

Baseline Survey - public survey

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.

This set of questions is about how you approach problems.

Please read the sentence and decide how true it is of you in general.

No 1mo or 6mo	Never	Almost Never	Sometimes	Fairly Often	Very Often	Choose not to answer
gse01_bl, gse01_3mo, gse01_3mo_t		1	2	3	4	
I can manage to solve difficult problems if I try hard enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gse02_bl						
If someone tries to keep me from getting what I want, I can find a way to get what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gse03_bl						
It is easy for me to stick to my goals and reach them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gse04_bl						
I am confident that I could do a good job dealing with unexpected events.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gse05_bl						
Thanks to my talents and skills, I know how to handle unexpected situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gse06_bl						
I can solve most problems if I try hard enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gse07_bl						
I can stay calm when facing difficulties because I can handle them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gse08_bl						
When I have a problem, I can find several ways to solve it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gse09_bl						
If I am in trouble, I can think of a solution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gse10_bl						
I can handle whatever comes my way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

please sum responses to create score ranging from 10-40

This is a validated instrument called the GSE. Responses of never or almost never should count as 1. Sometimes as 2. Fairly often as 3. Very often as 4. The scale is intended to be summed so that responses range from 10-40. Please also create another variable where we impute their chose not to answer values as the average of their other responses. This instrument was collected at baseline, 4, and 24 weeks, and right now we want to compare changes in participants in the treatment and control groups between baseline and 4 weeks and between baseline and 24 weeks. This variable may also be used in mediation analyses.

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.

	Agree	Disagree	Don't know	Choose not to answer
Other than pads and diapers, not much can be done to treat leakage of urine.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> missing
Certain exercises can be done to help to control urine leakage.	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> missing
Being overweight may make urinary leakage worse.	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> missing
Once people start to leak urine, they are never able to control their urine again.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> missing
Surgery is the only treatment for urinary leakage.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> missing

Sum and divide by total number answered to get a proportion of correct responses please

These are knowledge questions asked at baseline, 1 month, 3 months, and 6 months. We want to know how many they answer correctly at each time point, so that would mean that they would get a score of 100% if they disagree with items A, D, and E, and agree with items B and C.

UI knowledge score

know_pads_bl, know_pads_1mo, know_pads_3mo, know_pads_3mo_t, know_pads_6mo, know_pads_6mo_t

know_exercises_bl, know_exercises_1mo, know_exercises_3mo, know_exercises_3mo_t, know_exercises_6mo, know_exercises_6mo_t

know_weight_bl, know_weight_1mo, know_weight_3mo, know_weight_3mo_t, know_weight_6mo, know_weight_6mo_t

know_oncestart_bl, know_oncestart_1mo, know_oncestart_3mo, know_oncestart_3mo_t, know_oncestart_6mo, know_oncestart_6mo_t

know_nonsurgery_bl, know_nonsurgery_1mo, know_nonsurgery_3mo, know_nonsurgery_3mo_t, know_nonsurgery_6mo, know_nonsurgery_6mo_t

The Women on the Go program is designed to help women make changes to improve their bladder and bowel health.

Thinking about the last month, when it came to making changes to improve bladder or bowel health, which of these statements best describes you?

- 1 ☐ I DID NOT THINK ABOUT making any changes.
- 2 ☐ I THOUGHT about making changes.
- 3 ☐ I PLANNED to make changes.
- 4 ☐ I MADE changes.
- 5 ☐ My changes BECAME MY NEW ROUTINE.
- ☐ Choose not to answer

Thinking about the next month, when it comes to making changes to improve bladder or bowel health, which of these statements best describes you?

- 1 ☐ I am NOT PLANNING TO make any changes.
- 2 ☐ I MIGHT make a change.
- 3 ☐ I PLAN TO make a change.
- 4 ☐ I WILL KEEP ON making changes.
- 5 ☐ I WILL CONTINUE MY NEW ROUTINE.
- ☐ Choose not to answer

Thinking about the future, which of these statements best describes you? leave categorical responses please

- ☐ I am not worried about bladder or bowel problems getting worse as I get older.
- ☐ If I make changes now, I can prevent bladder or bowel problems in the future.
- ☐ I will have bladder or bowel problems as I get older no matter what I do now.
- ☐ Choose not to answer

When it comes to making changes to improve bladder or bowel health, which of these statements best describes you? leave categorical responses please

- ☐ When I make a plan, I stick to it, even if I am tired or busy with other things.
- ☐ Even when I make a plan, other things can get in the way of me following through with the plan.
- ☐ Choose not to answer

When it comes to making changes to improve bladder or bowel health, which of these statements best describes you? leave categorical responses please

- ☐ I will have the support and resources I need to meet my goals.
- ☐ It will be hard for me to meet my goals because I don't have the support or resources I need.
- ☐ Choose not to answer

categorical comparisons for these responses at baseline, 1 month, 3 months, and 6 months among participants in each group please

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:

	At least once a month	A few times a month	Once a week	More than once a week	Every day	Choose not to answer
How often do you INTEND or PLAN TO USE the Women on the Go program?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> missing
How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> missing

Section 2 of 5 - Current Health Behaviors

The following questions are about things you do that may impact bladder or bowel health.

Thinking about the last 4 weeks, on average, how often did you do Kegel squeezes, or pelvic floor muscle exercises?

- 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
☐ Choose not to answer

missing

On an average day, how much fiber do you think you get through food and supplements?

- ☐ Less than I should
☐ About what I should
☐ More than I should
☐ Choose not to answer

leave as categorical please

On an average day, how much fluid do you think you drink (including all fluids, not just water) (not just water)?

- ☐ Less than I should
☐ About what I should
☐ More than I should
☐ Choose not to answer

leave as categorical

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.

please do this as a continuous variable and exclude as missing those who enter 999

(ounces)

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.

- ☐ I do not drink coffee
☐ Less than 3 servings per week
☐ 3-6 servings per week
☐ 1 serving (12 ounces) per day
☐ 2 servings (24 ounces) per day
☐ 3 or more servings (36 ounces) per day
☐ Choose not to answer

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.)

- ☐ I do not drink soda with caffeine
☐ Less than 3 servings per week
☐ 3-6 servings per week
☐ 1 serving (12 ounces) per day
☐ 2 servings (24 ounces) per day
☐ 3 or more servings (36 ounces) per day
☐ Choose not to answer

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?

	Less than 1 serving per week	1 serving per week	2-3 servings per week	4-6 servings per week	1 serving per day	More than 1 serving per day	Choose not to answer set to missing
Fruit (not juice)	0.5 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>	1.5 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	<input type="radio"/>
Green salad	0.5 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>	1.5 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	<input type="radio"/>
Potatoes or oatmeal	1 <input type="radio"/>	1 <input type="radio"/>	1.5 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	<input type="radio"/>
Vegetables	1 <input type="radio"/>	1 <input type="radio"/>	1.5 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	<input type="radio"/>
Vegetable juice	0 <input type="radio"/>	0 <input type="radio"/>	0 <input type="radio"/>	0 <input type="radio"/>	0 <input type="radio"/>	3 <input type="radio"/>	<input type="radio"/>
Vegetable soup/stew	0.5 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>	1.5 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	<input type="radio"/>
Fiber cereal (such as raisin bran, bran buds, fruit-n-fiber)	2 <input type="radio"/>	2 <input type="radio"/>	4 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	12 <input type="radio"/>	<input type="radio"/>
Whole wheat / rye bread	0.5 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>	1.5 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	<input type="radio"/>
Beans (baked, pinto, black, kidney, red, split peas, soy, lentils) - NOT green beans	2 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	10 <input type="radio"/>	<input type="radio"/>

Please sum their responses to get a total fiber intake per day. if they chose not to answer more than 1, then i do not think their score is interpretable and total fiber intake per day should just be missing.

I am not sure whether the numeric values for these responses correspond to the fiber calculator. The calculator is intended to be able to sum the numbers for each of their responses to provide an estimate of their daily fiber intake. the numbers are in this table:

How often do you eat:	< 1 per WEEK	1 per WEEK	2-3 per WEEK	4-6 per WEEK	1 per DAY	2+per DAY	YOUR NUMBER
Any fruit - fresh, frozen or canned (not juice)	0.5	1	1	1.5	2	3	
Vegetable juice (tomato juice, V-8, carrot, etc.)	0	0	0	0	0	3	
Green salad	0.5	1	1	1.5	2	3	
Potatoes (baked, mashed, French fried, etc.)	1	1	1.5	2	3	5	
Vegetable soup or stew with vegetables	0.5	1	1	1.5	2	3	
Vegetables (string beans, peas, broccoli, etc.)	1	1	1.5	2	3	5	
Fiber Cereal (Raisin Bran, Shredded Wheat, All Bran, Bran Buds, Fruit-n- Fiber)	2	2	4	6	7	12	
Beans (Baked, pinto, black, kidney, red, split peas, soy, lentils – not green beans)	2	2	3	5	6	10	
Dark bread such as whole wheat or rye	0.5	1	1	1.5	2	3	
Brown rice, whole wheat pasta, barley, couscous, quinoa	• 0.5	1	1	1.5	2	3	
TOTAL Average daily fiber intake (grams/day):							

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.

Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.

- ☐ I use panty liners
☐ I use pads
☐ I use undergarments (like Depends or diapers)
☐ I use something else
☐ I do not use anything
☐ Choose not to answer

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. **please do this as a continuous variable and exclude as missing those who enter 99**

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. **please do this as a continuous variable and exclude as missing those who enter 99**

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.

please do this as a continuous variable and exclude as missing those who enter 99

If you choose not to answer, please enter 99.

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?

for now leave as categorical but may make sense to convert to continuous later

- ☐ None
☐ Less than \$5
☐ \$5 - \$10
☐ \$11 - \$20
☐ \$21 - \$30
☐ \$31 - \$50
☐ \$51 - \$100
☐ \$101 - \$200
☐ More than \$200
☐ Choose not to answer

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. _____

please do this as a continuous variable and exclude as missing those who enter 99

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.)

- ☐ less than 4 times per day
- ☐ 4-5 times
- ☐ 6-8 times
- ☐ 9-10 times
- ☐ 11-12 times
- ☐ more than 12 times per day
- ☐ Choose not to answer

for now leave as categorical but may make
sense to convert to continuous later

During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?

- ☐ 4 hours or more
- ☐ 3 hours
- ☐ 2 hours
- ☐ 1 hour
- ☐ less than 1 hour
- ☐ Choose not to answer

for now leave as categorical but may make
sense to convert to continuous later

Section 3 of 5 - Current Bladder Symptoms

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?

these three are part of a validated scale - scoring below

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
☐ Choose not to answer

We would like to know how much urine you think leaks.
How much urine do you usually leak (whether you wear protection or not)?

0 ☐ None
2 ☐ A small amount
4 ☐ A moderate amount
6 ☐ A large amount
☐ Choose not to answer

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).

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

SUM OF THE FIRST THREE SHOULD BE BETWEEN 0 and 21

When does urine leak? (Please select all that apply to you)

do as categorical and also create a new variable if they answer leaks before you can get to the toilet they have urge incontinence and if they answer leaks when cough or sneeze or when physically active they have stress incontinence and if they say yes to urge and either of the stress ones they have mixed - all others fo to oth"e incontinence"

☐ Never - Urine does not leak
☐ Leaks before you can get to the toilet
☐ Leaks when you cough or sneeze
☐ Leaks when you are asleep
☐ Leaks when you are physically active/exercising
☐ Leaks when you have finished urinating and are dressed
☐ Leaks for no obvious reason
☐ Leaks all the time
☐ Choose not to answer

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?

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

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?

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

3 How often do you leak urine? (Check one box)

never	<input type="checkbox"/>	0
about once a week or less often	<input type="checkbox"/>	1
two or three times a week	<input type="checkbox"/>	2
about once a day	<input type="checkbox"/>	3
several times a day	<input type="checkbox"/>	4
all the time	<input type="checkbox"/>	5

4 We would like to know how much urine you think leaks.
How much urine do you usually leak (whether you wear protection or not)?
(Check one box)

none	<input type="checkbox"/>	0
a small amount	<input type="checkbox"/>	2
a moderate amount	<input type="checkbox"/>	4
a large amount	<input type="checkbox"/>	6

5 Overall, how much does leaking urine interfere with your everyday life?
Please circle a number between 0 (not at all) and 10 (a great deal)

0	1	2	3	4	5	6	7	8	9	10
not at all										a great deal

ICIQ score: sum scores 3+4+5

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.

	Not at all 0	Somewhat 1	Moderately 2	Quite a bit 3	Choose not to answer
Ability to do household chores (cooking, housecleaning, laundry)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to do physical activities such as walking, swimming, or other exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertainment activities such as going to a movie or concert?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to travel by car or bus for a distance greater than 30 minutes away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in social activities outside your home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional health (nervousness, depression, etc)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling frustrated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

sum of all responses, then multiply by 100/3 to get score between 0 and 100. missing values should be imputed as mean of supplied responses - no minimum number of responses required. thank you

Have you ever talked with a health professional, like a doctor or nurse, about bladder leakage?

☐ No ☐ Yes, but it was not very helpful ☐ Yes, and it was helpful ☐ Choose not to answer
leave as categorical please

this is a validated measure - the UIQ-7

Scoring the PFIQ-7: =

All of the items use the following response scale:

0, Not at all; 1, somewhat; 2, moderately; 3, quite a bit PFIQ-7 Score

Scales:

Urinary Impact Questionnaire (UIQ-7): 7 items under column heading "Bladder or urine"

Colorectal-Anal Impact questionnaire (CRAIQ-7): 7 items under column heading "Bowel / rectum"

Pelvic Organ Prolapse Impact Questionnaire (POPIQ-7): Items under column "Pelvis / Vagina"

Scale Scores: Obtain the mean value for all of the answered items within the corresponding scale (possible value 0 – 3) and then multiply by (100/3) to obtain the scale score (range 0-100).

Missing items are dealt with by using the mean from answered items only.

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?

	Not at all 0	Slightly 1	Moderately 2	Greatly 3	Choose not to answer
I don't have a health care practitioner who will see me for uncontrollable urine leakage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are long delays before insurance repays out-of-pocket expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My insurance is too complicated to figure out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of having my uncontrollable urine leakage evaluated is too high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no transportation to the office or clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The wait is too long at the time of the appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The office or clinic is too far away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointments have to be scheduled too far ahead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office hours are the office or clinic are limited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't like to be examined or asked a lot of questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The physician or nurse practitioner doesn't take time to explain what he or she is doing or why, or answer my questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid to find out if I have a serious problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For some reason, I am afraid of the health care practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The health care practitioner and staff aren't interested in my worries about my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sum responses to these 14 questions - total should be between 0 and 42. ok to impute mean for missing items as long as fewer than 3 missing. thank you

These are part of a validated instrument - scores are summed and each gets 0 for not at all, 1 for slightly, 2 for moderately, and 3 for greatly. total score can be up to 42

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.

In the past month, how often have you been constipated?

- ☐ Never
- ☐ Occasionally
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time
- ☐ Choose not to answer

please make into 3 categories: never / occ, sometimes, and most / all the time for analyses

In the past month, how often have you had diarrhea?

- ☐ Never
- ☐ Occasionally
- ☐ Sometimes
- ☐ Most of the time
- ☐ All the time
- ☐ Choose not to answer

please make into 3 categories: never / occ, sometimes, and most / all the time for analyses

What has been the usual consistency of your bowel movements (poop) in the last 4 weeks?

- ☐ Type 1 - separate hard lumps, like nuts (hard to pass)
- ☐ Type 2 - sausage-shaped but lumpy
- ☐ Type 3 - like a sausage, but with cracks on its surface
- ☐ Type 4 - like a sausage or snake, smooth and soft
- ☐ Type 5 - soft blobs with clear-cut edges (passed easily)
- ☐ Type 6 - fluffy pieces with ragged edges, a mushy stool
- ☐ Type 7 - watery, no solid pieces. Entirely liquid
- ☐ Choose not to answer

report as continuous and also in 3 categories: 1-2 (firm); 3-4 (normal), 5-7 (loose)

Thinking about the last 4 weeks, please indicate how your bowel symptoms impact your life.

	Never (less than once per month)	Rarely (about once a month)	Sometimes (2-3 times a month)	Weekly	Daily	Choose not to answer
How often do you have accidental leakage of solid stool (poop)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have accidental leakage of liquid stool (poop)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you lose control of gas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do your bowel symptoms affect your lifestyle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	0	1	2	3	4	

Do you use a pad or plug for accidental bowel leakage?

20

☐ Yes

☐ No

☐ Choose not to answer

Do you take medications to make you constipated?

20

☐ Yes

☐ No

☐ Choose not to answer

Do you have to rush to the toilet as soon as you have an urge to go for a bowel movement (poop)?

40

☐ Yes

☐ No

☐ Choose not to answer

sum of these 7 items should be between 0 and 24

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?

☐ 0 (not at all) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (a great deal)

☐ Choose not to answer

continuous

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?

☐ 0 (not at all) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (a great deal)

☐ Choose not to answer

continusous

Have you ever talked with a health professional, like a doctor or nurse, about accidental bowel leakage?

☐ No ☐ Yes, but it was not very helpful ☐ Yes, and it was helpful ☐ Choose not to answer

categorical please

Incontinence for solid stool	0	1	2	3	4
Incontinence for liquid stool	0	1	2	3	4
Incontinence for gas	0	1	2	3	4
Alteration in lifestyle	0	1	2	3	4
Need to wear a pad or plug				No 0	Yes 2
Taking constipation medicines				0	2
Lack of ability to defer defecation for 15 minutes				0	4

Section 5 of 5 - Demographics and health information

This is the last section! You are almost finished. Thank you very much for taking the time to complete this survey.

How tall are you (in feet and inches)?

- ☐ Less than 4'0"
- ☐ 4'0"
- ☐ 4'1"
- ☐ 4'2"
- ☐ 4'3"
- ☐ 4'4"
- ☐ 4'5"
- ☐ 4'6"
- ☐ 4'7"
- ☐ 4'8"
- ☐ 4'9"
- ☐ 4'10"
- ☐ 4'11"
- ☐ 5'0"
- ☐ 5'1"
- ☐ 5'2"
- ☐ 5'3"
- ☐ 5'4"
- ☐ 5'5"
- ☐ 5'6"
- ☐ 5'7"
- ☐ 5'8"
- ☐ 5'9"
- ☐ 5'10"
- ☐ 5'11"
- ☐ 6'0"
- ☐ 6'1"
- ☐ 6'2"
- ☐ 6'3"
- ☐ 6'4"
- ☐ 6'5"
- ☐ 6'6"
- ☐ More than 6'6"
- ☐ Choose not to answer

How much do you weigh (in pounds)? If you choose not to answer, please enter 999.

Today, how many people live in your household (including yourself)? If you choose not to answer, please enter 99.

What is your current work status?

- ☐ Retired
- ☐ Not working due to a disability
- ☐ Not working for another reason
- ☐ Stay at home parent or caregiver
- ☐ Working full-time
- ☐ Working part-time
- ☐ Looking for work
- ☐ Choose not to answer

Do you have a primary care provider?

- ☐ Yes
- ☐ No
- ☐ Choose not to answer

If you have health insurance, what type(s) do you have? You may choose more than one answer.

(Note: Medicare is a health insurance program for persons 65 years or over and for some people with disabilities).

- ☐ I do not have any health insurance
- ☐ Medicare
- ☐ Medicaid
- ☐ A plan provided by an employer or union
- ☐ A plan purchased directly from an insurance company, through an insurance exchange, or through a group such as AARP
- ☐ TRI-CARE, CHAMPUS or CHAMP-VA
- ☐ I get care from the Department of Veterans Affairs (VA)
- ☐ Something else
- ☐ I'm not sure
- ☐ Choose not to answer

How many times have you been pregnant?

report as continuous please

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ More than 10
- ☐ Choose not to answer

How many vaginal births have you had?

report as continuous please

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ More than 10
- ☐ Choose not to answer

Overall, how would you rate your health during the past 4 weeks?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor
- ☐ Choose not to answer

Which of these medical conditions do you have? Please select all that apply.

- ☐ High blood pressure
- ☐ Diabetes
- ☐ Obesity
- ☐ Memory problems
- ☐ Anxiety
- ☐ Depression
- ☐ Cancer
- ☐ Chronic pain
- ☐ None of these
- ☐ Choose not to answer

Which of these surgeries have you had? Please select all that apply.

- ☐ Removal of the uterus (hysterectomy)
- ☐ Removal of the gallbladder (cholecystectomy)
- ☐ Surgery for pelvic organ prolapse
- ☐ Mesh sling for urinary incontinence
- ☐ Other surgery for urinary incontinence
- ☐ Surgery for bowel incontinence
- ☐ None of these
- ☐ Choose not to answer

How would you describe your weight?

- ☐ Very underweight
- ☐ Somewhat underweight
- ☐ Normal weight
- ☐ Somewhat overweight
- ☐ Very overweight
- ☐ Choose not to answer

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.

Are you a legal resident or citizen of the United States?

- ☐ Yes
☐ No

Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee?

- ☐ Yes
☐ No