Show the field ONLY if: [ta_howprogramgoing_t10] = '3'	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	radio												
			<table border="1"> <tr> <td>1</td><td>I need more information about how to use the program.</td></tr> <tr> <td>2</td><td>I need help remembering to use the program.</td></tr> <tr> <td>3</td><td>I need help setting or meeting goals.</td></tr> <tr> <td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr> <td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr> <td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
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2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
811	[d5_t10] Show the field ONLY if: [ta_okay_t10] = '4' or [ta_notwellatall_t10] = '4'	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio												
			<table border="1"> <tr> <td>1</td><td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td></tr> <tr> <td>2</td><td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td></tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.								
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2	I am doing my exercises but I am not seeing an improvement in my symptoms.														

			<table border="1"> <tr><td>3</td><td>I am ready to learn about other treatments for bladder and bowel problems.</td></tr> <tr><td>4</td><td>I am ready to talk with a healthcare provider about my symptoms.</td></tr> <tr><td>5</td><td>I want help with something else.</td></tr> </table>	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.						
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4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
812	[d2_t10] Show the field ONLY if: [ta_okay_t10] = '3' or [ta_notwellatall_t10] = '3' or [d5_t10] = '1'	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need help setting goals that I can meet</td></tr> <tr><td>2</td><td>I need help setting goals to improve my symptoms</td></tr> <tr><td>3</td><td>I need help remembering to work on my goals</td></tr> <tr><td>4</td><td>Working on my goals is making things worse</td></tr> </table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work on my goals	4	Working on my goals is making things worse				
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work on my goals														
4	Working on my goals is making things worse														
813	[e2_t10] Show the field ONLY if: [d2_t10] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"> <tr><td>1</td><td>e2_t10_1</td><td>Leaking urine (incontinence)</td></tr> <tr><td>2</td><td>e2_t10_2</td><td>Waking up overnight to pee (nocturia)</td></tr> <tr><td>3</td><td>e2_t10_3</td><td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td></tr> <tr><td>4</td><td>e2_t10_4</td><td>Constipation</td></tr> </table>	1	e2_t10_1	Leaking urine (incontinence)	2	e2_t10_2	Waking up overnight to pee (nocturia)	3	e2_t10_3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t10_4	Constipation
1	e2_t10_1	Leaking urine (incontinence)													
2	e2_t10_2	Waking up overnight to pee (nocturia)													
3	e2_t10_3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_t10_4	Constipation													
814	[e2a_t10] Show the field ONLY if: [e2_t10(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"> <tr><td>1</td><td>General urine leakage</td></tr> <tr><td>2</td><td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td></tr> <tr><td>3</td><td>Sudden urges to pee or peeing too often (overactive bladder)</td></tr> </table>	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)						
1	General urine leakage														
2	Leakage with coughing, sneezing, or exercising (stress incontinence)														
3	Sudden urges to pee or peeing too often (overactive bladder)														
815	[ta_d1_t10] Show the field ONLY if: [ta_okay_t10] = '1' or [ta_notwellatall_t10] = '1'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier												
816	[ta_great_t10] Show the field ONLY if: [ta_howprogramgoing_t10] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier												
817	[d6_t10] Show the field ONLY if: [ta_notwellatall_t10] = '5' or [ta_notwellatall_t10] = '5' or [ta_okay_t10] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier												
818	[d2a_t10] Show the field ONLY if: [d2_t10] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier												
819	[d7_t10] Show the field ONLY if: [ta_notwellatall_t10] = '6' or [ta_okay_t10] = '6' or [d5_t10] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthegostudy@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier												
820	[e1_t10]	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click	descriptive, Identifier												

	Show the field ONLY if: [d2_t10] = '4'	here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi							
821	[xxxx_t10] Show the field ONLY if: [e2a_t10] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier						
822	[d4_t10] Show the field ONLY if: [ta_okay_t10] = '2' or [ta_n otwellatall_t10] = '2' or [ta_ okay_t10] = '2' or [d2_t10] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier						
823	[e2b_t10] Show the field ONLY if: [e2a_t10] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress Incontinence). You got this! Dr. Heidi	descriptive, Identifier						
824	[e2c_t10] Show the field ONLY if: [e2a_t10] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier						
825	[e4a_t10] Show the field ONLY if: [e2_t10(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier						
826	[e5a_t10] Show the field ONLY if: [e2_t10(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
827	[e6a_t10] Show the field ONLY if: [e2_t10(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier						
828	[d5b_t10] Show the field ONLY if: [d5_t10] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how do check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier						
829	[d5c_t10] Show the field ONLY if: [d5_t10] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
830	[d5d_t10] Show the field ONLY if: [d5_t10] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
831	[t10_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **10 sent** (sent_58d4)  Enabled as survey

832	[firstname10s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
833	[lastname10s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
834	[emailadd10s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
835	[w1es_2es_10es]	Verified email was sent	radio, Required



			<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
836	[sent_58d4_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 11C (c_e6b7) 

837	[week1firstname_1_11c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY						
838	[week1lastname_1_11c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY						
839	[week1ea_1_11c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
840	[ves11]	Verified email sent?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
841	[c_e6b7_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 11 (ddcd_9896) 

842	[week11firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
843	[week11lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
844	[week11ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
845	[week_1_tailored_option_v2_v4_v10_v11]	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A -> Z):	radio, Required <table border="1"> <tr><td>1</td><td>Has clicked through care-seeking section (6a, 6b, 6c, 6d: has viewed 2 or more)</td></tr> <tr><td>2</td><td>Has not clicked through care-seeking section (6a, 6b, 6c, 6d: has viewed 1 or none)</td></tr> </table>	1	Has clicked through care-seeking section (6a, 6b, 6c, 6d: has viewed 2 or more)	2	Has not clicked through care-seeking section (6a, 6b, 6c, 6d: has viewed 1 or none)		
1	Has clicked through care-seeking section (6a, 6b, 6c, 6d: has viewed 2 or more)								
2	Has not clicked through care-seeking section (6a, 6b, 6c, 6d: has viewed 1 or none)								
846	[ddcd_9896_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: T11 (t11) 

847	[ta_howprogramgoing_t11]	How are things going with the program?	radio, Required <table border="1"> <tr><td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr><td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr><td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.
1	Great - I know what I need to do - just bring me back to the program home page!								
2	Okay, but I could use some help with next steps.								
3	Not well at all.								
848	[ta_okay_t11]	Section Header: OK - happy to help! Where would you like to start? Show the field ONLY if:	radio <table border="1"> <tr><td>1</td><td>I need more information about how the program.</td></tr> </table> 	1	I need more information about how the program.				
1	I need more information about how the program.								

	[ta_howprogramgoing_t11] = '2'		<table border="1"> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.		
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
849	[ta_notwellatall_t11] Show the field ONLY if: [ta_howprogramgoing_t11] = '3'	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
850	[d5_t11] Show the field ONLY if: [ta_okay_t11] = '4' or [ta_notwellatall_t11] = '4'	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio <table border="1"> <tr><td>1</td><td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td></tr> <tr><td>2</td><td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td></tr> <tr><td>3</td><td>I am ready to learn about other treatments for bladder and bowel problems.</td></tr> <tr><td>4</td><td>I am ready to talk with a healthcare provider about my symptoms.</td></tr> <tr><td>5</td><td>I want help with something else.</td></tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.		
1	I need help setting and meeting goals in Women on the Go for my specific symptoms.														
2	I am doing my exercises but I am not seeing an improvement in my symptoms.														
3	I am ready to learn about other treatments for bladder and bowel problems.														
4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
851	[d2_t11] Show the field ONLY if: [ta_okay_t11] = '3' or [ta_notwellatall_t11] = '3' or [d5_t11] = '1'	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need help setting goals that I can meet</td></tr> <tr><td>2</td><td>I need help setting goals to improve my symptoms</td></tr> <tr><td>3</td><td>I need help remembering to work on my goals</td></tr> <tr><td>4</td><td>Working on my goals is making things worse</td></tr> </table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work on my goals	4	Working on my goals is making things worse				
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work on my goals														
4	Working on my goals is making things worse														
852	[e2_t11] Show the field ONLY if: [d2_t11] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"> <tr><td>1</td><td>e2_t11__1</td><td>Leaking urine (incontinence)</td></tr> <tr><td>2</td><td>e2_t11__2</td><td>Waking up overnight to pee (nocturia)</td></tr> <tr><td>3</td><td>e2_t11__3</td><td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td></tr> <tr><td>4</td><td>e2_t11__4</td><td>Constipation</td></tr> </table>	1	e2_t11__1	Leaking urine (incontinence)	2	e2_t11__2	Waking up overnight to pee (nocturia)	3	e2_t11__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t11__4	Constipation
1	e2_t11__1	Leaking urine (incontinence)													
2	e2_t11__2	Waking up overnight to pee (nocturia)													
3	e2_t11__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_t11__4	Constipation													
853	[e2a_t11] Show the field ONLY if: [e2_t11(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"> <tr><td>1</td><td>General urine leakage</td></tr> <tr><td>2</td><td>Leakage with coughing, sneezing, exercising (stress incontinence)</td></tr> </table>	1	General urine leakage	2	Leakage with coughing, sneezing, exercising (stress incontinence)								
1	General urine leakage														
2	Leakage with coughing, sneezing, exercising (stress incontinence)														



			3 Sudden urges to pee or peeing too often (overactive bladder)
854	[ta_great_t11] Show the field ONLY if: [ta_howprogramgoing_t11] = '1'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier
855	[ta_d1_t11] Show the field ONLY if: [ta_okay_t11] = '1' or [ta_notwellatall_t11] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier
856	[d6_t11] Show the field ONLY if: [ta_notwellatall_t11] = '5' or [ta_notwellatall_t11] = '5' or [ta_okay_t11] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier
857	[d2a_t11] Show the field ONLY if: [d2_t11] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier
858	[d7_t11] Show the field ONLY if: [ta_notwellatall_t11] = '6' or [ta_okay_t11] = '6' or [d5_t11] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthegeostudy@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier
859	[e1_t11] Show the field ONLY if: [d2_t11] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier
860	[xxxx_t11] Show the field ONLY if: [e2a_t11] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier
861	[d4_t11] Show the field ONLY if: [ta_okay_t11] = '2' or [ta_notwellatall_t11] = '2' or [ta_okay_t11] = '2' or [d2_t11] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier
862	[e2b_t11] Show the field ONLY if: [e2a_t11] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress Incontinence). You got this! Dr. Heidi	descriptive, Identifier
863	[e2c_t11] Show the field ONLY if: [e2a_t11] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier
864	[e4a_t11] Show the field ONLY if: [e2_t11(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier
865	[e5a_t11] Show the field ONLY if: [e2_t11(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier
866	[e6a_t11] Show the field ONLY if: [e2_t11(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier



867	[d5b_t11] Show the field ONLY if: [d5_t11] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how do check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier						
868	[d5c_t11] Show the field ONLY if: [d5_t11] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
869	[d5d_t11] Show the field ONLY if: [d5_t11] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
870	[t11_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 11 sent (sent_a0dd)  Enabled as survey

871	[firstname11s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
872	[lastname11s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
873	[emailadd11s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
874	[w1es_11es]	Verified email was sent	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No		
1	Yes								
2	No								
875	[sent_a0dd_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Month 3 Survey C (month_3_survey_c)  Enabled as survey

876	[welcome_3mo]	Welcome to the third research survey for the Women on the Go Study! It should take about 10 - 20 minutes to complete. Please try to answer all the questions. You will receive \$25 after you complete the survey to thank you for your time and effort. Section 1 of 3 - Attitudes, Beliefs, and General Health The questions in this section are about your attitudes, beliefs, and general health.	descriptive														
877	[sf_q1_3mo]	Overall, how would you rate your health during the past 4 weeks?	radio, Required <table border="1"><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Very good</td></tr><tr><td>3</td><td>Good</td></tr><tr><td>4</td><td>Fair</td></tr><tr><td>5</td><td>Poor</td></tr><tr><td>6</td><td>Very poor</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	6	Very poor	99	Choose not to answer
1	Excellent																
2	Very good																
3	Good																
4	Fair																
5	Poor																
6	Very poor																
99	Choose not to answer																



878	[weight_3mo]	How much do you weigh in pounds? If you choose not to answer, please enter 999.	text (number, Min: 79, Max: 999), Required												
879	[gse01_3mo]	Section Header: <i>This set of questions is about how you approach problems. Please read the sentence and decide how true it is of you in general.</i> I can manage to solve difficult problems if I try hard enough.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
880	[gse02_3mo]	If someone tries to keep me from getting what I want, I can find a way to get what I want.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
881	[gse03_3mo]	It is easy for me to stick to my goals and reach them.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
882	[gse04_3mo]	I am confident that I could do a good job dealing with unexpected events.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
883	[gse05_3mo]	Thanks to my talents and skills, I know how to handle unexpected situations.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
884	[gse06_3mo]	I can solve most problems if I try hard enough.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														



885	[gse07_3mo]	I can stay calm when facing difficulties because I can handle them.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
886	[gse08_3mo]	When I have a problem, I can find several ways to solve it.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
887	[gse09_3mo]	If I am in trouble, I can think of a solution.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
888	[gse10_3mo]	I can handle whatever comes my way.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
889	[know_pads_3mo]	Section Header: Below are some statements about urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each statement, or if you do not know. Other than pads and diapers, not much can be done to treat leakage of urine.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
890	[know_exercises_3mo]	Certain exercises can be done to help to control urine leakage.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
891	[know_weight_3mo]	Being overweight may make urinary leakage worse.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														



892	[know_oncestart_3mo]	Once people start to leak urine, they are never able to control their urine again.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
893	[know_nonsurgery_3mo]	Surgery is the only treatment for urinary leakage.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
894	[psq_3mo]	Section Header: <i>This set of questions asks about your experience with the Women on the Go program.</i> How satisfied are you with your progress in the Women on the Go program?	radio, Required <table border="1"> <tr><td>1</td><td>Completely satisfied</td></tr> <tr><td>2</td><td>Somewhat satisfied</td></tr> <tr><td>3</td><td>Not at all satisfied</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Completely satisfied	2	Somewhat satisfied	3	Not at all satisfied	99	Choose not to answer				
1	Completely satisfied														
2	Somewhat satisfied														
3	Not at all satisfied														
99	Choose not to answer														
895	[gpi_3mo]	Since starting the Women on the Go program, overall, do you feel that you are:	radio, Required <table border="1"> <tr><td>1</td><td>Much Better</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Worse</td></tr> <tr><td>5</td><td>Much worse</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Much Better	2	Better	3	About the same	4	Worse	5	Much worse	99	Choose not to answer
1	Much Better														
2	Better														
3	About the same														
4	Worse														
5	Much worse														
99	Choose not to answer														
896	[epi_3mo]	Since starting the Women on the Go program, please estimate how much better you are on a scale from 0% (no better) to 100% (completely better).	slider (number, Min: 0, Max: 100) Slider labels: 0%, 50%, 100% Custom alignment: RH												
897	[recwotg_3mo]	Would you recommend Women on the Go to a friend or family member?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LH	1	Yes	2	No	99	Choose not to answer						
1	Yes														
2	No														
99	Choose not to answer														
898	[rec_why_3mo]	Please tell us more about why you would or would not recommend the Women on the Go program.	notes Custom alignment: LH												
899	[freetext_feedback_3mo]	What else would you like to share about your experience with the Women on the Go program?	notes Custom alignment: LH												
900	[hapa_intentions_last_3mo]	Section Header: <i>The Women on the Go program is designed to help women make changes to improve bladder and bowel health. For each of the following questions, choose the statement that best describes you.</i> Thinking about the last month, when it came to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I DID NOT THINK ABOUT making any changes.</td></tr> <tr><td>1</td><td>I THOUGHT about making changes.</td></tr> <tr><td>2</td><td>I PLANNED to make changes.</td></tr> <tr><td>3</td><td>I MADE changes.</td></tr> <tr><td>4</td><td>My changes BECAME MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LV	0	I DID NOT THINK ABOUT making any changes.	1	I THOUGHT about making changes.	2	I PLANNED to make changes.	3	I MADE changes.	4	My changes BECAME MY NEW ROUTINE.	99	Choose not to answer
0	I DID NOT THINK ABOUT making any changes.														
1	I THOUGHT about making changes.														
2	I PLANNED to make changes.														
3	I MADE changes.														
4	My changes BECAME MY NEW ROUTINE.														
99	Choose not to answer														
901	[hapa_intentions_plans_3mo]	Thinking about the next month, when it comes to making changes to improve bladder or bowel health, which of	radio, Required												

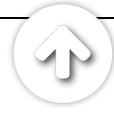


		these statements best describes you?	<table border="1"> <tr><td>0</td><td>I am NOT PLANNING TO make any changes.</td></tr> <tr><td>1</td><td>I MIGHT make a change.</td></tr> <tr><td>2</td><td>I PLAN TO make a change.</td></tr> <tr><td>3</td><td>I WILL KEEP ON making changes.</td></tr> <tr><td>4</td><td>I WILL CONTINUE MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I am NOT PLANNING TO make any changes.	1	I MIGHT make a change.	2	I PLAN TO make a change.	3	I WILL KEEP ON making changes.	4	I WILL CONTINUE MY NEW ROUTINE.	99	Choose not to answer		
0	I am NOT PLANNING TO make any changes.																
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2	I PLAN TO make a change.																
3	I WILL KEEP ON making changes.																
4	I WILL CONTINUE MY NEW ROUTINE.																
99	Choose not to answer																
902	[hapa_older_3mo]	Thinking about the future, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I am not worried about bladder or bowel problems getting worse as I get older.</td></tr> <tr><td>1</td><td>If I make changes now, I can prevent bladder or bowel problems in the future.</td></tr> <tr><td>2</td><td>I will have bladder or bowel problems as I get older no matter what I do now.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I am not worried about bladder or bowel problems getting worse as I get older.	1	If I make changes now, I can prevent bladder or bowel problems in the future.	2	I will have bladder or bowel problems as I get older no matter what I do now.	99	Choose not to answer						
0	I am not worried about bladder or bowel problems getting worse as I get older.																
1	If I make changes now, I can prevent bladder or bowel problems in the future.																
2	I will have bladder or bowel problems as I get older no matter what I do now.																
99	Choose not to answer																
903	[hapa_sticktoplan_3mo]	When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>When I make a plan, I stick to it, even if I am tired or busy with other things.</td></tr> <tr><td>1</td><td>Even when I make a plan, other things can get in the way of me following through with the plan.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	When I make a plan, I stick to it, even if I am tired or busy with other things.	1	Even when I make a plan, other things can get in the way of me following through with the plan.	99	Choose not to answer								
0	When I make a plan, I stick to it, even if I am tired or busy with other things.																
1	Even when I make a plan, other things can get in the way of me following through with the plan.																
99	Choose not to answer																
904	[hapa_resources_3mo]	When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I have the support and resources I need to meet my goals.</td></tr> <tr><td>1</td><td>It is hard for me to meet my goals because I don't have the support or resources I need.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I have the support and resources I need to meet my goals.	1	It is hard for me to meet my goals because I don't have the support or resources I need.	99	Choose not to answer								
0	I have the support and resources I need to meet my goals.																
1	It is hard for me to meet my goals because I don't have the support or resources I need.																
99	Choose not to answer																
905	[bitus_lastmo_3mo]	<p>Section Header: During this research study, you are able to use the Women on the Go program as often as you want to use it.</p> <p>How often DID YOU USE the Women on the Go program IN THE LAST MONTH?</p>	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
0	Not at all																
1	At least once a month																
2	A few times a month																
3	Once a week																
4	More than once a week																
5	Every day																
99	Choose not to answer																
906	[bitus_intend_3mo]	How often do you INTEND or PLAN TO USE the Women on the Go program IN THE NEXT MONTH?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> </table> 	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week						
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			<table border="1"> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	4	More than once a week	5	Every day	99	Choose not to answer								
4	More than once a week																
5	Every day																
99	Choose not to answer																
907	[bitus_predict_3mo]	How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program IN THE NEXT MONTH?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
0	Not at all																
1	At least once a month																
2	A few times a month																
3	Once a week																
4	More than once a week																
5	Every day																
99	Choose not to answer																
908	[kegel_freq_3mo]	<p>Section Header: Section 2 of 3 - Current Health Behaviors The following questions are about things you do that may impact bladder or bowel health.</p> <p>Thinking about the last 4 weeks, on average, how often did you do Kegel squeezes, or pelvic floor muscle exercises?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Once per month or less</td></tr> <tr><td>2</td><td>A few times per month</td></tr> <tr><td>3</td><td>At least once per week</td></tr> <tr><td>4</td><td>Several times per week</td></tr> <tr><td>5</td><td>At least once per day</td></tr> <tr><td>6</td><td>Several times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Once per month or less	2	A few times per month	3	At least once per week	4	Several times per week	5	At least once per day	6	Several times per day	99	Choose not to answer
1	Once per month or less																
2	A few times per month																
3	At least once per week																
4	Several times per week																
5	At least once per day																
6	Several times per day																
99	Choose not to answer																
909	[fiber_guess_3mo]	On an average day, how much fiber do you think you get through food and supplements?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
1	Less than I should																
2	About what I should																
3	More than I should																
99	Choose not to answer																
910	[fluid_guess_3mo]	On an average day, how much fluid do you think you drink (including all fluids, not just water)?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
1	Less than I should																
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3	More than I should																
99	Choose not to answer																
911	[est_totalfluid_3mo]	Please make your best guess about how many ounces of fluid you drink on an average day. This guess should include all fluids you drink, not just water. A standard soda can, or a regular sized coffee cup, contains 12 ounces. If you choose not to answer, please enter 999. <i>ounces</i>	text (number, Min: 0, Max: 999) Custom alignment: LV														
912	[freq_coffee_3mo]	Thinking about the last week, about how many servings of coffee with caffeine did you drink? Please do not include decaf coffee. One serving is 12 ounces, a regular sized coffee cup.	radio, Required <table border="1"> <tr><td>0</td><td>I do not drink coffee</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LV	0	I do not drink coffee	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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4	2 servings (24 ounces) per day																
5	3 or more servings (36 ounces) per day																
99	Choose not to answer																



913	[freq_soda_3mo]	<p>Thinking about the last week, about how many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12 ounces. Please do not include caffeine-free soda (like Sprite, Ginger Ale, 7-Up, Fanta, etc.)</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>I do not drink soda with caffeine</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I do not drink soda with caffeine	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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4	2 servings (24 ounces) per day																
5	3 or more servings (36 ounces) per day																
99	Choose not to answer																
914	[fruit_3mo]	<p>Section Header: <i>These questions help estimate how much fiber you get through foods you eat. Thinking about the last 4 weeks, on average, how often did you eat the following foods?</i></p> <p>Fruit (not juice)</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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4	4-6 servings per week																
5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
915	[grnsalad_3mo]	Green salad	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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4	4-6 servings per week																
5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
916	[potato_3mo]	Potatoes or oatmeal	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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4	4-6 servings per week																
5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
917	[vegetable_3mo]	Vegetables	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
918	[vegetjuice_3mo]	Vegetable Juice	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> </table>	1	Less than 1 serving per week												
1	Less than 1 serving per week																



2	1 serving per week
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6	More than 1 serving per day
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radio (Matrix), Required
1 Less than 1 serving per week
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3 2-3 servings per week
4 4-6 servings per week
5 1 serving per day
6 More than 1 serving per day
99 Choose not to answer

radio (Matrix), Required
1 Less than 1 serving per week
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4 4-6 servings per week
5 1 serving per day
6 More than 1 serving per day
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radio (Matrix), Required
1 Less than 1 serving per week
2 1 serving per week
3 2-3 servings per week
4 4-6 servings per week
5 1 serving per day
6 More than 1 serving per day
99 Choose not to answer

checkbox, Required
1 usecontainprod_3mo__1 I use panty liners
2 usecontainprod_3mo__2 I use pads
3 usecontainprod_3mo__3 I use undergarments

919	[vegetsoup_3mo]	Vegetable soup/stew	radio (Matrix), Required <table border="1"> <tr><td>1 Less than 1 serving per week</td></tr> <tr><td>2 1 serving per week</td></tr> <tr><td>3 2-3 servings per week</td></tr> <tr><td>4 4-6 servings per week</td></tr> <tr><td>5 1 serving per day</td></tr> <tr><td>6 More than 1 serving per day</td></tr> <tr><td>99 Choose not to answer</td></tr> </table>	1 Less than 1 serving per week	2 1 serving per week	3 2-3 servings per week	4 4-6 servings per week	5 1 serving per day	6 More than 1 serving per day	99 Choose not to answer
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4 4-6 servings per week										
5 1 serving per day										
6 More than 1 serving per day										
99 Choose not to answer										
920	[cereal_3mo]	Fiber cereal (raisin bran, bran buds, fruit-n-fiber)	radio (Matrix), Required <table border="1"> <tr><td>1 Less than 1 serving per week</td></tr> <tr><td>2 1 serving per week</td></tr> <tr><td>3 2-3 servings per week</td></tr> <tr><td>4 4-6 servings per week</td></tr> <tr><td>5 1 serving per day</td></tr> <tr><td>6 More than 1 serving per day</td></tr> <tr><td>99 Choose not to answer</td></tr> </table>	1 Less than 1 serving per week	2 1 serving per week	3 2-3 servings per week	4 4-6 servings per week	5 1 serving per day	6 More than 1 serving per day	99 Choose not to answer
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5 1 serving per day										
6 More than 1 serving per day										
99 Choose not to answer										
921	[wheat_bread_3mo]	Whole wheat / rye bread	radio (Matrix), Required <table border="1"> <tr><td>1 Less than 1 serving per week</td></tr> <tr><td>2 1 serving per week</td></tr> <tr><td>3 2-3 servings per week</td></tr> <tr><td>4 4-6 servings per week</td></tr> <tr><td>5 1 serving per day</td></tr> <tr><td>6 More than 1 serving per day</td></tr> <tr><td>99 Choose not to answer</td></tr> </table>	1 Less than 1 serving per week	2 1 serving per week	3 2-3 servings per week	4 4-6 servings per week	5 1 serving per day	6 More than 1 serving per day	99 Choose not to answer
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3 2-3 servings per week										
4 4-6 servings per week										
5 1 serving per day										
6 More than 1 serving per day										
99 Choose not to answer										
922	[beans_3mo]	Beans (baked, pinto, black, kidney, red, split peas, soy, lentils) - NOT green beans	radio (Matrix), Required <table border="1"> <tr><td>1 Less than 1 serving per week</td></tr> <tr><td>2 1 serving per week</td></tr> <tr><td>3 2-3 servings per week</td></tr> <tr><td>4 4-6 servings per week</td></tr> <tr><td>5 1 serving per day</td></tr> <tr><td>6 More than 1 serving per day</td></tr> <tr><td>99 Choose not to answer</td></tr> </table>	1 Less than 1 serving per week	2 1 serving per week	3 2-3 servings per week	4 4-6 servings per week	5 1 serving per day	6 More than 1 serving per day	99 Choose not to answer
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4 4-6 servings per week										
5 1 serving per day										
6 More than 1 serving per day										
99 Choose not to answer										
923	[usecontainprod_3mo]	<p>Section Header: This set of questions is about bathroom habits, including things like using pads or other products and your patterns in using the toilet. Think about the last 4 weeks, or one month, as you answer these questions. When you do not know an answer for sure, just make your best guess.</p> <p>Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.</p>	checkbox, Required <table border="1"> <tr><td>1 usecontainprod_3mo__1 I use panty liners</td></tr> <tr><td>2 usecontainprod_3mo__2 I use pads</td></tr> <tr><td>3 usecontainprod_3mo__3 I use undergarments</td></tr> </table>	1 usecontainprod_3mo__1 I use panty liners	2 usecontainprod_3mo__2 I use pads	3 usecontainprod_3mo__3 I use undergarments				
1 usecontainprod_3mo__1 I use panty liners										
2 usecontainprod_3mo__2 I use pads										
3 usecontainprod_3mo__3 I use undergarments										

				(like Depends or diapers)																				
4	usecontainprod_3mo__4	I use something else																						
5	usecontainprod_3mo__5	I do not use anything																						
99	usecontainprod_3mo__99	Choose not to answer																						
Field Annotation: @NONEOFTHEABOVE='5,99'																								
924	[use_liner_3mo]	How many panty liners do you use per 24 hour period (including one day and one night)? If you do not use panty liners, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																					
925	[use_pads_3mo]	How many pads do you use per 24 hour period (including one day and one night)? If you do not use pads, please enter 0. If you choose not to answer, please enter 99	text (number, Min: 0, Max: 99), Required																					
926	[use_depends_3mo]	How many undergarments (like Depends or diapers) do you use per 24 hour period (including one day and one night)? If you do not use undergarments, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																					
927	[incont_money_3mo]	Thinking about the last month, about how much money have you spent on products (such as pads, undergarments, or plugs) to manage your bladder and/or bowel symptoms?	dropdown, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than \$5</td></tr> <tr><td>2</td><td>\$5-10</td></tr> <tr><td>3</td><td>\$11-20</td></tr> <tr><td>4</td><td>\$21-30</td></tr> <tr><td>5</td><td>\$31-50</td></tr> <tr><td>6</td><td>\$51-100</td></tr> <tr><td>7</td><td>\$101 - \$200</td></tr> <tr><td>8</td><td>More than \$200</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>		0	None	1	Less than \$5	2	\$5-10	3	\$11-20	4	\$21-30	5	\$31-50	6	\$51-100	7	\$101 - \$200	8	More than \$200	99	Choose not to answer
0	None																							
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3	\$11-20																							
4	\$21-30																							
5	\$31-50																							
6	\$51-100																							
7	\$101 - \$200																							
8	More than \$200																							
99	Choose not to answer																							
928	[voidsovernight_3mo]	Section Header: On an average night, about how many times do you wake up overnight to urinate, or pee? If you do not wake up overnight, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																					
929	[daytimevoids_3mo]	On an average day, about how many times do you go to the toilet to urinate (pee) during the daytime? (Please do not include count trips to the bathroom overnight.)	radio, Required <table border="1"> <tr><td>1</td><td>less than 4 times per day</td></tr> <tr><td>2</td><td>4-5 times</td></tr> <tr><td>3</td><td>6-8 times</td></tr> <tr><td>4</td><td>9-10 times</td></tr> <tr><td>5</td><td>11-12 times</td></tr> <tr><td>6</td><td>more than 12 times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>		1	less than 4 times per day	2	4-5 times	3	6-8 times	4	9-10 times	5	11-12 times	6	more than 12 times per day	99	Choose not to answer						
1	less than 4 times per day																							
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3	6-8 times																							
4	9-10 times																							
5	11-12 times																							
6	more than 12 times per day																							
99	Choose not to answer																							
930	[voidinterval_3mo]	During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?	radio, Required <table border="1"> <tr><td>1</td><td>4 hours or more</td></tr> <tr><td>2</td><td>3 hours</td></tr> </table>		1	4 hours or more	2	3 hours																
1	4 hours or more																							
2	3 hours																							



3	2 hours
4	1 hour
5	Less than 1 hour
99	Choose not to answer

Custom alignment: LV

931	[iciquiintro_3mo]	<p>Section Header: <i>Section 3 of 3 - Current Bladder and Bowel Health</i></p> <p>This set of questions asks about your bladder symptoms over the last 4 weeks (1 month).</p> <p>When you are not sure about an answer, make your best guess.</p>	descriptive																								
932	[iciqui_leak_3mo]	How often do you leak urine?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>About once a week or less often</td></tr> <tr><td>2</td><td>Two or three times a week</td></tr> <tr><td>3</td><td>About once a day</td></tr> <tr><td>4</td><td>Several times a day</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Never	1	About once a week or less often	2	Two or three times a week	3	About once a day	4	Several times a day	5	All the time	99	Choose not to answer										
0	Never																										
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4	Several times a day																										
5	All the time																										
99	Choose not to answer																										
933	[iciqui_howmuch_3mo]	We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>2</td><td>A small amount</td></tr> <tr><td>4</td><td>A moderate amount</td></tr> <tr><td>6</td><td>A large amount</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	2	A small amount	4	A moderate amount	6	A large amount	99	Choose not to answer														
0	None																										
2	A small amount																										
4	A moderate amount																										
6	A large amount																										
99	Choose not to answer																										
934	[iciqui_interfer_3mo]	Overall, how much does leaking urine interfere with your everyday life? Please select a number between 0 (not at all) and 10 (a great deal).	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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9	9																										
10	10 (a great deal)																										
99	Choose not to answer																										
935	[iciqui_urineleak_3mo]	When does urine leak? (Please select all that apply to you)	<p>checkbox, Required</p> <table border="1"> <tr><td>1</td><td>iciqui_urineleak_3mo__1</td><td>Never - Urine does not leak</td></tr> <tr><td>2</td><td>iciqui_urineleak_3mo__2</td><td>Leaks before you  go to the toilet</td></tr> </table>	1	iciqui_urineleak_3mo__1	Never - Urine does not leak	2	iciqui_urineleak_3mo__2	Leaks before you  go to the toilet																		
1	iciqui_urineleak_3mo__1	Never - Urine does not leak																									
2	iciqui_urineleak_3mo__2	Leaks before you  go to the toilet																									

3	iciqui_urineleak_3mo__3	Leaks when you cough or sneeze
4	iciqui_urineleak_3mo__4	Leaks when you are asleep
5	iciqui_urineleak_3mo__5	Leaks when you are physically active/exercising
6	iciqui_urineleak_3mo__6	Leaks when you have finished urinating and are dressed
7	iciqui_urineleak_3mo__7	Leaks for no obvious reason
8	iciqui_urineleak_3mo__8	Leaks all the time
99	iciqui_urineleak_3mo__99	Choose not to answer

Field Annotation: @NONEOFTHEABOVE='1,99'

936	[gse_ui1_3mo]	<p>On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your urine when you want to?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
0	0 (not at all)																										
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5	5																										
6	6																										
7	7																										
8	8																										
9	9																										
10	10 (a great deal)																										
99	Choose not to answer																										

Custom alignment: LH

937	[gse_ui2_3mo]	<p>On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent urine loss without relying on pads or protection when you are out?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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99	Choose not to answer																										

Custom alignment: LH



938	[pfiq_bladder_chores_3mo]	<p>Section Header: Some women find that bladder symptoms affect their activities, relationships, and feelings. For each question select the response that best describes how much your activities, relationships, or feelings have been affected by your bladder symptoms or conditions over the last 4 weeks.</p> <p>Ability to do household chores (cooking, housecleaning, laundry)?</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
939	[pfiq_bladder_walk_3mo]	Ability to do physical activities such as walking, swimming, or other exercise?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
940	[pfiq_bladder_movie_3mo]	Entertainment activities such as going to a movie or concert?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
941	[pfiq_bladder_travel_3mo]	Ability to travel by car or bus for a distance greater than 30 minutes away from home?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
942	[pfiq_bladder_social_3mo]	Participating in social activities outside your home?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
943	[pfiq_bladder_emotion_3mo]	Emotional health (nervousness, depression, etc)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
944	[pfiq_bladder_frustrated_3mo]	Feeling frustrated?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
945	[bladderseekhx_3mo]	Have you ever talked with a health professional, like a doctor or nurse, about bladder leakage?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> </table>	0	No								
0	No												



1	Yes, but it was not very helpful
2	Yes, and it was helpful
99	Choose not to answer

Custom alignment: LH

radio (Matrix), Required

1	Not at all
2	Slightly
3	Moderately
4	Greatly
99	Choose not to answer

radio (Matrix), Required

1	Not at all
2	Slightly
3	Moderately
4	Greatly
99	Choose not to answer

radio (Matrix), Required

1	Not at all
2	Slightly
3	Moderately
4	Greatly
99	Choose not to answer

radio (Matrix), Required

1	Not at all
2	Slightly
3	Moderately
4	Greatly
99	Choose not to answer

radio (Matrix), Required

1	Not at all
2	Slightly
3	Moderately
4	Greatly
99	Choose not to answer

radio (Matrix), Required

1	Not at all
2	Slightly
3	Moderately
4	Greatly
99	Choose not to answer

radio (Matrix), Required

1	Not at all
2	Slightly



			<table border="1"> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	3	Moderately	4	Greatly	99	Choose not to answer				
3	Moderately												
4	Greatly												
99	Choose not to answer												
953	[bics_apptfar_3mo]	Appointments have to be scheduled too far ahead	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
954	[bics_hrlimit_3mo]	Office hours are the office or clinic are limited	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
955	[bics_examine_3mo]	I don't like to be examined or asked a lot of questions	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
956	[bics_hcptime_3mo]	The physician or nurse practitioner doesn't take time to explain what he or she is doing or why, or answer my questions	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
957	[bics_afrsrspob_3mo]	I am afraid to find out if I have a serious problem	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
958	[bics_afraidhcp_3mo]	For some reason, I am afraid of the health care practitioner	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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2	Slightly												
3	Moderately												
4	Greatly												
99	Choose not to answer												
959	[bics_hcpnoint_3mo]	The health care practitioner and staff aren't interested in my worries about my health	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately				
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			<table border="1"> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	4	Greatly	99	Choose not to answer												
4	Greatly																		
99	Choose not to answer																		
960	[fvq_bmconst_3mo]	<p>Section Header: <i>This set of questions asks about your bowel symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best guess.</i></p> <p>In the past month, how often have you been constipated?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer				
1	Never																		
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3	Sometimes																		
4	Most of the time																		
5	All the time																		
99	Choose not to answer																		
961	[fvq_bmdiarr_3mo]	In the past month, how often have you had diarrhea?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer				
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5	All the time																		
99	Choose not to answer																		
962	[fvq_bmconsist_3mo]	What has been the usual consistency of your bowel movements (poop) in the last 4 weeks?	radio, Required <table border="1"> <tr><td>1</td><td>Type 1 - separate hard lumps, like nuts (hard to pass)</td></tr> <tr><td>2</td><td>Type 2 - sausage-shaped but lumpy</td></tr> <tr><td>3</td><td>Type 3 - like a sausage, but with cracks on its surface</td></tr> <tr><td>4</td><td>Type 4 - like a sausage or snake, smooth and soft</td></tr> <tr><td>5</td><td>Type 5 - soft blobs with clear-cut edges (passed easily)</td></tr> <tr><td>6</td><td>Type 6 - fluffy pieces with ragged edges, a mushy stool</td></tr> <tr><td>7</td><td>Type 7 - watery, no solid pieces. Entirely liquid</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Type 1 - separate hard lumps, like nuts (hard to pass)	2	Type 2 - sausage-shaped but lumpy	3	Type 3 - like a sausage, but with cracks on its surface	4	Type 4 - like a sausage or snake, smooth and soft	5	Type 5 - soft blobs with clear-cut edges (passed easily)	6	Type 6 - fluffy pieces with ragged edges, a mushy stool	7	Type 7 - watery, no solid pieces. Entirely liquid	99	Choose not to answer
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7	Type 7 - watery, no solid pieces. Entirely liquid																		
99	Choose not to answer																		
963	[smis_solid_3mo]	<p>Section Header: <i>Thinking about the last 4 weeks, please indicate how your bowel symptoms impact your life.</i></p> <p>How often do you have accidental leakage of solid stool (poop)?</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
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4	Weekly																		
5	Daily																		
99	Choose not to answer																		
964	[smis_liquid_3mo]	How often do you have accidental leakage of liquid stool (poop)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily						
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4	Weekly																		
5	Daily																		



			99 Choose not to answer																								
965	[smis_gas_3mo]	How often do you lose control of gas?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer												
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5	Daily																										
99	Choose not to answer																										
966	[sis_lifestyle_3mo]	How often do your bowel symptoms affect your lifestyle?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer												
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4	Weekly																										
5	Daily																										
99	Choose not to answer																										
967	[smis_padplug_3mo]	Do you use a pad or plug for accidental bowel leakage?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
968	[smis_meds_3mo]	Do you take medications to make you constipated?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
969	[smis_defer_3mo]	Do you have to rush to the toilet as soon as you have an urge to go for a bowel movement (poop)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
970	[gse_abl1_3mo]	Section Header: On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your stool (poop) when you want to?	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
0	0 (not at all)																										
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9	9																										
10	10 (a great deal)																										
99	Choose not to answer																										
971	[gse_abl2_3mo]	On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent accidental bowel	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> </table>	0	0 (not at all)																						
0	0 (not at all)																										



		leakage without relying on pads or protection when you are out?	<table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer	Custom alignment: LH
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972	[bowelseekhx_3mo]	Have you ever talked with a health professional, like a doctor or nurse, about bowel leakage?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, but it was not very helpful</td></tr> <tr><td>2</td><td>Yes, and it was helpful</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	No	1	Yes, but it was not very helpful	2	Yes, and it was helpful	99	Choose not to answer	Custom alignment: LH														
0	No																									
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973	[mo_suvey_completed_3mo]	THANK YOU FOR COMPLETING THE RESEARCH SURVEY! You will receive an email with a link to a \$25 electronic gift card to thank you for your participation. If you are not eligible to receive an electronic gift card, the research team will confirm an alternate payment method for your \$25 stipend of appreciation. Your final research survey invitation will come in 3 months.	descriptive																							
974	[month_3_survey_c_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																	
0	Incomplete																									
1	Unverified																									
2	Complete																									
Instrument: Month 3 Survey T (month_3_survey_t) 																										
975	[welcome_3mo_t]	Welcome to the third research survey for the Women on the Go Study! It should take about 10 - 20 minutes to complete. Please try to answer all the questions. You will receive \$25 after you complete the survey to thank you for your time and effort. Section 1 of 3 - Attitudes, Beliefs, and General Health The questions in this section are about your attitudes, beliefs, and general health.	descriptive																							
976	[sf_q1_3mo_t]	Overall, how would you rate your health during the past 4 weeks?	radio, Required <table border="1"> <tr><td>1</td><td>Excellent</td></tr> <tr><td>2</td><td>Very good</td></tr> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>6</td><td>Very poor</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	6	Very poor	99	Choose not to answer									
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6	Very poor																									
99	Choose not to answer																									

977	[weight_3mo_t]	How much do you weigh in pounds? If you choose not to answer, please enter 999.	text (number, Min: 79, Max: 999), Required												
978	[gse01_3mo_t]	<p>Section Header: <i>This set of questions is about how you approach problems. Please read the sentence and decide how true it is of you in general.</i></p> <p>I can manage to solve difficult problems if I try hard enough.</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
979	[gse02_3mo_t]	If someone tries to keep me from getting what I want, I can find a way to get what I want.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
980	[gse03_3mo_t]	It is easy for me to stick to my goals and reach them.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
981	[gse04_3mo_t]	I am confident that I could do a good job dealing with unexpected events.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
982	[gse05_3mo_t]	Thanks to my talents and skills, I know how to handle unexpected situations.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
983	[gse06_3mo_t]	I can solve most problems if I try hard enough.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														



984	[gse07_3mo_t]	I can stay calm when facing difficulties because I can handle them.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
985	[gse08_3mo_t]	When I have a problem, I can find several ways to solve it.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
986	[gse09_3mo_t]	If I am in trouble, I can think of a solution.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
987	[gse10_3mo_t]	I can handle whatever comes my way.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Fairly Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Fairly Often	5	Very Often	99	Choose not to answer
1	Never														
2	Almost Never														
3	Sometimes														
4	Fairly Often														
5	Very Often														
99	Choose not to answer														
988	[know_pads_3mo_t]	Section Header: Below are some statements about urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each statement, or if you do not know. Other than pads and diapers, not much can be done to treat leakage of urine.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
989	[know_exercises_3mo_t]	Certain exercises can be done to help to control urine leakage.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
990	[know_weight_3mo_t]	Being overweight may make urinary leakage worse.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														



991	[know_oncestart_3mo_t]	Once people start to leak urine, they are never able to control their urine again.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
992	[know_nonsurgery_3mo_t]	Surgery is the only treatment for urinary leakage.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
993	[psq_3mo_t]	Section Header: <i>This set of questions asks about your experience with the Women on the Go program.</i> How satisfied are you with your progress in the Women on the Go program?	radio, Required <table border="1"> <tr><td>1</td><td>Completely satisfied</td></tr> <tr><td>2</td><td>Somewhat satisfied</td></tr> <tr><td>3</td><td>Not at all satisfied</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Completely satisfied	2	Somewhat satisfied	3	Not at all satisfied	99	Choose not to answer				
1	Completely satisfied														
2	Somewhat satisfied														
3	Not at all satisfied														
99	Choose not to answer														
994	[gpi_3mo_t]	Since starting the Women on the Go program, overall, do you feel that you are:	radio, Required <table border="1"> <tr><td>1</td><td>Much Better</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Worse</td></tr> <tr><td>5</td><td>Much worse</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Much Better	2	Better	3	About the same	4	Worse	5	Much worse	99	Choose not to answer
1	Much Better														
2	Better														
3	About the same														
4	Worse														
5	Much worse														
99	Choose not to answer														
995	[epi_3mo_t]	Since starting the Women on the Go program, please estimate how much better you are on a scale from 0% (no better) to 100% (completely better).	slider (number, Min: 0, Max: 100) Slider labels: 0%, 50%, 100% Custom alignment: RH												
996	[recwotg_3mo_t]	Would you recommend Women on the Go to a friend or family member?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LH	1	Yes	2	No	99	Choose not to answer						
1	Yes														
2	No														
99	Choose not to answer														
997	[rec_why_3mo_t]	Please tell us more about why you would or would not recommend the Women on the Go program.	notes Custom alignment: LH												
998	[freetext_feedback_3mo_t]	What else would you like to share about your experience with the Women on the Go program?	notes Custom alignment: LH												
999	[hapa_intentions_last_3mo_t]	Section Header: <i>The Women on the Go program is designed to help women make changes to improve bladder and bowel health. For each of the following questions, choose the statement that best describes you.</i> Thinking about the last month, when it came to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I DID NOT THINK ABOUT making any changes.</td></tr> <tr><td>1</td><td>I THOUGHT about making changes.</td></tr> <tr><td>2</td><td>I PLANNED to make changes.</td></tr> <tr><td>3</td><td>I MADE changes.</td></tr> <tr><td>4</td><td>My changes BECAME MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LV	0	I DID NOT THINK ABOUT making any changes.	1	I THOUGHT about making changes.	2	I PLANNED to make changes.	3	I MADE changes.	4	My changes BECAME MY NEW ROUTINE.	99	Choose not to answer
0	I DID NOT THINK ABOUT making any changes.														
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2	I PLANNED to make changes.														
3	I MADE changes.														
4	My changes BECAME MY NEW ROUTINE.														
99	Choose not to answer														
1000	[hapa_intentions_plans_3mo_t]	Thinking about the next month, when it comes to making changes to improve bladder or bowel health, which of	radio, Required												



		these statements best describes you?	<table border="1"> <tr><td>0</td><td>I am NOT PLANNING TO make any changes.</td></tr> <tr><td>1</td><td>I MIGHT make a change.</td></tr> <tr><td>2</td><td>I PLAN TO make a change.</td></tr> <tr><td>3</td><td>I WILL KEEP ON making changes.</td></tr> <tr><td>4</td><td>I WILL CONTINUE MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I am NOT PLANNING TO make any changes.	1	I MIGHT make a change.	2	I PLAN TO make a change.	3	I WILL KEEP ON making changes.	4	I WILL CONTINUE MY NEW ROUTINE.	99	Choose not to answer		
0	I am NOT PLANNING TO make any changes.																
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2	I PLAN TO make a change.																
3	I WILL KEEP ON making changes.																
4	I WILL CONTINUE MY NEW ROUTINE.																
99	Choose not to answer																
1001	[hana_older_3mo_t]	Thinking about the future, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I am not worried about bladder or bowel problems getting worse as I get older.</td></tr> <tr><td>1</td><td>If I make changes now, I can prevent bladder or bowel problems in the future.</td></tr> <tr><td>2</td><td>I will have bladder or bowel problems as I get older no matter what I do now.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I am not worried about bladder or bowel problems getting worse as I get older.	1	If I make changes now, I can prevent bladder or bowel problems in the future.	2	I will have bladder or bowel problems as I get older no matter what I do now.	99	Choose not to answer						
0	I am not worried about bladder or bowel problems getting worse as I get older.																
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2	I will have bladder or bowel problems as I get older no matter what I do now.																
99	Choose not to answer																
1002	[hana_sticktoplan_3mo_t]	When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>When I make a plan, I stick to it, even if I am tired or busy with other things.</td></tr> <tr><td>1</td><td>Even when I make a plan, other things can get in the way of me following through with the plan.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	When I make a plan, I stick to it, even if I am tired or busy with other things.	1	Even when I make a plan, other things can get in the way of me following through with the plan.	99	Choose not to answer								
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99	Choose not to answer																
1003	[hana_resources_3mo_t]	When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I have the support and resources I need to meet my goals.</td></tr> <tr><td>1</td><td>It is hard for me to meet my goals because I don't have the support or resources I need.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I have the support and resources I need to meet my goals.	1	It is hard for me to meet my goals because I don't have the support or resources I need.	99	Choose not to answer								
0	I have the support and resources I need to meet my goals.																
1	It is hard for me to meet my goals because I don't have the support or resources I need.																
99	Choose not to answer																
1004	[bitus_lastmo_3mo_t]	<p>Section Header: During this research study, you are able to use the Women on the Go program as often as you want to use it.</p> <p>How often DID YOU USE the Women on the Go program IN THE LAST MONTH?</p>	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
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3	Once a week																
4	More than once a week																
5	Every day																
99	Choose not to answer																
1005	[bitus_intend_3mo_t]	How often do you INTEND or PLAN TO USE the Women on the Go program IN THE NEXT MONTH?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> </table> 	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week						
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4	More than once a week																
5	Every day																
99	Choose not to answer																
1006	[bitus_predict_3mo_t]	How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program IN THE NEXT MONTH?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
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1	At least once a month																
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4	More than once a week																
5	Every day																
99	Choose not to answer																
1007	[kegel_freq_3mo_t]	<p>Section Header: Section 2 of 3 - Current Health Behaviors The following questions are about things you do that may impact bladder or bowel health.</p> <p>Thinking about the last 4 weeks, on average, how often did you do Kegel squeezes, or pelvic floor muscle exercises?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Once per month or less</td></tr> <tr><td>2</td><td>A few times per month</td></tr> <tr><td>3</td><td>At least once per week</td></tr> <tr><td>4</td><td>Several times per week</td></tr> <tr><td>5</td><td>At least once per day</td></tr> <tr><td>6</td><td>Several times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Once per month or less	2	A few times per month	3	At least once per week	4	Several times per week	5	At least once per day	6	Several times per day	99	Choose not to answer
1	Once per month or less																
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3	At least once per week																
4	Several times per week																
5	At least once per day																
6	Several times per day																
99	Choose not to answer																
1008	[fiber_guess_3mo_t]	On an average day, how much fiber do you think you get through food and supplements?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
1	Less than I should																
2	About what I should																
3	More than I should																
99	Choose not to answer																
1009	[fluid_guess_3mo_t]	On an average day, how much fluid do you think you drink (including all fluids, not just water)?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
1	Less than I should																
2	About what I should																
3	More than I should																
99	Choose not to answer																
1010	[est_totalfluid_3mo_t]	Please make your best guess about how many ounces of fluid you drink on an average day. This guess should include all fluids you drink, not just water. A standard soda can, or a regular sized coffee cup, contains 12 ounces. If you choose not to answer, please enter 999. <i>ounces</i>	text (number, Min: 0, Max: 999) Custom alignment: LV														
1011	[freq_coffee_3mo_t]	Thinking about the last week, about how many servings of coffee with caffeine did you drink? Please do not include decaf coffee. One serving is 12 ounces, a regular sized coffee cup.	radio, Required <table border="1"> <tr><td>0</td><td>I do not drink coffee</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LV	0	I do not drink coffee	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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5	3 or more servings (36 ounces) per day																
99	Choose not to answer																



1012	[freq_soda_3mo_t]	<p>Thinking about the last week, about how many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12 ounces. Please do not include caffeine-free soda (like Sprite, Ginger Ale, 7-Up, Fanta, etc.)</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>I do not drink soda with caffeine</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	I do not drink soda with caffeine	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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4	2 servings (24 ounces) per day																
5	3 or more servings (36 ounces) per day																
99	Choose not to answer																
			Custom alignment: LV														
1013	[fruit_3mo_t]	<p>Section Header: <i>These questions help estimate how much fiber you get through foods you eat. Thinking about the last 4 weeks, on average, how often did you eat the following foods?</i></p> <p>Fruit (not juice)</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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1014	[grnsalad_3mo_t]	Green salad	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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1015	[potato_3mo_t]	Potatoes or oatmeal	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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1016	[vegetable_3mo_t]	Vegetables	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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99	Choose not to answer																
1017	[vegetjuice_3mo_t]	Vegetable Juice	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> </table>	1	Less than 1 serving per week												
1	Less than 1 serving per week																



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1018	[vegetsoup_3mo_t]	Vegetable soup/stew	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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1019	[cereal_3mo_t]	Fiber cereal (raisin bran, bran buds, fruit-n-fiber)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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99	Choose not to answer																
1020	[wheat_bread_3mo_t]	Whole wheat / rye bread	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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4	4-6 servings per week																
5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
1021	[beans_3mo_t]	Beans (baked, pinto, black, kidney, red, split peas, soy, lentils) - NOT green beans)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
1022	[usecontainprod_3mo_t]	<p>Section Header: This set of questions is about bathroom habits, including things like using pads or other products and your patterns in using the toilet. Think about the last 4 weeks, or one month, as you answer these questions. When you do not know an answer for sure, just make your best guess.</p> <p>Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.</p>	checkbox, Required <table border="1"> <tr><td>1</td><td>usecontainprod_3mo_t__1</td><td>I use panty liners</td></tr> <tr><td>2</td><td>usecontainprod_3mo_t__2</td><td>I use _____</td></tr> <tr><td>3</td><td>usecontainprod_3mo_t__3</td><td>I use _____</td></tr> </table>	1	usecontainprod_3mo_t__1	I use panty liners	2	usecontainprod_3mo_t__2	I use _____	3	usecontainprod_3mo_t__3	I use _____					
1	usecontainprod_3mo_t__1	I use panty liners															
2	usecontainprod_3mo_t__2	I use _____															
3	usecontainprod_3mo_t__3	I use _____															

			(like Depends or diapers)																				
	4	usecontainprod_3mo_t__4	I use something else																				
	5	usecontainprod_3mo_t__5	I do not use anything																				
	99	usecontainprod_3mo_t__99	Choose not to answer																				
			Field Annotation: @NONEOFTHEABOVE='5,99'																				
1023	[use_liner_3mo_t]	How many panty liners do you use per 24 hour period (including one day and one night)? If you do not use panty liners, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
1024	[use_pads_3mo_t]	How many pads do you use per 24 hour period (including one day and one night)? If you do not use pads, please enter 0. If you choose not to answer, please enter 99	text (number, Min: 0, Max: 99), Required																				
1025	[use_depends_3mo_t]	How many undergarments (like Depends or diapers) do you use per 24 hour period (including one day and one night)? If you do not use undergarments, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
1026	[incont_money_3mo_t]	Thinking about the last month, about how much money have you spent on products (such as pads, undergarments, or plugs) to manage your bladder and/or bowel symptoms?	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than \$5</td></tr> <tr><td>2</td><td>\$5-10</td></tr> <tr><td>3</td><td>\$11-20</td></tr> <tr><td>4</td><td>\$21-30</td></tr> <tr><td>5</td><td>\$31-50</td></tr> <tr><td>6</td><td>\$51-100</td></tr> <tr><td>7</td><td>\$101 - \$200</td></tr> <tr><td>8</td><td>More than \$200</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	1	Less than \$5	2	\$5-10	3	\$11-20	4	\$21-30	5	\$31-50	6	\$51-100	7	\$101 - \$200	8	More than \$200	99	Choose not to answer
0	None																						
1	Less than \$5																						
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5	\$31-50																						
6	\$51-100																						
7	\$101 - \$200																						
8	More than \$200																						
99	Choose not to answer																						
1027	[voidsovernight_3mo_t]	Section Header: On an average night, about how many times do you wake up overnight to urinate, or pee? If you do not wake up overnight, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
1028	[daytimevoids_3mo_t]	On an average day, about how many times do you go to the toilet to urinate (pee) during the daytime? (Please do not include count trips to the bathroom overnight.)	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>less than 4 times per day</td></tr> <tr><td>2</td><td>4-5 times</td></tr> <tr><td>3</td><td>6-8 times</td></tr> <tr><td>4</td><td>9-10 times</td></tr> <tr><td>5</td><td>11-12 times</td></tr> <tr><td>6</td><td>more than 12 times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	less than 4 times per day	2	4-5 times	3	6-8 times	4	9-10 times	5	11-12 times	6	more than 12 times per day	99	Choose not to answer						
1	less than 4 times per day																						
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4	9-10 times																						
5	11-12 times																						
6	more than 12 times per day																						
99	Choose not to answer																						
1029	[voidinterval_3mo_t]	During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>4 hours or more</td></tr> <tr><td>2</td><td>3 hours</td></tr> </table> 	1	4 hours or more	2	3 hours																
1	4 hours or more																						
2	3 hours																						

3	2 hours
4	1 hour
5	Less than 1 hour
99	Choose not to answer

Custom alignment: LV

1030	[iciquiintro_3mo_t]	<p>Section Header: <i>Section 3 of 3 - Current Bladder and Bowel Health</i></p> <p>This set of questions asks about your bladder symptoms over the last 4 weeks (1 month).</p> <p>When you are not sure about an answer, make your best guess.</p>	descriptive																								
1031	[iciqui_leak_3mo_t]	How often do you leak urine?	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>About once a week or less often</td></tr> <tr><td>2</td><td>Two or three times a week</td></tr> <tr><td>3</td><td>About once a day</td></tr> <tr><td>4</td><td>Several times a day</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Never	1	About once a week or less often	2	Two or three times a week	3	About once a day	4	Several times a day	5	All the time	99	Choose not to answer										
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4	Several times a day																										
5	All the time																										
99	Choose not to answer																										
1032	[iciqui_howmuch_3mo_t]	We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?	radio, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>2</td><td>A small amount</td></tr> <tr><td>4</td><td>A moderate amount</td></tr> <tr><td>6</td><td>A large amount</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	2	A small amount	4	A moderate amount	6	A large amount	99	Choose not to answer														
0	None																										
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6	A large amount																										
99	Choose not to answer																										
1033	[iciqui_interfer_3mo_t]	Overall, how much does leaking urine interfere with your everyday life? Please select a number between 0 (not at all) and 10 (a great deal).	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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10	10 (a great deal)																										
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1034	[iciqui_urineleak_3mo_t]	When does urine leak? (Please select all that apply to you)	checkbox, Required <table border="1"> <tr><td>1</td><td>iciqui_urineleak_3mo_t__1</td><td>Never - Urine does not leak</td></tr> <tr><td>2</td><td>iciqui_urineleak_3mo_t__2</td><td>Leaks before you get to the toilet</td></tr> </table>	1	iciqui_urineleak_3mo_t__1	Never - Urine does not leak	2	iciqui_urineleak_3mo_t__2	Leaks before you get to the toilet																		
1	iciqui_urineleak_3mo_t__1	Never - Urine does not leak																									
2	iciqui_urineleak_3mo_t__2	Leaks before you get to the toilet																									



3	iciqui_urineleak_3mo_t__3	Leaks when you cough or sneeze
4	iciqui_urineleak_3mo_t__4	Leaks when you are asleep
5	iciqui_urineleak_3mo_t__5	Leaks when you are physically active/exercising
6	iciqui_urineleak_3mo_t__6	Leaks when you have finished urinating and are dressed
7	iciqui_urineleak_3mo_t__7	Leaks for no obvious reason
8	iciqui_urineleak_3mo_t__8	Leaks all the time
99	iciqui_urineleak_3mo_t__99	Choose not to answer

Field Annotation: @NONEOFTHEABOVE='1,99'

1035	[gse_ui1_3mo_t]	<p>On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your urine when you want to?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
0	0 (not at all)																										
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9	9																										
10	10 (a great deal)																										
99	Choose not to answer																										

Custom alignment: LH

1036	[gse_ui2_3mo_t]	<p>On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent urine loss without relying on pads or protection when you are out?</p>	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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7	7																										
8	8																										
9	9																										
10	10 (a great deal)																										
99	Choose not to answer																										

Custom alignment: LH



1037	[pfiq_bladder_chores_3mo_t]	<p>Section Header: Some women find that bladder symptoms affect their activities, relationships, and feelings. For each question select the response that best describes how much your activities, relationships, or feelings have been affected by your bladder symptoms or conditions over the last 4 weeks.</p> <p>Ability to do household chores (cooking, housecleaning, laundry)?</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
1038	[pfiq_bladder_walk_3mo_t]	Ability to do physical activities such as walking, swimming, or other exercise?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
1039	[pfiq_bladder_movie_3mo_t]	Entertainment activities such as going to a movie or concert?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
1040	[pfiq_bladder_travel_3mo_t]	Ability to travel by car or bus for a distance greater than 30 minutes away from home?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
1041	[pfiq_bladder_social_3mo_t]	Participating in social activities outside your home?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
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3	Moderately												
4	Quite a bit												
99	Choose not to answer												
1042	[pfiq_bladder_emotion_3mo_t]	Emotional health (nervousness, depression, etc)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
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4	Quite a bit												
99	Choose not to answer												
1043	[pfiq_bladder_frustrated_3mo_t]	Feeling frustrated?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Somewhat</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Quite a bit</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Somewhat	3	Moderately	4	Quite a bit	99	Choose not to answer
1	Not at all												
2	Somewhat												
3	Moderately												
4	Quite a bit												
99	Choose not to answer												
1044	[bladderseekhx_3mo_t]	Have you ever talked with a health professional, like a doctor or nurse, about bladder leakage?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> </table>	0	No								
0	No												



1	Yes, but it was not very helpful
2	Yes, and it was helpful
99	Choose not to answer

Custom alignment: LH

1045	[bics_nohcp_3mo_t]	<p>Section Header: <i>These statements are about talking with a health professional (like a doctor or nurse) about your bladder leaks or urinary incontinence. To what extent are these statements true for you?</i></p> <p>I don't have a health care practitioner who will see me for uncontrollable urine leakage</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
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4	Greatly												
99	Choose not to answer												
1046	[bics_insexp_3mo_t]	There are long delays before insurance repays out-of-pocket expenses	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
1	Not at all												
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3	Moderately												
4	Greatly												
99	Choose not to answer												
1047	[bics_inscomp_3mo_t]	My insurance is too complicated to figure out	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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4	Greatly												
99	Choose not to answer												
1048	[bics_csthigh_3mo_t]	The cost of having my uncontrollable urine leakage evaluated is too high	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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3	Moderately												
4	Greatly												
99	Choose not to answer												
1049	[bics_notrans_3mo_t]	There is no transportation to the office or clinic	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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4	Greatly												
99	Choose not to answer												
1050	[bics_waitlng_3mo_t]	The wait is too long at the time of the appointment	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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4	Greatly												
99	Choose not to answer												
1051	[bics_clnccdist_3mo_t]	The office or clinic is too far away	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> </table>	1	Not at all	2	Slightly						
1	Not at all												
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			<table border="1"> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	3	Moderately	4	Greatly	99	Choose not to answer				
3	Moderately												
4	Greatly												
99	Choose not to answer												
1052	[bics_apptfar_3mo_t]	Appointments have to be scheduled too far ahead	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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3	Moderately												
4	Greatly												
99	Choose not to answer												
1053	[bics_hrlimit_3mo_t]	Office hours are the office or clinic are limited	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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3	Moderately												
4	Greatly												
99	Choose not to answer												
1054	[bics_examine_3mo_t]	I don't like to be examined or asked a lot of questions	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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4	Greatly												
99	Choose not to answer												
1055	[bics_hcptime_3mo_t]	The physician or nurse practitioner doesn't take time to explain what he or she is doing or why, or answer my questions	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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4	Greatly												
99	Choose not to answer												
1056	[bics_afrsrspob_3mo_t]	I am afraid to find out if I have a serious problem	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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4	Greatly												
99	Choose not to answer												
1057	[bics_afraidhcp_3mo_t]	For some reason, I am afraid of the health care practitioner	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> <tr><td>4</td><td>Greatly</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately	4	Greatly	99	Choose not to answer
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3	Moderately												
4	Greatly												
99	Choose not to answer												
1058	[bics_hcpnoint_3mo_t]	The health care practitioner and staff aren't interested in my worries about my health	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Slightly</td></tr> <tr><td>3</td><td>Moderately</td></tr> </table>	1	Not at all	2	Slightly	3	Moderately				
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4	Greatly																		
99	Choose not to answer																		
1059	[fvq_bmconst_3mo_t]	<p>Section Header: <i>This set of questions asks about your bowel symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best guess.</i></p> <p>In the past month, how often have you been constipated?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer				
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3	Sometimes																		
4	Most of the time																		
5	All the time																		
99	Choose not to answer																		
1060	[fvq_bmdiarr_3mo_t]	In the past month, how often have you had diarrhea?	radio, Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer				
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2	Occasionally																		
3	Sometimes																		
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5	All the time																		
99	Choose not to answer																		
1061	[fvq_bmconsist_3mo_t]	What has been the usual consistency of your bowel movements (poop) in the last 4 weeks?	radio, Required <table border="1"> <tr><td>1</td><td>Type 1 - separate hard lumps, like nuts (hard to pass)</td></tr> <tr><td>2</td><td>Type 2 - sausage-shaped but lumpy</td></tr> <tr><td>3</td><td>Type 3 - like a sausage, but with cracks on its surface</td></tr> <tr><td>4</td><td>Type 4 - like a sausage or snake, smooth and soft</td></tr> <tr><td>5</td><td>Type 5 - soft blobs with clear-cut edges (passed easily)</td></tr> <tr><td>6</td><td>Type 6 - fluffy pieces with ragged edges, a mushy stool</td></tr> <tr><td>7</td><td>Type 7 - watery, no solid pieces. Entirely liquid</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	1	Type 1 - separate hard lumps, like nuts (hard to pass)	2	Type 2 - sausage-shaped but lumpy	3	Type 3 - like a sausage, but with cracks on its surface	4	Type 4 - like a sausage or snake, smooth and soft	5	Type 5 - soft blobs with clear-cut edges (passed easily)	6	Type 6 - fluffy pieces with ragged edges, a mushy stool	7	Type 7 - watery, no solid pieces. Entirely liquid	99	Choose not to answer
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99	Choose not to answer																		
1062	[smis_solid_3mo_t]	<p>Section Header: <i>Thinking about the last 4 weeks, please indicate how your bowel symptoms impact your life.</i></p> <p>How often do you have accidental leakage of solid stool (poop)?</p>	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
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5	Daily																		
99	Choose not to answer																		
1063	[smis_liquid_3mo_t]	How often do you have accidental leakage of liquid stool (poop)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily						
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			99 Choose not to answer																								
1064	[smis_gas_3mo_t]	How often do you lose control of gas?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer												
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1065	[sis_lifestyle_3mo_t]	How often do your bowel symptoms affect your lifestyle?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer												
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99	Choose not to answer																										
1066	[smis_padplug_3mo_t]	Do you use a pad or plug for accidental bowel leakage?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
1067	[smis_meds_3mo_t]	Do you take medications to make you constipated?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
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2	No																										
99	Choose not to answer																										
1068	[smis_defer_3mo_t]	Do you have to rush to the toilet as soon as you have an urge to go for a bowel movement (poop)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
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2	No																										
99	Choose not to answer																										
1069	[gse_abl1_3mo_t]	Section Header: On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your stool (poop) when you want to?	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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1070	[gse_abl2_3mo_t]	On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent accidental bowel	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> </table>	0	0 (not at all)																						
0	0 (not at all)																										



		leakage without relying on pads or protection when you are out?	<table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
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6	6																								
7	7																								
8	8																								
9	9																								
10	10 (a great deal)																								
99	Choose not to answer																								
Custom alignment: LH																									
1071	[bowelseekhx_3mo_t]	Have you ever talked with a health professional, like a doctor or nurse, about bowel leakage?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, but it was not very helpful</td></tr> <tr><td>2</td><td>Yes, and it was helpful</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	No	1	Yes, but it was not very helpful	2	Yes, and it was helpful	99	Choose not to answer														
0	No																								
1	Yes, but it was not very helpful																								
2	Yes, and it was helpful																								
99	Choose not to answer																								
Custom alignment: LH																									
1072	[mo_suvey_completed_3mo_t]	THANK YOU FOR COMPLETING THE RESEARCH SURVEY! You will receive an email with a link to a \$25 electronic gift card to thank you for your participation. If you are not eligible to receive an electronic gift card, the research team will confirm an alternate payment method for your \$25 stipend of appreciation. Your final research survey invitation will come in 3 months.	descriptive																						
1073	[month_3_survey_t_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																
0	Incomplete																								
1	Unverified																								
2	Complete																								

Instrument: **\$25 paid C** (paid_c_5032) Enabled as survey

1074	[pr_uw_employ_p3]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee? [bl_arm_2][pr_uw_employ]	descriptive Field Annotation: @READONLY				
1075	[pr_non_res_alien_p3]	Are you a non-resident alien? [bl_arm_2][pr_non_res_alien]	descriptive Field Annotation: @READONLY				
1076	[pr_first_name_p3]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY				
1077	[pr_last_name_p3]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY				
1078	[pr_email_address_p3]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY				
1079	[paid_baseline_v2_c19279]	\$25 compensation sent	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No
1	Yes						
2	No						
1080	[datepaid_baseline_v2_e32647]	Date \$25 sent	text				
1081	[paid_c_5032_complete]	Section Header: <i>Form Status</i>	dropdown				



		Complete?	<table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: \$25 paid T (paid_t_5984) 

1082	[pr_uw_employ_p3_tailored3mo]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee? [bl_arm_3][pr_uw_employ_basicinfot]	descriptive Field Annotation: @READONLY						
1083	[pr_non_res_alien_p3_taiored3mo]	Are you a non-resident alien? [bl_arm_3][pr_non_res_alien_basicinfot]	descriptive Field Annotation: @READONLY						
1084	[pr_first_name_p3_tailored3mo]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
1085	[pr_last_name_p3_tailored3mo]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
1086	[pr_email_address_p3_taiored3mo]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
1087	[paid_baseline_v2_c19279_taiored3mo]	\$25 compensation sent	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
1088	[datepaid_baseline_v2_e32647_taiored3mo]	Date \$25 sent	text						
1089	[paid_t_5984_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 12C (c_1b12) 

1090	[week1firstname_1_12c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY						
1091	[week1lastname_1_12c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY						
1092	[week1ea_1_12c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
1093	[ves12]	Verified email sent?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
1094	[c_1b12_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 12 (ddcd_ebb8) 

1095	[week12firstname]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY		
1096	[week12lastname]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY		
1097	[week12ea]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY		
1098	[week_1_tailored_option_v2_v4_v10_v11_v12]	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A->Z):	radio, Required <table border="1"> <tr><td>1</td><td>Has viewed tips for helping to remove program (viewed G4. What should I do)</td></tr> </table>	1	Has viewed tips for helping to remove program (viewed G4. What should I do)
1	Has viewed tips for helping to remove program (viewed G4. What should I do)				



			<table border="1"> <tr><td></td><td>if I need help remembering my goals?)</td></tr> <tr><td>2</td><td>Has not viewed tips for helping to remember to use program (did not view G4. What should I do if I need help remembering my goals?)</td></tr> </table>		if I need help remembering my goals?)	2	Has not viewed tips for helping to remember to use program (did not view G4. What should I do if I need help remembering my goals?)		
	if I need help remembering my goals?)								
2	Has not viewed tips for helping to remember to use program (did not view G4. What should I do if I need help remembering my goals?)								
1099	[ddcd_ebb8_complete]	Section Header: <i>Form Status</i> Complete?	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: T12 (t12)  Enabled as survey

1100	[feedbackinvite_t12]	Hello, [bl_arm_3][pr_first_name_basicinfot]! Dr. Heidi here. If you can spare a moment, please tell me about your experience with the Women on the Go program over the last month.	radio, Required, Identifier <table border="1"> <tr><td>1</td><td>I liked continuing to get weekly emails this past month.</td></tr> <tr><td>2</td><td>Getting weekly emails this past month seemed like too much. Once every 2 weeks would have been better.</td></tr> <tr><td>3</td><td>I would have preferred not to get any more emails this past month.</td></tr> <tr><td>4</td><td>I don't have any feedback to share.</td></tr> </table>	1	I liked continuing to get weekly emails this past month.	2	Getting weekly emails this past month seemed like too much. Once every 2 weeks would have been better.	3	I would have preferred not to get any more emails this past month.	4	I don't have any feedback to share.				
1	I liked continuing to get weekly emails this past month.														
2	Getting weekly emails this past month seemed like too much. Once every 2 weeks would have been better.														
3	I would have preferred not to get any more emails this past month.														
4	I don't have any feedback to share.														
1101	[openfeedback_3mo]	How should we change the weekly emails and check-ins to make them more helpful for future program users? Show the field ONLY if: [feedbackinvite_t12] = '1' or [feedbackinvite_t12] = '2' or [feedbackinvite_t12] = '3'	notes												
1102	[ta_howprogramgoing_t12]	Section Header: How are things going with the program? Show the field ONLY if: [feedbackinvite_t12] = '4'	radio <table border="1"> <tr><td>1</td><td>Great - I know what I need to do - just bring me back to the program home page!</td></tr> <tr><td>2</td><td>Okay, but I could use some help with next steps.</td></tr> <tr><td>3</td><td>Not well at all.</td></tr> </table>	1	Great - I know what I need to do - just bring me back to the program home page!	2	Okay, but I could use some help with next steps.	3	Not well at all.						
1	Great - I know what I need to do - just bring me back to the program home page!														
2	Okay, but I could use some help with next steps.														
3	Not well at all.														
1103	[ta_okay_t12]	Section Header: OK - happy to help! Where would you like to start? Show the field ONLY if: [ta_howprogramgoing_t12] = '2'	radio <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.	5	I want to get help from a healthcare provider.	6	I want help with something else.
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
1104	[ta_notwellatall_t12]	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start? Show the field ONLY if: [ta_howprogramgoing_t12] = '3'	radio <table border="1"> <tr><td>1</td><td>I need more information about how to use the program.</td></tr> <tr><td>2</td><td>I need help remembering to use the program.</td></tr> <tr><td>3</td><td>I need help setting or meeting goals.</td></tr> <tr><td>4</td><td>I want to see more improvement in my symptoms.</td></tr> </table>	1	I need more information about how to use the program.	2	I need help remembering to use the program.	3	I need help setting or meeting goals.	4	I want to see more improvement in my symptoms.				
1	I need more information about how to use the program.														
2	I need help remembering to use the program.														
3	I need help setting or meeting goals.														
4	I want to see more improvement in my symptoms.														

			<table border="1"> <tr><td>5</td><td>I want to get help from a healthcare provider.</td></tr> <tr><td>6</td><td>I want help with something else.</td></tr> </table>	5	I want to get help from a healthcare provider.	6	I want help with something else.								
5	I want to get help from a healthcare provider.														
6	I want help with something else.														
1105	[d5_t12] Show the field ONLY if: [ta_okay_t12] = '4' or [ta_n otwellatall_t12] = '4'	Section Header: More than HALF of women have bladder or bowel problems. But here is the good news: there are lots of solutions out there to make our symptoms better. What would you like to do next?	radio <table border="1"> <tr><td>1</td><td>I need help setting and meeting goals in Women on the Go for my specific symptoms.</td></tr> <tr><td>2</td><td>I am doing my exercises but I am not seeing an improvement in my symptoms.</td></tr> <tr><td>3</td><td>I am ready to learn about other treatments for bladder and bowel problems.</td></tr> <tr><td>4</td><td>I am ready to talk with a healthcare provider about my symptoms.</td></tr> <tr><td>5</td><td>I want help with something else.</td></tr> </table>	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	2	I am doing my exercises but I am not seeing an improvement in my symptoms.	3	I am ready to learn about other treatments for bladder and bowel problems.	4	I am ready to talk with a healthcare provider about my symptoms.	5	I want help with something else.		
1	I need help setting and meeting goals in Women on the Go for my specific symptoms.														
2	I am doing my exercises but I am not seeing an improvement in my symptoms.														
3	I am ready to learn about other treatments for bladder and bowel problems.														
4	I am ready to talk with a healthcare provider about my symptoms.														
5	I want help with something else.														
1106	[d2_t12] Show the field ONLY if: [ta_okay_t12] = '3' or [ta_n otwellatall_t12] = '3' or [d5 _t12] = '1'	Section Header: Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can help. Where would you like to start?	radio <table border="1"> <tr><td>1</td><td>I need help setting goals that I can meet</td></tr> <tr><td>2</td><td>I need help setting goals to improve my symptoms</td></tr> <tr><td>3</td><td>I need help remembering to work on my goals</td></tr> <tr><td>4</td><td>Working on my goals is making things worse</td></tr> </table>	1	I need help setting goals that I can meet	2	I need help setting goals to improve my symptoms	3	I need help remembering to work on my goals	4	Working on my goals is making things worse				
1	I need help setting goals that I can meet														
2	I need help setting goals to improve my symptoms														
3	I need help remembering to work on my goals														
4	Working on my goals is making things worse														
1107	[e2_t12] Show the field ONLY if: [d2_t12] = '2'	Section Header: Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals for?	checkbox <table border="1"> <tr><td>1</td><td>e2_t12__1</td><td>Leaking urine (incontinence)</td></tr> <tr><td>2</td><td>e2_t12__2</td><td>Waking up overnight to pee (nocturia)</td></tr> <tr><td>3</td><td>e2_t12__3</td><td>Leaking stool (poop) or sudden urges to poop (bowel urgency)</td></tr> <tr><td>4</td><td>e2_t12__4</td><td>Constipation</td></tr> </table>	1	e2_t12__1	Leaking urine (incontinence)	2	e2_t12__2	Waking up overnight to pee (nocturia)	3	e2_t12__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)	4	e2_t12__4	Constipation
1	e2_t12__1	Leaking urine (incontinence)													
2	e2_t12__2	Waking up overnight to pee (nocturia)													
3	e2_t12__3	Leaking stool (poop) or sudden urges to poop (bowel urgency)													
4	e2_t12__4	Constipation													
1108	[e2a_t12] Show the field ONLY if: [e2_t12(1)] = '1'	Section Header: Do you want help setting goals for...	radio <table border="1"> <tr><td>1</td><td>General urine leakage</td></tr> <tr><td>2</td><td>Leakage with coughing, sneezing, or exercising (stress incontinence)</td></tr> <tr><td>3</td><td>Sudden urges to pee or peeing too often (overactive bladder)</td></tr> </table>	1	General urine leakage	2	Leakage with coughing, sneezing, or exercising (stress incontinence)	3	Sudden urges to pee or peeing too often (overactive bladder)						
1	General urine leakage														
2	Leakage with coughing, sneezing, or exercising (stress incontinence)														
3	Sudden urges to pee or peeing too often (overactive bladder)														
1109	[ta_great_t12] Show the field ONLY if: [ta_howprogramgoing_t12] = '1'	Section Header: Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click here to return to the Women on the Go program. You got this! Dr. Heidi	descriptive, Identifier												
1110	[ta_d1_t12] Show the field ONLY if: [ta_okay_t12] = '1' or [ta_n otwellatall_t12] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Watch this video to learn more about how to use the program. The program works best when you set weekly goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier												
1111	[d6_t12] Show the field ONLY if: [ta_notwellatall_t12] = '5' o r [ta_notwellatall_t12] = '5' or [ta_okay_t12] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Good job making the decision to talk with a healthcare provider! It can be hard to talk about bladder and bowel problems. Women on the Go has resources to help. Click here to view resources for seeking care with a healthcare provider. You got this! Dr. Heidi	descriptive, Identifier												
1112	[d2a_t12]	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! This short video may be helpful. Visit the Goals section of	descriptive, Identifier												



	Show the field ONLY if: [d2_t12] = '1'	the program to learn more about setting goals that will work for you. You got this! Dr. Heidi							
1113	[d7_t12] Show the field ONLY if: [ta_notwellatall_t12] = '6' or [ta_okay_t12] = '6' or [d5_t12] = '5'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Please send an email to womenonthegostudy@gmail.com to tell us more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	descriptive, Identifier						
1114	[e1_t12] Show the field ONLY if: [d2_t12] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], It is very frustrating when things get worse instead of better. Click here to learn what to do if your goals are making things worse instead of better. You got this! Dr. Heidi	descriptive, Identifier						
1115	[xxxx_t12] Show the field ONLY if: [e2a_t12] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to return to the Bladder section. You got this! Dr. Heidi	descriptive, Identifier						
1116	[d4_t12] Show the field ONLY if: [ta_okay_t12] = '2' or [ta_notwellatall_t12] = '2' or [ta_okay_t12] = '2' or [d2_t12] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], It is hard to remember to do things without reminders. Click here for helpful tips about how to remember to work on your goals or use Women on the Go. You got this! Dr. Heidi	descriptive, Identifier						
1117	[e2b_t12] Show the field ONLY if: [e2a_t12] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress Incontinence). You got this! Dr. Heidi	descriptive, Identifier						
1118	[e2c_t12] Show the field ONLY if: [e2a_t12] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You got this! Dr. Heidi	descriptive, Identifier						
1119	[e4a_t12] Show the field ONLY if: [e2_t12(2)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn some tips to prevent waking up overnight to pee. You got this! Dr. Heidi	descriptive, Identifier						
1120	[e5a_t12] Show the field ONLY if: [e2_t12(3)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here for tips for loose stools, bowel urgency, or bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
1121	[e6a_t12] Show the field ONLY if: [e2_t12(4)] = '1'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn tips to improve your constipation. You got this! Dr. Heidi	descriptive, Identifier						
1122	[d5b_t12] Show the field ONLY if: [d5_t12] = '2'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to check whether you are doing Kegels correctly. Click here to learn how long after starting Kegels you should expect to see an improvement in your symptoms. You got this! Dr. Heidi	descriptive, Identifier						
1123	[d5c_t12] Show the field ONLY if: [d5_t12] = '3'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn what treatments are available for you if you have bladder leakage. Click here to learn what treatments are available for you if you have bowel leakage. You got this! Dr. Heidi	descriptive, Identifier						
1124	[d5d_t12] Show the field ONLY if: [d5_t12] = '4'	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn how to get ready to talk to your health care provider. You got this! Dr. Heidi	descriptive, Identifier						
1125	[t12_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table> 	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: 12 sent (sent_58d8)  Enabled as survey									
1126	[firstname12s]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
1127	[lastname12s]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
1128	[emailadd12s]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
1129	[w1es_12es]	Verified email was sent	radio, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No		
1	Yes								
2	No								
1130	[sent_58d8_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

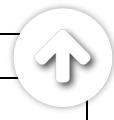
Instrument: Month 6 Survey C (month_6_survey_c)  Enabled as survey																	
1131	[sf_q1_6mo]	Section Header: <i>Welcome to the final research survey for the Women on the Go Study! It should take about 10 - 20 minutes to complete. Please try to answer all the questions. You will receive \$25 after you complete the survey to thank you for your time and effort. Section 1 of 3 - Attitudes, Beliefs, and General Health</i> The questions in this section are about your attitudes, beliefs, and general health. Overall, how would you rate your health during the past 4 weeks?	radio, Required <table border="1"><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Very good</td></tr><tr><td>3</td><td>Good</td></tr><tr><td>4</td><td>Fair</td></tr><tr><td>5</td><td>Poor</td></tr><tr><td>6</td><td>Very poor</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor	6	Very poor	99	Choose not to answer
1	Excellent																
2	Very good																
3	Good																
4	Fair																
5	Poor																
6	Very poor																
99	Choose not to answer																
1132	[weight_6mo]	How much do you weigh in pounds? If you choose not to answer, please enter 999.	text (number, Min: 79, Max: 999), Required														
1133	[know_pads_6mo]	Section Header: <i>Below are some statements about urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each statement, or if you do not know.</i> Other than pads and diapers, not much can be done to treat leakage of urine.	radio (Matrix) <table border="1"><tr><td>1</td><td>Agree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Don't know</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer						
1	Agree																
2	Disagree																
3	Don't know																
99	Choose not to answer																
1134	[know_exercise_6mo]	Certain exercises can be done to help to control urine leakage.	radio (Matrix) <table border="1"><tr><td>1</td><td>Agree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Don't know</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer						
1	Agree																
2	Disagree																
3	Don't know																
99	Choose not to answer																
1135	[know_weight_6mo]	Being overweight may make urinary leakage worse.	radio (Matrix) <table border="1"><tr><td>1</td><td>Agree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Don't know</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer						
1	Agree																
2	Disagree																
3	Don't know																
99	Choose not to answer																
1136	[know_oncestart_6mo]	Once people start to leak urine, they are never able to control their urine again.	radio (Matrix) <table border="1"><tr><td>1</td><td>Agree</td></tr><tr><td>2</td><td>Disagree</td></tr><tr><td>3</td><td>Don't know</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer						
1	Agree																
2	Disagree																
3	Don't know																
99	Choose not to answer																



1137	[know_nonsurgery_6mo]	Surgery is the only treatment for urinary leakage.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
1138	[psq_6mo]	Section Header: <i>This set of questions asks about your experience with the Women on the Go program.</i> How satisfied are you with your progress in the Women on the Go program?	radio, Required <table border="1"> <tr><td>1</td><td>Completely satisfied</td></tr> <tr><td>2</td><td>Somewhat satisfied</td></tr> <tr><td>3</td><td>Not at all satisfied</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Completely satisfied	2	Somewhat satisfied	3	Not at all satisfied	99	Choose not to answer				
1	Completely satisfied														
2	Somewhat satisfied														
3	Not at all satisfied														
99	Choose not to answer														
1139	[gpi_6mo]	Since starting the Women on the Go program, overall, do you feel that you are:	radio, Required <table border="1"> <tr><td>1</td><td>Much Better</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Worse</td></tr> <tr><td>5</td><td>Much worse</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Much Better	2	Better	3	About the same	4	Worse	5	Much worse	99	Choose not to answer
1	Much Better														
2	Better														
3	About the same														
4	Worse														
5	Much worse														
99	Choose not to answer														
1140	[epi_6mo]	Since starting the Women on the Go program, please estimate how much better you are on a scale from 0% (no better) to 100% (completely better).	slider (number, Min: 0, Max: 100) Slider labels: 0%, 50%, 100% Custom alignment: RH												
1141	[recwotg2fam_6mo]	Would you recommend Women on the Go to a friend or family member?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LH	1	Yes	2	No	99	Choose not to answer						
1	Yes														
2	No														
99	Choose not to answer														
1142	[rec_why_6mo]	Please tell us more about why you would or would not recommend the Women on the Go program.	notes Custom alignment: LH												
1143	[freetext_feedback_6mo]	What else would you like to share about your experience with the Women on the Go program?	notes Custom alignment: LH												
1144	[hapa_intentions_last_6mo]	Section Header: <i>The Women on the Go program is designed to help women make changes to improve bladder and bowel health. For each of the following questions, choose the statement that best describes you.</i> Thinking about the last month, when it came to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I DID NOT THINK ABOUT making any changes.</td></tr> <tr><td>1</td><td>I THOUGHT about making changes.</td></tr> <tr><td>2</td><td>I PLANNED to make changes.</td></tr> <tr><td>3</td><td>I MADE changes.</td></tr> <tr><td>4</td><td>My changes BECAME MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LV	0	I DID NOT THINK ABOUT making any changes.	1	I THOUGHT about making changes.	2	I PLANNED to make changes.	3	I MADE changes.	4	My changes BECAME MY NEW ROUTINE.	99	Choose not to answer
0	I DID NOT THINK ABOUT making any changes.														
1	I THOUGHT about making changes.														
2	I PLANNED to make changes.														
3	I MADE changes.														
4	My changes BECAME MY NEW ROUTINE.														
99	Choose not to answer														
1145	[hapa_intentions_plans_6mo]	Thinking about the next month, when it comes to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I am NOT PLANNING TO make any changes.</td></tr> <tr><td>1</td><td>I MIGHT make a change.</td></tr> <tr><td>2</td><td>I PLAN TO make a change.</td></tr> <tr><td>3</td><td>I WILL KEEP ON making changes.</td></tr> <tr><td>4</td><td>I WILL CONTINUE MY NEW ROUTINE</td></tr> </table>	0	I am NOT PLANNING TO make any changes.	1	I MIGHT make a change.	2	I PLAN TO make a change.	3	I WILL KEEP ON making changes.	4	I WILL CONTINUE MY NEW ROUTINE		
0	I am NOT PLANNING TO make any changes.														
1	I MIGHT make a change.														
2	I PLAN TO make a change.														
3	I WILL KEEP ON making changes.														
4	I WILL CONTINUE MY NEW ROUTINE														



			99 Choose not to answer														
		Custom alignment: LV															
1146	[bitus_lastmo_6mo]	Section Header: <i>During this research study, you were able to use the Women on the Go program as often as you wanted to use it.</i> How often DID YOU USE the Women on the Go program IN THE LAST MONTH?	radio (Matrix), Required <table border="1"><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>At least once a month</td></tr><tr><td>2</td><td>A few times a month</td></tr><tr><td>3</td><td>Once a week</td></tr><tr><td>4</td><td>More than once a week</td></tr><tr><td>5</td><td>Every day</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
0	Not at all																
1	At least once a month																
2	A few times a month																
3	Once a week																
4	More than once a week																
5	Every day																
99	Choose not to answer																
1147	[bitus_intend_6mo]	How often WOULD YOU WANT TO USE the Women on the Go program IN THE NEXT MONTH if you could still use it?	radio (Matrix), Required <table border="1"><tr><td>0</td><td>Not at all</td></tr><tr><td>1</td><td>At least once a month</td></tr><tr><td>2</td><td>A few times a month</td></tr><tr><td>3</td><td>Once a week</td></tr><tr><td>4</td><td>More than once a week</td></tr><tr><td>5</td><td>Every day</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
0	Not at all																
1	At least once a month																
2	A few times a month																
3	Once a week																
4	More than once a week																
5	Every day																
99	Choose not to answer																
1148	[kegel_freq_6mo]	Section Header: <i>Section 2 of 3 - Current Health Behaviors The following questions are about things you do that may impact bladder or bowel health.</i> Thinking about the last 4 weeks, on average, how often did you do Kegel squeezes, or pelvic floor muscle exercises?	radio, Required <table border="1"><tr><td>1</td><td>Once per month or less</td></tr><tr><td>2</td><td>A few times per month</td></tr><tr><td>3</td><td>At least once per week</td></tr><tr><td>4</td><td>Several times per week</td></tr><tr><td>5</td><td>At least once per day</td></tr><tr><td>6</td><td>Several times per day</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Once per month or less	2	A few times per month	3	At least once per week	4	Several times per week	5	At least once per day	6	Several times per day	99	Choose not to answer
1	Once per month or less																
2	A few times per month																
3	At least once per week																
4	Several times per week																
5	At least once per day																
6	Several times per day																
99	Choose not to answer																
1149	[fiber_guess_6mo]	On an average day, how much fiber do you think you get through food and supplements?	radio, Required <table border="1"><tr><td>1</td><td>Less than I should</td></tr><tr><td>2</td><td>About what I should</td></tr><tr><td>3</td><td>More than I should</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
1	Less than I should																
2	About what I should																
3	More than I should																
99	Choose not to answer																
1150	[fluid_guess_6mo]	On an average day, how much fluid do you think you drink (including all fluids, not just water)?	radio, Required <table border="1"><tr><td>1</td><td>Less than I should</td></tr><tr><td>2</td><td>About what I should</td></tr><tr><td>3</td><td>More than I should</td></tr><tr><td>99</td><td>Choose not to answer</td></tr></table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
1	Less than I should																
2	About what I should																
3	More than I should																
99	Choose not to answer																
1151	[est_totalfluid_6mo]	Please make your best guess about how many ounces of fluid you drink on an average day. This guess should include all fluids you drink, not just water. A standard soda can, or a regular sized coffee cup, contains 12 ounces. If you choose not to answer, please enter 999. <i>ounces</i>	text (number, Min: 0, Max: 999) Custom alignment: LV														
1152	[freq_coffee_6mo]	Thinking about the last week, about how many servings of coffee with caffeine did you drink? Please do not include decaf coffee. One serving is 12 ounces, a regular sized coffee cup.	radio, Required <table border="1"><tr><td>0</td><td>I do not drink coffee</td></tr><tr><td>1</td><td>Less than 3 servings per week</td></tr></table>	0	I do not drink coffee	1	Less than 3 servings per week										
0	I do not drink coffee																
1	Less than 3 servings per week																



2	3-6 servings per week
3	1 serving (12 ounces) per day
4	2 servings (24 ounces) per day
5	3 or more servings (36 ounces) per day
99	Choose not to answer

Custom alignment: LV

radio, Required
0 I do not drink soda with caffeine
1 Less than 3 servings per week
2 3-6 servings per week
3 1 serving (12 ounces) per day
4 2 servings (24 ounces) per day
5 3 or more servings (36 ounces) per day
99 Choose not to answer

Custom alignment: LV

radio (Matrix), Required
1 Less than 1 serving per week
2 1 serving per week
3 2-3 servings per week
4 4-6 servings per week
5 1 serving per day
6 More than 1 serving per day
99 Choose not to answer

radio (Matrix), Required
1 Less than 1 serving per week
2 1 serving per week
3 2-3 servings per week
4 4-6 servings per week
5 1 serving per day
6 More than 1 serving per day
99 Choose not to answer

radio (Matrix), Required
1 Less than 1 serving per week
2 1 serving per week
3 2-3 servings per week
4 4-6 servings per week
5 1 serving per day
6 More than 1 serving per day
99 Choose not to answer

radio (Matrix), Required
1 Less than 1 serving per week
2 1 serving per week
3 2-3 servings per week



			<table border="1"> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer						
4	4-6 servings per week																
5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
1158	[vegetjuice_6mo]	Vegetable Juice	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
1	Less than 1 serving per week																
2	1 serving per week																
3	2-3 servings per week																
4	4-6 servings per week																
5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
1159	[vegetsoup_6mo]	Vegetable soup/stew	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
1	Less than 1 serving per week																
2	1 serving per week																
3	2-3 servings per week																
4	4-6 servings per week																
5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
1160	[cereal_6mo]	Fiber cereal (raisin bran, bran buds, fruit-n-fiber)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
1	Less than 1 serving per week																
2	1 serving per week																
3	2-3 servings per week																
4	4-6 servings per week																
5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																
1161	[wheat_bread_6mo]	Whole wheat / rye bread	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
1	Less than 1 serving per week																
2	1 serving per week																
3	2-3 servings per week																
4	4-6 servings per week																
5	1 serving per day																
6	More than 1 serving per day																
99	Choose not to answer																



1162	[beans_6mo]	Beans (baked, pinto, black, kidney, red, split peas, soy, lentils) - NOT green beans)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer						
1	Less than 1 serving per week																						
2	1 serving per week																						
3	2-3 servings per week																						
4	4-6 servings per week																						
5	1 serving per day																						
6	More than 1 serving per day																						
99	Choose not to answer																						
1163	[usecontainprod_6mo]	Section Header: <i>This set of questions is about bathroom habits, including things like using pads or other products and your patterns in using the toilet. Think about the last 4 weeks, or one month, as you answer these questions. When you do not know an answer for sure, just make your best guess.</i> Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.	checkbox, Required <table border="1"> <tr><td>1</td><td>usecontainprod_6mo__1</td><td>I use panty liners</td></tr> <tr><td>2</td><td>usecontainprod_6mo__2</td><td>I use pads</td></tr> <tr><td>3</td><td>usecontainprod_6mo__3</td><td>I use undergarments (like Depends or diapers)</td></tr> <tr><td>4</td><td>usecontainprod_6mo__4</td><td>I use something else</td></tr> <tr><td>5</td><td>usecontainprod_6mo__5</td><td>I do not use anything</td></tr> <tr><td>99</td><td>usecontainprod_6mo__99</td><td>Choose not to answer</td></tr> </table>	1	usecontainprod_6mo__1	I use panty liners	2	usecontainprod_6mo__2	I use pads	3	usecontainprod_6mo__3	I use undergarments (like Depends or diapers)	4	usecontainprod_6mo__4	I use something else	5	usecontainprod_6mo__5	I do not use anything	99	usecontainprod_6mo__99	Choose not to answer		
1	usecontainprod_6mo__1	I use panty liners																					
2	usecontainprod_6mo__2	I use pads																					
3	usecontainprod_6mo__3	I use undergarments (like Depends or diapers)																					
4	usecontainprod_6mo__4	I use something else																					
5	usecontainprod_6mo__5	I do not use anything																					
99	usecontainprod_6mo__99	Choose not to answer																					
			Field Annotation: @NONEOFTHEABOVE='5,99'																				
1164	[use_liner_6mo]	How many panty liners do you use per 24 hour period (including one day and one night)? If you do not use panty liners, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
1165	[use_pads_6mo]	How many pads do you use per 24 hour period (including one day and one night)? If you do not use pads, please enter 0. If you choose not to answer, please enter 99	text (number, Min: 0, Max: 99), Required																				
1166	[use_depends_6mo]	How many undergarments (like Depends or diapers) do you use per 24 hour period (including one day and one night)? If you do not use undergarments, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
1167	[incont_money_6mo]	Thinking about the last month, about how much money have you spent on products (such as pads, undergarments, or plugs) to manage your bladder and/or bowel symptoms?	dropdown, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than \$5</td></tr> <tr><td>2</td><td>\$5-10</td></tr> <tr><td>3</td><td>\$11-20</td></tr> <tr><td>4</td><td>\$21-30</td></tr> <tr><td>5</td><td>\$31-50</td></tr> <tr><td>6</td><td>\$51-100</td></tr> <tr><td>7</td><td>\$101 - \$200</td></tr> <tr><td>8</td><td>More than \$200</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	1	Less than \$5	2	\$5-10	3	\$11-20	4	\$21-30	5	\$31-50	6	\$51-100	7	\$101 - \$200	8	More than \$200	99	Choose not to answer
0	None																						
1	Less than \$5																						
2	\$5-10																						
3	\$11-20																						
4	\$21-30																						
5	\$31-50																						
6	\$51-100																						
7	\$101 - \$200																						
8	More than \$200																						
99	Choose not to answer																						
1168	[voidsovernight_6mo]	Section Header: On an average night, about how many times do you wake up overnight to urinate, or pee? If you do not wake	text (number, Min: 0, Max: 99), Required 																				

		up overnight, please enter 0. If you choose not to answer, please enter 99.																					
1169	[daytimevoids_6mo]	On an average day, about how many times do you go to the toilet to urinate (pee) during the daytime? (Please do not include count trips to the bathroom overnight.)	radio, Required <table border="1"> <tr><td>1</td><td>less than 4 times per day</td></tr> <tr><td>2</td><td>4-5 times</td></tr> <tr><td>3</td><td>6-8 times</td></tr> <tr><td>4</td><td>9-10 times</td></tr> <tr><td>5</td><td>11-12 times</td></tr> <tr><td>6</td><td>more than 12 times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	less than 4 times per day	2	4-5 times	3	6-8 times	4	9-10 times	5	11-12 times	6	more than 12 times per day	99	Choose not to answer						
1	less than 4 times per day																						
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3	6-8 times																						
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5	11-12 times																						
6	more than 12 times per day																						
99	Choose not to answer																						
1170	[voidinterval_6mo]	During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?	radio, Required <table border="1"> <tr><td>1</td><td>4 hours or more</td></tr> <tr><td>2</td><td>3 hours</td></tr> <tr><td>3</td><td>2 hours</td></tr> <tr><td>4</td><td>1 hour</td></tr> <tr><td>5</td><td>Less than 1 hour</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	4 hours or more	2	3 hours	3	2 hours	4	1 hour	5	Less than 1 hour	99	Choose not to answer								
1	4 hours or more																						
2	3 hours																						
3	2 hours																						
4	1 hour																						
5	Less than 1 hour																						
99	Choose not to answer																						
1171	[iciqui_leak_6mo]	<p>Section Header: Section 3 of 3 - Current Bladder and Bowel Health This set of questions asks about your bladder symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best guess.</p> <p>How often do you leak urine?</p>	radio, Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>About once a week or less often</td></tr> <tr><td>2</td><td>Two or three times a week</td></tr> <tr><td>3</td><td>About once a day</td></tr> <tr><td>4</td><td>Several times a day</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Never	1	About once a week or less often	2	Two or three times a week	3	About once a day	4	Several times a day	5	All the time	99	Choose not to answer						
0	Never																						
1	About once a week or less often																						
2	Two or three times a week																						
3	About once a day																						
4	Several times a day																						
5	All the time																						
99	Choose not to answer																						
1172	[iciqui_howmuch_6mo]	We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?	radio, Required <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>2</td><td>A small amount</td></tr> <tr><td>4</td><td>A moderate amount</td></tr> <tr><td>6</td><td>A large amount</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	2	A small amount	4	A moderate amount	6	A large amount	99	Choose not to answer										
0	None																						
2	A small amount																						
4	A moderate amount																						
6	A large amount																						
99	Choose not to answer																						
1173	[iciqui_interfer_6mo]	Overall, how much does leaking urine interfere with your everyday life? Please select a number between 0 (not at all) and 10 (a great deal).	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9
0	0 (not at all)																						
1	1																						
2	2																						
3	3																						
4	4																						
5	5																						
6	6																						
7	7																						
8	8																						
9	9																						



10	10 (a great deal)
99	Choose not to answer

Custom alignment: LH

checkbox, Required
1 iciqui_urineleak_6mo__1 Never - Urine does not leak
2 iciqui_urineleak_6mo__2 Leaks before you can get to the toilet
3 iciqui_urineleak_6mo__3 Leaks when you cough or sneeze
4 iciqui_urineleak_6mo__4 Leaks when you are asleep
5 iciqui_urineleak_6mo__5 Leaks when you are physically active/exercising
6 iciqui_urineleak_6mo__6 Leaks when you have finished urinating and are dressed
7 iciqui_urineleak_6mo__7 Leaks for no obvious reason
8 iciqui_urineleak_6mo__8 Leaks all the time
99 iciqui_urineleak_6mo__99 Choose not to answer

Field Annotation: @NONEOFTHEABOVE='1,99'

radio, Required
0 0 (not at all)
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9
10 10 (a great deal)
99 Choose not to answer

Custom alignment: LH

radio, Required
0 0 (not at all)
1 1
2 2
3 3
4 4



On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your urine when you want to?

On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent urine loss without relying on pads or protection when you are out?

5	5
6	6
7	7
8	8
9	9
10	10 (a great deal)
99	Choose not to answer

Custom alignment: LH

1177	[bladderseekhx_6mo]	Since starting the Women on the Go program 6 months ago, have you talked with a health professional, like a doctor or nurse, about your bladder health?	radio, Required								
			<table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, but it was not very helpful</td></tr> <tr><td>2</td><td>Yes, and it was helpful</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	No	1	Yes, but it was not very helpful	2	Yes, and it was helpful	99	Choose not to answer
0	No										
1	Yes, but it was not very helpful										
2	Yes, and it was helpful										
99	Choose not to answer										

Custom alignment: LH

1178	[fvq_bmconst_6mo]	Section Header: <i>This set of questions asks about your bowel symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best guess.</i> In the past month, how often have you been constipated?	radio, Required												
			<table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer
1	Never														
2	Occasionally														
3	Sometimes														
4	Most of the time														
5	All the time														
99	Choose not to answer														

1179	[fvq_bmdiarr_6mo]	In the past month, how often have you had diarrhea?	radio, Required												
			<table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Occasionally</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never	2	Occasionally	3	Sometimes	4	Most of the time	5	All the time	99	Choose not to answer
1	Never														
2	Occasionally														
3	Sometimes														
4	Most of the time														
5	All the time														
99	Choose not to answer														

1180	[fvq_bmconsist_6mo]	What has been the usual consistency of your bowel movements (poop) in the last 4 weeks?	radio, Required																
			<table border="1"> <tr><td>1</td><td>Type 1 - separate hard lumps, like nuts (hard to pass)</td></tr> <tr><td>2</td><td>Type 2 - sausage-shaped but lumpy</td></tr> <tr><td>3</td><td>Type 3 - like a sausage, but with cracks on its surface</td></tr> <tr><td>4</td><td>Type 4 - like a sausage or snake, smooth and soft</td></tr> <tr><td>5</td><td>Type 5 - soft blobs with clear-cut edges (passed easily)</td></tr> <tr><td>6</td><td>Type 6 - fluffy pieces with ragged edges, a mushy stool</td></tr> <tr><td>7</td><td>Type 7 - watery, no solid pieces. Entirely liquid</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Type 1 - separate hard lumps, like nuts (hard to pass)	2	Type 2 - sausage-shaped but lumpy	3	Type 3 - like a sausage, but with cracks on its surface	4	Type 4 - like a sausage or snake, smooth and soft	5	Type 5 - soft blobs with clear-cut edges (passed easily)	6	Type 6 - fluffy pieces with ragged edges, a mushy stool	7	Type 7 - watery, no solid pieces. Entirely liquid	99	Choose not to answer
1	Type 1 - separate hard lumps, like nuts (hard to pass)																		
2	Type 2 - sausage-shaped but lumpy																		
3	Type 3 - like a sausage, but with cracks on its surface																		
4	Type 4 - like a sausage or snake, smooth and soft																		
5	Type 5 - soft blobs with clear-cut edges (passed easily)																		
6	Type 6 - fluffy pieces with ragged edges, a mushy stool																		
7	Type 7 - watery, no solid pieces. Entirely liquid																		
99	Choose not to answer																		

Custom alignment: LV



1181	[smis_solid_6mo]	Section Header: <i>Thinking about the last 4 weeks, please indicate how your bowel symptoms impact your life.</i> How often do you have accidental leakage of solid stool (poop)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer
1	Never (less than once per month)														
2	Rarely (about once a month)														
3	Sometimes (2-3 times a month)														
4	Weekly														
5	Daily														
99	Choose not to answer														
1182	[smis_liquid_6mo]	How often do you have accidental leakage of liquid stool (poop)?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer
1	Never (less than once per month)														
2	Rarely (about once a month)														
3	Sometimes (2-3 times a month)														
4	Weekly														
5	Daily														
99	Choose not to answer														
1183	[smis_gas_6mo]	How often do you lose control of gas?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer
1	Never (less than once per month)														
2	Rarely (about once a month)														
3	Sometimes (2-3 times a month)														
4	Weekly														
5	Daily														
99	Choose not to answer														
1184	[sis_lifestyle_6mo]	How often do your bowel symptoms affect your lifestyle?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer
1	Never (less than once per month)														
2	Rarely (about once a month)														
3	Sometimes (2-3 times a month)														
4	Weekly														
5	Daily														
99	Choose not to answer														
1185	[smis_padplug_6mo]	Do you use a pad or plug for accidental bowel leakage?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer						
1	Yes														
2	No														
99	Choose not to answer														
1186	[smis_meds_6mo]	Do you take medications to make you constipated?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer						
1	Yes														
2	No														
99	Choose not to answer														
1187	[smis_defer_6mo]	Do you have to rush to the toilet as soon as you have an urge to go for a bowel movement (poop)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer						
1	Yes														
2	No														
99	Choose not to answer														
1188	[gse_abl1_6mo]	Section Header: On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your stool (poop) when you want to?	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> </table>	0	0 (not at all)	1	1	2	2						
0	0 (not at all)														
1	1														
2	2														



3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10 (a great deal)
99	Choose not to answer

Custom alignment: LH

1189 [gse_ab12_6mo]

On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent accidental bowel leakage without relying on pads or protection when you are out?

radio, Required

0	0 (not at all)
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10 (a great deal)
99	Choose not to answer

Custom alignment: LH

1190 [bowelseekhx_6mo]

Since starting the Women on the Go program 6 months ago, have you talked with a health professional, like a doctor or nurse, about your bowel health?

radio, Required

0	No
1	Yes, but it was not very helpful
2	Yes, and it was helpful
99	Choose not to answer

Custom alignment: LH

1191 [mo_suvey_completed_6mo]

THANK YOU FOR COMPLETING YOUR FINAL RESEARCH SURVEY! You will receive an email with a link to a \$25 electronic gift card to thank you for your participation. If you are not eligible to receive an electronic gift card, the research team will confirm an alternate payment method for your \$25 stipend of appreciation.

descriptive

1192 [month_6_survey_c_complete]

Section Header: *Form Status*
Complete?

dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: Month 6 Survey T (month_6_survey_t)  Enabled as survey

1193 [sf_q1_6mo_t]

Section Header: *Welcome to the final research survey for the Women on the Go Study! It should take about 10 - 20 minutes to complete. Please try to answer all the questions. You will receive \$25 after you complete the survey to thank you for your time and effort. Section 1 of*

radio, Required

1	Excellent
2	Very good



	<p>3 - Attitudes, Beliefs, and General Health The questions in this section are about your attitudes, beliefs, and general health.</p> <p>Overall, how would you rate your health during the past 4 weeks?</p>	<table border="1"> <tr><td>3</td><td>Good</td></tr> <tr><td>4</td><td>Fair</td></tr> <tr><td>5</td><td>Poor</td></tr> <tr><td>6</td><td>Very poor</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	3	Good	4	Fair	5	Poor	6	Very poor	99	Choose not to answer			
3	Good														
4	Fair														
5	Poor														
6	Very poor														
99	Choose not to answer														
1194	[weight_6mo_t]	How much do you weigh in pounds? If you choose not to answer, please enter 999. text (number, Min: 79, Max: 999), Required													
1195	[know_pads_6mo_t]	<p>Section Header: Below are some statements about urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each statement, or if you do not know.</p> <p>Other than pads and diapers, not much can be done to treat leakage of urine.</p>	radio (Matrix) <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
1196	[know_exercises_6mo_t]	Certain exercises can be done to help to control urine leakage.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
1197	[know_weight_6mo_t]	Being overweight may make urinary leakage worse.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
1198	[know_oncestart_6mo_t]	Once people start to leak urine, they are never able to control their urine again.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
1199	[know_nonsurgery_6mo_t]	Surgery is the only treatment for urinary leakage.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Agree</td></tr> <tr><td>2</td><td>Disagree</td></tr> <tr><td>3</td><td>Don't know</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Agree	2	Disagree	3	Don't know	99	Choose not to answer				
1	Agree														
2	Disagree														
3	Don't know														
99	Choose not to answer														
1200	[psq_6mo_t]	<p>Section Header: This set of questions asks about your experience with the Women on the Go program.</p> <p>How satisfied are you with your progress in the Women on the Go program?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Completely satisfied</td></tr> <tr><td>2</td><td>Somewhat satisfied</td></tr> <tr><td>3</td><td>Not at all satisfied</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Completely satisfied	2	Somewhat satisfied	3	Not at all satisfied	99	Choose not to answer				
1	Completely satisfied														
2	Somewhat satisfied														
3	Not at all satisfied														
99	Choose not to answer														
1201	[gpi_6mo_t]	Since starting the Women on the Go program, overall, do you feel that you are:	radio, Required <table border="1"> <tr><td>1</td><td>Much Better</td></tr> <tr><td>2</td><td>Better</td></tr> <tr><td>3</td><td>About the same</td></tr> <tr><td>4</td><td>Worse</td></tr> <tr><td>5</td><td>Much worse</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Much Better	2	Better	3	About the same	4	Worse	5	Much worse	99	Choose not to answer
1	Much Better														
2	Better														
3	About the same														
4	Worse														
5	Much worse														
99	Choose not to answer														



1202	[epi_6mo_t]	Since starting the Women on the Go program, please estimate how much better you are on a scale from 0% (no better) to 100% (completely better).	slider (number, Min: 0, Max: 100) Slider labels: 0%, 50%, 100% Custom alignment: RH														
1203	[recwotg2fam_6mo_t]	Would you recommend Women on the Go to a friend or family member?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LH	1	Yes	2	No	99	Choose not to answer								
1	Yes																
2	No																
99	Choose not to answer																
1204	[rec_why_6mo_t]	Please tell us more about why you would or would not recommend the Women on the Go program.	notes Custom alignment: LH														
1205	[freetext_feedback_6mo_t]	What else would you like to share about your experience with the Women on the Go program?	notes Custom alignment: LH														
1206	[hapa_intentions_last_6mo_t]	Section Header: <i>The Women on the Go program is designed to help women make changes to improve bladder and bowel health. For each of the following questions, choose the statement that best describes you.</i> Thinking about the last month, when it came to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I DID NOT THINK ABOUT making any changes.</td></tr> <tr><td>1</td><td>I THOUGHT about making changes.</td></tr> <tr><td>2</td><td>I PLANNED to make changes.</td></tr> <tr><td>3</td><td>I MADE changes.</td></tr> <tr><td>4</td><td>My changes BECAME MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LV	0	I DID NOT THINK ABOUT making any changes.	1	I THOUGHT about making changes.	2	I PLANNED to make changes.	3	I MADE changes.	4	My changes BECAME MY NEW ROUTINE.	99	Choose not to answer		
0	I DID NOT THINK ABOUT making any changes.																
1	I THOUGHT about making changes.																
2	I PLANNED to make changes.																
3	I MADE changes.																
4	My changes BECAME MY NEW ROUTINE.																
99	Choose not to answer																
1207	[hapa_intentions_plans_6mo_t]	Thinking about the next month, when it comes to making changes to improve bladder or bowel health, which of these statements best describes you?	radio, Required <table border="1"> <tr><td>0</td><td>I am NOT PLANNING TO make any changes.</td></tr> <tr><td>1</td><td>I MIGHT make a change.</td></tr> <tr><td>2</td><td>I PLAN TO make a change.</td></tr> <tr><td>3</td><td>I WILL KEEP ON making changes.</td></tr> <tr><td>4</td><td>I WILL CONTINUE MY NEW ROUTINE.</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> Custom alignment: LV	0	I am NOT PLANNING TO make any changes.	1	I MIGHT make a change.	2	I PLAN TO make a change.	3	I WILL KEEP ON making changes.	4	I WILL CONTINUE MY NEW ROUTINE.	99	Choose not to answer		
0	I am NOT PLANNING TO make any changes.																
1	I MIGHT make a change.																
2	I PLAN TO make a change.																
3	I WILL KEEP ON making changes.																
4	I WILL CONTINUE MY NEW ROUTINE.																
99	Choose not to answer																
1208	[bitus_lastmo_6mo_t]	Section Header: <i>During this research study, you were able to use the Women on the Go program as often as you wanted to use it.</i> How often DID YOU USE the Women on the Go program IN THE LAST MONTH?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day	99	Choose not to answer
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5	Every day																
99	Choose not to answer																
1209	[bitus_intend_6mo_t]	How often WOULD YOU WANT TO USE the Women on the Go program IN THE NEXT MONTH if you could still use it?	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Not at all</td></tr> <tr><td>1</td><td>At least once a month</td></tr> <tr><td>2</td><td>A few times a month</td></tr> <tr><td>3</td><td>Once a week</td></tr> <tr><td>4</td><td>More than once a week</td></tr> <tr><td>5</td><td>Every day</td></tr> </table>	0	Not at all	1	At least once a month	2	A few times a month	3	Once a week	4	More than once a week	5	Every day		
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1210	[kegel_freq_6mo_t]	<p>Section Header: Section 2 of 3 - Current Health Behaviors The following questions are about things you do that may impact bladder or bowel health.</p> <p>Thinking about the last 4 weeks, on average, how often did you do Kegel squeezes, or pelvic floor muscle exercises?</p>	radio, Required <table border="1"> <tr><td>1</td><td>Once per month or less</td></tr> <tr><td>2</td><td>A few times per month</td></tr> <tr><td>3</td><td>At least once per week</td></tr> <tr><td>4</td><td>Several times per week</td></tr> <tr><td>5</td><td>At least once per day</td></tr> <tr><td>6</td><td>Several times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Once per month or less	2	A few times per month	3	At least once per week	4	Several times per week	5	At least once per day	6	Several times per day	99	Choose not to answer
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99	Choose not to answer																
1211	[fiber_guess_6mo_t]	On an average day, how much fiber do you think you get through food and supplements?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
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1212	[fluid_guess_6mo_t]	On an average day, how much fluid do you think you drink (including all fluids, not just water)?	radio, Required <table border="1"> <tr><td>1</td><td>Less than I should</td></tr> <tr><td>2</td><td>About what I should</td></tr> <tr><td>3</td><td>More than I should</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than I should	2	About what I should	3	More than I should	99	Choose not to answer						
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3	More than I should																
99	Choose not to answer																
1213	[est_totalfluid_6mo_t]	Please make your best guess about how many ounces of fluid you drink on an average day. This guess should include all fluids you drink, not just water. A standard soda can, or a regular sized coffee cup, contains 12 ounces. If you choose not to answer, please enter 999. ounces	text (number, Min: 0, Max: 999) Custom alignment: LV														
1214	[freq_coffee_6mo_t]	Thinking about the last week, about how many servings of coffee with caffeine did you drink? Please do not include decaf coffee. One serving is 12 ounces, a regular sized coffee cup.	radio, Required <table border="1"> <tr><td>0</td><td>I do not drink coffee</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I do not drink coffee	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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1215	[freq_soda_6mo_t]	Thinking about the last week, about how many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12 ounces. Please do not include caffeine-free soda (like Sprite, Ginger Ale, 7-Up, Fanta, etc.)	radio, Required <table border="1"> <tr><td>0</td><td>I do not drink soda with caffeine</td></tr> <tr><td>1</td><td>Less than 3 servings per week</td></tr> <tr><td>2</td><td>3-6 servings per week</td></tr> <tr><td>3</td><td>1 serving (12 ounces) per day</td></tr> <tr><td>4</td><td>2 servings (24 ounces) per day</td></tr> <tr><td>5</td><td>3 or more servings (36 ounces) per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table> <p>Custom alignment: LV</p>	0	I do not drink soda with caffeine	1	Less than 3 servings per week	2	3-6 servings per week	3	1 serving (12 ounces) per day	4	2 servings (24 ounces) per day	5	3 or more servings (36 ounces) per day	99	Choose not to answer
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99	Choose not to answer																
1216	[fruit_6mo_t]	Section Header: These questions help estimate how much fiber you get through foods you eat. Thinking about the last 4 weeks, on average, how often did you eat the following foods?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> </table>	1	Less than 1 serving per week												
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		Fruit (not juice)	<table border="1"> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer		
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1217	[grnsalad_6mo_t]	Green salad	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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1218	[potato_6mo_t]	Potatoes or oatmeal	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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1219	[vegetable_6mo_t]	Vegetables	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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1220	[vegetjuice_6mo_t]	Vegetable Juice	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer
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1221	[vegetsoup_6mo_t]	Vegetable soup/stew	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day				
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6	More than 1 serving per day																				
99	Choose not to answer																				
1222	[cereal_6mo_t]	Fiber cereal (raisin bran, bran buds, fruit-n-fiber)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer				
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1223	[wheat_bread_6mo_t]	Whole wheat / rye bread	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer				
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99	Choose not to answer																				
1224	[beans_6mo_t]	Beans (baked, pinto, black, kidney, red, split peas, soy, lentils) - NOT green beans)	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Less than 1 serving per week</td></tr> <tr><td>2</td><td>1 serving per week</td></tr> <tr><td>3</td><td>2-3 servings per week</td></tr> <tr><td>4</td><td>4-6 servings per week</td></tr> <tr><td>5</td><td>1 serving per day</td></tr> <tr><td>6</td><td>More than 1 serving per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Less than 1 serving per week	2	1 serving per week	3	2-3 servings per week	4	4-6 servings per week	5	1 serving per day	6	More than 1 serving per day	99	Choose not to answer				
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99	Choose not to answer																				
1225	[usecontainprod_6mo_t]	<p>Section Header: <i>This set of questions is about bathroom habits, including things like using pads or other products and your patterns in using the toilet. Think about the last 4 weeks, or one month, as you answer these questions. When you do not know an answer for sure, just make your best guess.</i></p> <p>Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.</p>	checkbox, Required <table border="1"> <tr><td>1</td><td>usecontainprod_6mo_t__1</td><td>I use panty liners</td></tr> <tr><td>2</td><td>usecontainprod_6mo_t__2</td><td>I use pads</td></tr> <tr><td>3</td><td>usecontainprod_6mo_t__3</td><td>I use undergarments (like Depends or diapers)</td></tr> <tr><td>4</td><td>usecontainprod_6mo_t__4</td><td>I use something else</td></tr> <tr><td>5</td><td>usecontainprod_6mo_t__5</td><td>I do not use anything</td></tr> <tr><td>99</td><td>usecontainprod_6mo_t__99</td><td>Choose not to answer</td></tr> </table>	1	usecontainprod_6mo_t__1	I use panty liners	2	usecontainprod_6mo_t__2	I use pads	3	usecontainprod_6mo_t__3	I use undergarments (like Depends or diapers)	4	usecontainprod_6mo_t__4	I use something else	5	usecontainprod_6mo_t__5	I do not use anything	99	usecontainprod_6mo_t__99	Choose not to answer
1	usecontainprod_6mo_t__1	I use panty liners																			
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4	usecontainprod_6mo_t__4	I use something else																			
5	usecontainprod_6mo_t__5	I do not use anything																			
99	usecontainprod_6mo_t__99	Choose not to answer																			
			Field Annotation: @NONEOFTHEABOVE='5,99'																		
1226	[use_liner_6mo_t]	How many panty liners do you use per 24 hour period (including one day and one night)? If you do not use panty liners, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																		
1227	[use_pads_6mo_t]	How many pads do you use per 24 hour period (including one day and one night)? If you do not use	text (number, Min: 0, Max: 99), Required																		

		pads, please enter 0. If you choose not to answer, please enter 99																					
1228	[use_depends_6mo_t]	How many undergarments (like Depends or diapers) do you use per 24 hour period (including one day and one night)? If you do not use undergarments, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
1229	[incont_money_6mo_t]	Thinking about the last month, about how much money have you spent on products (such as pads, undergarments, or plugs) to manage your bladder and/or bowel symptoms?	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>None</td></tr> <tr><td>1</td><td>Less than \$5</td></tr> <tr><td>2</td><td>\$5-10</td></tr> <tr><td>3</td><td>\$11-20</td></tr> <tr><td>4</td><td>\$21-30</td></tr> <tr><td>5</td><td>\$31-50</td></tr> <tr><td>6</td><td>\$51-100</td></tr> <tr><td>7</td><td>\$101 - \$200</td></tr> <tr><td>8</td><td>More than \$200</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	1	Less than \$5	2	\$5-10	3	\$11-20	4	\$21-30	5	\$31-50	6	\$51-100	7	\$101 - \$200	8	More than \$200	99	Choose not to answer
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8	More than \$200																						
99	Choose not to answer																						
1230	[voidsovernight_6mo_t]	Section Header: On an average night, about how many times do you wake up overnight to urinate, or pee? If you do not wake up overnight, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required																				
1231	[daytimevoids_6mo_t]	On an average day, about how many times do you go to the toilet to urinate (pee) during the daytime? (Please do not include count trips to the bathroom overnight.)	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>less than 4 times per day</td></tr> <tr><td>2</td><td>4-5 times</td></tr> <tr><td>3</td><td>6-8 times</td></tr> <tr><td>4</td><td>9-10 times</td></tr> <tr><td>5</td><td>11-12 times</td></tr> <tr><td>6</td><td>more than 12 times per day</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	less than 4 times per day	2	4-5 times	3	6-8 times	4	9-10 times	5	11-12 times	6	more than 12 times per day	99	Choose not to answer						
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1232	[voidinterval_6mo_t]	During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>4 hours or more</td></tr> <tr><td>2</td><td>3 hours</td></tr> <tr><td>3</td><td>2 hours</td></tr> <tr><td>4</td><td>1 hour</td></tr> <tr><td>5</td><td>Less than 1 hour</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	4 hours or more	2	3 hours	3	2 hours	4	1 hour	5	Less than 1 hour	99	Choose not to answer								
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1233	[iciqui_leak_6mo_t]	Section Header: Section 3 of 3 - Current Bladder and Bowel Health This set of questions asks about your bladder symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best guess. How often do you leak urine?	<p>radio, Required</p> <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>About once a week or less often</td></tr> <tr><td>2</td><td>Two or three times a week</td></tr> <tr><td>3</td><td>About once a day</td></tr> <tr><td>4</td><td>Several times a day</td></tr> <tr><td>5</td><td>All the time</td></tr> </table>	0	Never	1	About once a week or less often	2	Two or three times a week	3	About once a day	4	Several times a day	5	All the time								
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			99 Choose not to answer																											
1234	[iciqui_howmuch_6mo_t]	We would like to know how much urine you think leaks. How much urine do you usually leak (whether you wear protection or not)?	radio, Required <table border="1" style="margin-left: auto; margin-right: 0;"> <tr><td>0</td><td>None</td></tr> <tr><td>2</td><td>A small amount</td></tr> <tr><td>4</td><td>A moderate amount</td></tr> <tr><td>6</td><td>A large amount</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	None	2	A small amount	4	A moderate amount	6	A large amount	99	Choose not to answer																	
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6	A large amount																													
99	Choose not to answer																													
1235	[iciqui_interfer_6mo_t]	Overall, how much does leaking urine interfere with your everyday life? Please select a number between 0 (not at all) and 10 (a great deal).	radio, Required <table border="1" style="margin-left: auto; margin-right: 0;"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer			
0	0 (not at all)																													
1	1																													
2	2																													
3	3																													
4	4																													
5	5																													
6	6																													
7	7																													
8	8																													
9	9																													
10	10 (a great deal)																													
99	Choose not to answer																													
1236	[iciqui_urineleak_6mo_t]	When does urine leak? (Please select all that apply to you)	Custom alignment: LH checkbox, Required <table border="1" style="margin-left: auto; margin-right: 0;"> <tr><td>1</td><td>iciqui_urineleak_6mo_t__1</td><td>Never - Urine does not leak</td></tr> <tr><td>2</td><td>iciqui_urineleak_6mo_t__2</td><td>Leaks before you can get to the toilet</td></tr> <tr><td>3</td><td>iciqui_urineleak_6mo_t__3</td><td>Leaks when you cough or sneeze</td></tr> <tr><td>4</td><td>iciqui_urineleak_6mo_t__4</td><td>Leaks when you are asleep</td></tr> <tr><td>5</td><td>iciqui_urineleak_6mo_t__5</td><td>Leaks when you are physically active/exercising</td></tr> <tr><td>6</td><td>iciqui_urineleak_6mo_t__6</td><td>Leaks when you have finished urinating and are dressed</td></tr> <tr><td>7</td><td>iciqui_urineleak_6mo_t__7</td><td>Leaks for no obvious reason</td></tr> <tr><td>8</td><td>iciqui_urineleak_6mo_t__8</td><td>Leaks all the time</td></tr> <tr><td>99</td><td>iciqui_urineleak_6mo_t__99</td><td>Choose not to answer</td></tr> </table>	1	iciqui_urineleak_6mo_t__1	Never - Urine does not leak	2	iciqui_urineleak_6mo_t__2	Leaks before you can get to the toilet	3	iciqui_urineleak_6mo_t__3	Leaks when you cough or sneeze	4	iciqui_urineleak_6mo_t__4	Leaks when you are asleep	5	iciqui_urineleak_6mo_t__5	Leaks when you are physically active/exercising	6	iciqui_urineleak_6mo_t__6	Leaks when you have finished urinating and are dressed	7	iciqui_urineleak_6mo_t__7	Leaks for no obvious reason	8	iciqui_urineleak_6mo_t__8	Leaks all the time	99	iciqui_urineleak_6mo_t__99	Choose not to answer
1	iciqui_urineleak_6mo_t__1	Never - Urine does not leak																												
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8	iciqui_urineleak_6mo_t__8	Leaks all the time																												
99	iciqui_urineleak_6mo_t__99	Choose not to answer																												
1237	[gse_ui1_6mo_t]	On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your urine when you want to?	Field Annotation: @NONEOFTHEABOVE='1-99' radio, Required <table border="1" style="margin-left: auto; margin-right: 0;"> <tr><td>0</td><td>0 (not at all)</td></tr> </table>	0	0 (not at all)																									
0	0 (not at all)																													



1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10 (a great deal)
99	Choose not to answer

Custom alignment: LH

1238	[gse_ui2_6mo_t]	On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent urine loss without relying on pads or protection when you are out?	radio, Required
0	0 (not at all)		
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10 (a great deal)		
99	Choose not to answer		

Custom alignment: LH

1239	[bladderseekhx_6mo_t]	Since starting the Women on the Go program 6 months ago, have you talked with a health professional, like a doctor or nurse, about your bladder health?	radio, Required
0	No		
1	Yes, but it was not very helpful		
2	Yes, and it was helpful		
99	Choose not to answer		

Custom alignment: LH

1240	[fvq_bmconst_6mo_t]	<p>Section Header: <i>This set of questions asks about your bowel symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best guess.</i></p> <p>In the past month, how often have you been constipated?</p>	radio, Required
1	Never		
2	Occasionally		
3	Sometimes		
4	Most of the time		
5	All the time		
99	Choose not to answer		

Custom alignment: LH

1241	[fvq_bmdiarr_6mo_t]	In the past month, how often have you had diarrhea?	radio, Required
1	Never		
2	Occasionally		
3	Sometimes		



			<table border="1"> <tr><td>4</td><td>Most of the time</td></tr> <tr><td>5</td><td>All the time</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	4	Most of the time	5	All the time	99	Choose not to answer										
4	Most of the time																		
5	All the time																		
99	Choose not to answer																		
1242	[fvq_bmconsist_6mo_t]	What has been the usual consistency of your bowel movements (poop) in the last 4 weeks?	<p>radio, Required</p> <table border="1"> <tr><td>1</td><td>Type 1 - separate hard lumps, like nuts (hard to pass)</td></tr> <tr><td>2</td><td>Type 2 - sausage-shaped but lumpy</td></tr> <tr><td>3</td><td>Type 3 - like a sausage, but with cracks on its surface</td></tr> <tr><td>4</td><td>Type 4 - like a sausage or snake, smooth and soft</td></tr> <tr><td>5</td><td>Type 5 - soft blobs with clear-cut edges (passed easily)</td></tr> <tr><td>6</td><td>Type 6 - fluffy pieces with ragged edges, a mushy stool</td></tr> <tr><td>7</td><td>Type 7 - watery, no solid pieces. Entirely liquid</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Type 1 - separate hard lumps, like nuts (hard to pass)	2	Type 2 - sausage-shaped but lumpy	3	Type 3 - like a sausage, but with cracks on its surface	4	Type 4 - like a sausage or snake, smooth and soft	5	Type 5 - soft blobs with clear-cut edges (passed easily)	6	Type 6 - fluffy pieces with ragged edges, a mushy stool	7	Type 7 - watery, no solid pieces. Entirely liquid	99	Choose not to answer
1	Type 1 - separate hard lumps, like nuts (hard to pass)																		
2	Type 2 - sausage-shaped but lumpy																		
3	Type 3 - like a sausage, but with cracks on its surface																		
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6	Type 6 - fluffy pieces with ragged edges, a mushy stool																		
7	Type 7 - watery, no solid pieces. Entirely liquid																		
99	Choose not to answer																		
			Custom alignment: LV																
1243	[smis_solid_6mo_t]	<p>Section Header: <i>Thinking about the last 4 weeks, please indicate how your bowel symptoms impact your life.</i></p> <p>How often do you have accidental leakage of solid stool (poop)</p>	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
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2	Rarely (about once a month)																		
3	Sometimes (2-3 times a month)																		
4	Weekly																		
5	Daily																		
99	Choose not to answer																		
1244	[smis_liquid_6mo_t]	How often do you have accidental leakage of liquid stool (poop)?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
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3	Sometimes (2-3 times a month)																		
4	Weekly																		
5	Daily																		
99	Choose not to answer																		
1245	[smis_gas_6mo_t]	How often do you lose control of gas?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly	5	Daily	99	Choose not to answer				
1	Never (less than once per month)																		
2	Rarely (about once a month)																		
3	Sometimes (2-3 times a month)																		
4	Weekly																		
5	Daily																		
99	Choose not to answer																		
1246	[sis_lifestyle_6mo_t]	How often do your bowel symptoms affect your lifestyle?	<p>radio (Matrix), Required</p> <table border="1"> <tr><td>1</td><td>Never (less than once per month)</td></tr> <tr><td>2</td><td>Rarely (about once a month)</td></tr> <tr><td>3</td><td>Sometimes (2-3 times a month)</td></tr> <tr><td>4</td><td>Weekly</td></tr> </table>	1	Never (less than once per month)	2	Rarely (about once a month)	3	Sometimes (2-3 times a month)	4	Weekly								
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			<table border="1"> <tr><td>5</td><td>Daily</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	5	Daily	99	Choose not to answer																				
5	Daily																										
99	Choose not to answer																										
1247	[smis_padplug_6mo_t]	Do you use a pad or plug for accidental bowel leakage?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
1248	[smis_meds_6mo_t]	Do you take medications to make you constipated?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
1249	[smis_defer_6mo_t]	Do you have to rush to the toilet as soon as you have an urge to go for a bowel movement (poop)?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	1	Yes	2	No	99	Choose not to answer																		
1	Yes																										
2	No																										
99	Choose not to answer																										
1250	[gse_abl1_6mo_t]	<p>Section Header:</p> <p>On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can hold in your stool (poop) when you want to?</p>	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
0	0 (not at all)																										
1	1																										
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4	4																										
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6	6																										
7	7																										
8	8																										
9	9																										
10	10 (a great deal)																										
99	Choose not to answer																										
1251	[gse_abl2_6mo_t]	On a scale from 0 (not at all) to 10 (a great deal), how confident are you that you can prevent accidental bowel leakage without relying on pads or protection when you are out?	radio, Required <table border="1"> <tr><td>0</td><td>0 (not at all)</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10 (a great deal)</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	0 (not at all)	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 (a great deal)	99	Choose not to answer
0	0 (not at all)																										
1	1																										
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9	9																										
10	10 (a great deal)																										
99	Choose not to answer																										



1252	[bowelseekhx_6mo_t]	Since starting the Women on the Go program 6 months ago, have you talked with a health professional, like a doctor or nurse, about your bowel health?	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes, but it was not very helpful</td></tr> <tr><td>2</td><td>Yes, and it was helpful</td></tr> <tr><td>99</td><td>Choose not to answer</td></tr> </table>	0	No	1	Yes, but it was not very helpful	2	Yes, and it was helpful	99	Choose not to answer
0	No										
1	Yes, but it was not very helpful										
2	Yes, and it was helpful										
99	Choose not to answer										
Custom alignment: LH											
1253	[mo_suvey_completed_6mo_t]	THANK YOU FOR COMPLETING YOUR FINAL RESEARCH SURVEY! You will receive an email with a link to a \$25 electronic gift card to thank you for your participation. If you are not eligible to receive an electronic gift card, the research team will confirm an alternate payment method for your \$25 stipend of appreciation.	descriptive								
1254	[month_6_survey_t_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **\$25 paid C** (paid_c_cad7)  Enabled as survey

1255	[pr_uw_employ_p4]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee? [bl_arm_2][pr_uw_employ]	descriptive Field Annotation: @READONLY						
1256	[pr_non_res_alien_p4]	Are you a non-resident alien? [bl_arm_2] [pr_non_res_alien]	descriptive Field Annotation: @READONLY						
1257	[pr_first_name_p4]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY						
1258	[pr_last_name_p4]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY						
1259	[pr_email_address_p4]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
1260	[paid_baseline_v2_c19279_v2]	\$25 compensation sent	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
1261	[datepaid_baseline_v2_e3_2647_v2]	Date \$25 sent	text						
1262	[paid_c_cad7_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **\$25 paid T** (paid_t_ce95)  Enabled as survey

1263	[pr_uw_employ_p4_taiored6mo]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee? [bl_arm_3][pr_uw_employ_basicinfot]	descriptive Field Annotation: @READONLY
1264	[pr_non_res_alien_p4_taiored6mo]	Are you a non-resident alien? [bl_arm_3] [pr_non_res_alien_basicinfot]	descriptive Field Annotation: @READONLY
1265	[pr_first_name_p4_taiored6mo]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
1266	[pr_last_name_p4_taiored6mo]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
1267	[pr_email_address_p4_taiored6mo]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY



1268	[paid_baseline_v2_c19279_v2_tailored6mo]	\$25 compensation sent	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
1269	[datepaid_baseline_v2_e3_2647_v2_tailored6mo]	Date \$25 sent	text						
1270	[paid_t_ce95_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Interview (interview)

1271	[selected_interview]	Participant selected for interview?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
1272	[interview_agreed]	Participant agreed to participate in interview?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Not applicable</td></tr> </table>	1	Yes	2	No	3	Not applicable
1	Yes								
2	No								
3	Not applicable								
1273	[interview_date]	Date interview conducted	text, Identifier						
1274	[interview_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: \$25 paid C (paid_c_bbc1) Enabled as survey

1275	[pr_uw_employ_p5]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee? [bl_arm_2][pr_uw_employ]	descriptive Field Annotation: @READONLY						
1276	[pr_non_res_alien_p5]	Are you a non-resident alien? [bl_arm_2][pr_non_res_alien]	descriptive Field Annotation: @READONLY						
1277	[pr_first_name_p5]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY						
1278	[pr_last_name_p5]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY						
1279	[pr_email_address_p5]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY						
1280	[paid_baseline_v2_c19279_v2_v2]	\$25 compensation sent	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
1281	[datepaid_baseline_v2_e3_2647_v2_v2]	Date \$25 sent	text						
1282	[paid_c_bbc1_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: \$25 paid T (paid_t_81d9) Enabled as survey



1283	[pr_uw_employ_p5_taioredinter]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee? [bl_arm_3][pr_uw_employ_basicinfot]	descriptive Field Annotation: @READONLY						
1284	[pr_non_res_alien_p5_taioredinter]	Are you a non-resident alien? [bl_arm_3][pr_non_res_alien_basicinfot]	descriptive Field Annotation: @READONLY						
1285	[pr_first_name_p5_tailoredinter]	First name: [bl_arm_3][pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
1286	[pr_last_name_p5_taioredinter]	Last name: [bl_arm_3][pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
1287	[pr_email_address_p5_taioredinter]	Email address: [bl_arm_3][pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY						
1288	[paid_baseline_v2_c19279_v2_v2_tailoredinter]	\$25 compensation sent	radio, Required <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table>	1	Yes	2	No		
1	Yes								
2	No								
1289	[datepaid_baseline_v2_e32647_v2_v2_tailoredinter]	Date \$25 sent	text						
1290	[paid_t_81d9_complete]	Section Header: <i>Form Status Complete?</i>	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: WotG Study Waitlist (wotg_study_waitlist)  Enabled as survey

1291	[first_name_waitlist]	First name	text, Identifier						
1292	[last_name_waitlist]	Last name	text, Identifier						
1293	[email_address_waitlist]	Email address	text, Identifier						
1294	[wotg_study_waitlist_complete]	Section Header: <i>Form Status Complete?</i>	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

