Tailoring Online Continence Promotion (TOCP) (PID: 6273) 10/31/2024 12:00am

#	Variable / Field Name	Field Label Field Note	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Inst	trument: Screening	Survey - public survey (screening_surv	ey) 🛂 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 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
3	[ss_engl]	Section Header:	radio, Required
		Do you read and write English?	1 Yes 2 No
4	[ss_emailuse]	Do you use email?	radio, Required 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 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 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 1 Yes 2 No
9	[ss_toilet]	Do you need help using the toilet?	radio, Required 1 Yes 2 No
10	[ss_dementia]	Has a healthcare provider ever told you that you have dementia or cognitive impairment?	radio, Required 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 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_dementia] = '2' and [ss_kegel] = '2' and [ss_blood] = '2' and [ss_sex] = '1'	What is your race? Please check all that apply:	checkbox, Required 1 ss_eligible_race1 American Indian or Alaska Native 2 ss_eligible_race2 Asian or Asian American 3 ss_eligible_race3 Black or African American

			4 ss_eligible_race4 Native Hawaiian or Pacific Islander
			5 ss_eligible_race5 White
			6 ss_eligible_race6 Other
			7 ss_eligible_race7 Do not wish to provide
			Field Annotation: @NONEOFTHEABOVE=7
14	<pre>[ss_eligible_otherr ace]</pre>	What race(s) do you identify as?	text, Required
	Show the field ONLY if: [ss_eligible_race(6)] =		
	'1'		
15	[ss_eligible_hisp]	What is your ethnicity?	radio, Required
	Show the field ONLY		1 Hispanic/Latino
	if: [ss_engl] = '1' and [ss		2 Non-Hispanic
	_emailuse] = '1' and		3 Do not wish to provide
	[ss_accweb] = '1' and [ss_age] >= 50 and [s s_toilet] = '2' and [ss_ dementia] = '2' and [ss_kegel] = '2' and [s s_blood] = '2' and [ss _sex] = '1'		Field Annotation: @NONEOFTHEABOVE=3
16	[ss_eligible_gende	How do you identify your gender?	radio, Required
	r]		1 Female
	Show the field ONLY if:		2 Male
	[ss_engl] = '1' and [ss		3 Non-binary
	_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [s s_toilet] = '2' and [ss_ dementia] = '2' and [ss_kegel] = '2' and [s s_blood] = '2' and [ss _sex] = '1'		4 Do not wish to provide
17	[ss_eligible_edu]	What is the highest level of education you	radio, Required
	Show the field ONLY	have completed?	1 8th grade or lower
	if: [ss_engl] = '1' and [ss		2 Some high school 3 High school diploma or GED

	[ss_accweb] = '1' and [ss_age] >= 50 and [s s_toilet] = '2' and [ss_ dementia] = '2' and [ss_kegel] = '2' and [s s_blood] = '2' and [ss _sex] = '1'		4 5 6 7 8	specialized training Some college College degree (Associate Bachelor's) Master's or Doctorate de Do not wish to provide	e's or	
18	ch] (Check all that apply) Show the field ONLY	1 2	ss_eligible_outreach1 ss_eligible_outreach2	I saw it on Facebook		
	[ss_engl] = '1' and [ss _emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [s		3	ss_eligible_outreach3	Instagram	
	s_toilet] = '2' and [ss_ dementia] = '2' and [ss_kegel] = '2' and [s		oilet] = '2' and [ss_ mentia] = '2' and _kegel] = '2' and [s	4	ss_eligible_outreach4	I saw it on a website trust
	s_blood] = '2' and [ss _sex] = '1'		5	ss_eligible_outreach5	l read about it in a newsletter	
			6	ss_eligible_outreach6	l saw a flyer in my communit	
			7	ss_eligible_outreach7	Someone know told me about it	
			8	ss_eligible_outreach8	Something else	
19	[ss_elig_descripti c] Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_dementia] = '2' and [ss_dementia] = '2' and [ss_kegel] = '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.	de	scriptive		

20	[consent] Show the field ONLY if: [ss_engl] = '1' and [ss _emailuse] = '1' and [ss_accweb] = '1' and	Section Header: Informed Consent University of Wisconsin-Madison Consent to Participate in Research and Authorization to Use Protected Health Information for Research Study Title for Participants: Women on the	descriptive (Attachment: Women on the Go Informed Consent.pdf, Display format: Link) Field Annotation: @INLINE
	[ss_age] >= 50 and [s s_toilet] = '2' and [ss_ dementia] = '2' and [ss_kegel] = '2' and [s s_blood] = '2' and [ss _sex] = '1'	Go Formal Study Title: Tailoring Online Continence Promotion Lead Researcher: Drs. Megan Piper (email: mep@ctri.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	
		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 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 deidentified study data could be used to reidentify 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 researchershave answered your questions. You want to be in this study.

21 [consent_agree]

Show the field ONLY if: [ss_engl] = '1' and [ss

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

1	Yes
2	No

22	_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [s s_toilet] = '2' and [ss_dementia] = '2' and [ss_kegel] = '2' and [s s_blood] = '2' and [ss_sex] = '1' [consent_name]	First and last name:	Custom alignment: LV text, Required
	Show the field ONLY if: [ss_engl] = '1' and [ss _emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [s s_toilet] = '2' and [ss_dementia] = '2' and [ss_kegel] = '2' and [ss _blood] = '2' and [ss _sex] = '1'		
23	[dt_consent_signed] Show the field ONLY if: [ss_engl] = '1' and [ss_emailuse] = '1' and [ss_accweb] = '1' and [ss_age] >= 50 and [ss_dementia] = '2' and [ss_kegel] = '2' and [ss_kegel] = '2' and [ss_sex] = '1'		text (date_mdy), Identifier Field Annotation: @TODAY @HIDDEN- SURVEY
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_sex] = '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_ra ce] Show the field ONLY if: [ss_engl] = '2' or [ss_	What race(s) do you identify as? Please select all that apply:	checkbox, Required 1 ss_not_eligible_race1 American Indian or Alaska Native

	emailuse] = '2' or [ss		2	ss_not_eligible_race2	Asian
	accweb] = '2' or [ss age] < 50 or [ss_sex] = '2' or [ss_toilet] = '1 ' or [ss_dementia] = '		3	ss_not_eligible_race3	Black or African American
	1' or [ss_kegel] = '1' o r [ss_blood] = '1'	4	ss_not_eligible_race4	Native Hawaiian or Pacific Islander	
			5	ss_not_eligible_race5	White
			6	ss_not_eligible_race6	Other
			7	ss_not_eligible_race7	Do not wish to answer
				ld Annotation: IONEOFTHEABOVE=7	
26	<pre>[ss_not_eligible_ra ce_se]</pre>	What race(s) do you identify as?	tex	t	
	Show the field ONLY if:				
	[ss_not_eligible_race (6)] = '1'				
27	[ss_ethnicity_notel	What is your ethnicity?	rac	lio, Required	
	ig]		1	Hispanic/Latino	
	Show the field ONLY if:		2	Non-Hispanic	
	[ss_engl] = '2' or [ss_		3	Do not wish to provide	
	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' o				
	r [ss_blood] = '1'				
28	[ss_notelig_gender]	How do you identify your gender?	rac	lio, Required	
	Show the field ONLY		1	Female	
	if:		2	Male	
	[ss_engl] = '2' or [ss_ emailuse] = '2' or [ss		3	Non-binary	
	accweb] = '2' or [ss		4	Do not wish to provide	
	age] < 50 or [ss_sex]			<u>'</u>	
	= '2' or [ss_toilet] = '1 ' or [ss_dementia] = '				
	1' or [ss_kegel] = '1' o				
	r [ss_blood] = '1'				

29	[ss_not_eligible_ed	What is the highest level of education you	rac	lio, Required
	u]	have completed?	1	8th grade or lower
	Show the field ONLY		2	Some high school
	if: [ss_engl] = '2' or [ss_		3	High school diploma or GED
	emailuse] = '2' or [ss _accweb] = '2' or [ss_		4	Vocational school or other specialized training
	age] < 50 or [ss_sex] = '2' or [ss_toilet] = '1		5	Some college
	' or [ss_dementia] = ' 1' or [ss_kegel] = '1' o		6	
	r [ss_blood] = '1'		7	Master's or Doctorate degree
			8	Do not wish to provide
30	[ss_not_eligible_ou	How did you hear about this research study?	che	eckbox, Required
	treach]	(Check all that apply)	1	ss_not_eligible_outreach1 I saw
	Show the field ONLY			Facel
	if: [ss_engl] = '2' or [ss_		2	ss_not_eligible_outreach2 I saw Insta
	emailuse] = '2' or [ss _accweb] = '2' or [ss_ age] < 50 or [ss_sex]		3	ss_not_eligible_outreach3 I saw Twitte
	= '2' or [ss_toilet] = '1 ' or [ss_dementia] = ' 1' or [ss_kegel] = '1' o		4	ss_not_eligible_outreach4 I saw a web trust
	r [ss_blood] = '1'		5	ss_not_eligible_outreach5 I read about a newsl
			6	ss_not_eligible_outreach6 I saw flyer i comm
			7	ss_not_eligible_outreach7 Some know me ak it
			8	ss_not_eligible_outreach8 Some
31	<pre>[eligible_firstnam e]</pre>	Section Header: Congratulations and welcome to the Women on the Go Study! Please provide your contact information so that we can get you enrolled in the	tex	t (alpha_only), Required, Identifier
	Show the field ONLY if:	Women on the Go program, send you research emails, and mail your tracker booklet.		
	[consent_agree] = '1'	First name:		
32	[eligible_lastname]	Last name:	tex	t (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	<pre>[eligible_streetadd ress1]</pre>	Street address line 1:	text, Required, Identifier
	Show the field ONLY if:		
	[consent_agree] = '1'		
36	<pre>[eligible_streetadd ress2]</pre>	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]	State:	text, Required
	Show the field ONLY		
	if: [consent_agree] = '1'		
39	[eligible_zipcode]	ZIP code:	text, Required, Identifier
	Show the field ONLY		
	if: [consent_agree] = '1'		
40	[consentedtopart]	Section Header:	descriptive
	Show the field ONLY	Thanks for providing your contact	
	if: [consent_agree] = '1'	information. Your tracker booklet will be mailed to you this week, and you will start to	
	[consent_agree]	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.	

41	<pre>[ifconsented_no] Show the field ONLY if: [consent_agree] = '2'</pre>	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_en ding] 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@ctri.wisc.edu), phone (608-265-5472), or in writing (1930 Monroe Street, Suite 200 Madison, WI 53711).	checkbox 1 ss_not_eligible_ending1 Subm form Stop actions on 1	
43	[screening_survey_complete]	Section Header: Form Status Complete? Survey - public survey (baseline_survey)	dropdown 0 Incomplete 1 Unverified 2 Complete Enabled as survey	
44	[welcome_bl]	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_bl]	Section Header: 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 can manage to solve difficult problems if I try hard enough.	radio (Matrix), Required 1 Never 2 Almost Never 3 Sometimes 4 Fairly Often	
			5 Very Often 99 Choose not to answer	

			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
47	[gse03_b1]	It is easy for me to stick to my goals and	radio (Matrix), Required
		reach them.	1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
48	[gse04_b1]	I am confident that I could do a good job	radio (Matrix), Required
		dealing with unexpected events.	1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
49	[gse05_b1]	Thanks to my talents and skills, I know how	radio (Matrix), Required
		to handle unexpected situations.	1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
50	[gse06_b1]	I can solve most problems if I try hard	radio (Matrix), Required
		enough.	1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
51	[gse07_b1]	I can stay calm when facing difficulties	radio (Matrix), Required
		because I can handle them.	1 Never
			2 Almost Never

i			1.1		
			3	Sometimes	
			4	Fairly Often	
			5	Very Often	
			99	Choose not to answer	
52	[gse08_b1]	When I have a problem, I can find several	radi	o (Matrix), Required	
		ways to solve it.	1	Never	
			2	Almost Never	
			3	Sometimes	
			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.	radi	o (Matrix), Required	
			1	Never	
			2	Almost Never	
			3	Sometimes	
			4	Fairly Often	
			5	Very Often	
			99	Choose not to answer	
54	[gse10_bl]	I can handle whatever comes my way.	radi	o (Matrix), Required	
			1	Never	
			2	Almost Never	
			3	Sometimes	
			4	Fairly Often	
			5	Very Often	
			99	Choose not to answer	
55	[know_pads_bl]	Section Header: Below are some statements about	radi	o (Matrix), Required	
		urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each	1	Agree	
		statement, or if you do not know.	2	Disagree	
		Other than pads and diapers, not much can be done to treat leakage of urine.	3	Don't know	
		G	99	Choose not to answer	
56	[know_exercises_bl]	Certain exercises can be done to help to	radi	o (Matrix), Required	
		control urine leakage.	1	Agree	
			2	Disagree	
			3	Don't know	
			99	Choose not to answer	

[know_weight_bl]	Being overweight may make urinary leakage worse.	radio (Matrix), Required 1 Agree
		2 Disagree 3 Don't know
		99 Choose not to answer
[know_oncestart_bl]	Once people start to leak urine, they are	radio (Matrix), Required
	never able to control their urine again.	1 Agree
		2 Disagree
		3 Don't know
		99 Choose not to answer
<pre>[know_nonsurgery_b 1]</pre>	Surgery is the only treatment for urinary	radio (Matrix), Required
-1	realiage.	1 Agree 2 Disagree
		2 Disagree 3 Don't know
		99 Choose not to answer
<pre>[hapa_intentions_b 1]</pre>	designed to help women make changes to improve their bladder and bowel health.	radio, Required 0 I DID NOT THINK ABOUT
	Thinking about the last month, when it came to making changes to improve bladder or bowel health, which of these statements best decsribes you?	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
		Custom alignments IV
[bana intentions b]	Thinking about the payt month, when it	Custom alignment: LV radio, Required
_2]	comes to making changes to improve bladder or bowel health, which of these	0 I am NOT PLANNING TO make any changes.
	statements best describes you?	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
	<pre>[know_oncestart_bl] [know_nonsurgery_b 1] [hapa_intentions_b 1]</pre>	[know_oncestart_bl] Once people start to leak urine, they are never able to control their urine again. [know_nonsurgery_b] [hapa_intentions_b] [hapa_intentions_b] [hapa_intentions_b]

ı	•	1	1
62	[hapa_older_bl]	Thinking about the future, which of these statements best describes you?	radio, Required 0 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.
			2 I will have bladder or bowel problems as I get older no matter what I do now.
			99 Choose not to answer
			Custom alignment: LV
63	[hapa_sticktoplan_b	When it comes to making changes to	radio, Required
	1]	improve bladder or bowel health, which of these statements best describes you?	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
			Custom alignment: LV
64	[hapa_resources_bl]	When it comes to making changes to	radio, Required
		improve bladder or bowel health, which of these statements best describes you?	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
			Custom alignment: LV
65	[bitus_intend_bl]	Section Header: During this research study, you will be	radio (Matrix), Required
		able to use the Women on the Go program as often as you want to use it. THINKING ABOUT THE NEXT MONTH:	1 At least once a month
		How often do you INTEND or PLAN TO USE	2 A few times a month
		the Women on the Go program?	3 Once a week
			4 More than once a week
			5 Every day
			99 Choose not to answer
		How often do you PREDICT or THINK YOU	

			2	A few times a month
			3	Once a week
			4	More than once a week
			5	Every day
			99	Choose not to answer
67	[kegel_freq_bl]	Section Header: Section 2 of 5 - Current Health	radi	o, Required
		Behaviors The following questions are about things you do that may impact bladder or bowel health.	1	Once per month or less
		Thinking about the last 4 weeks, on average,	2	A few times per month
		how often did you do Kegel squeezes, or pelvic floor muscle exercises?	3	At least once per week
		pervie noor musele exercises:	4	Several times per week
			5	At least once per day
			6	Several times per day
			99	Choose not to answer
68	[fiber_guess_bl]	On an average day, how much fiber do you	radi	o, Required
		think you get through food and supplements?	1	Less than I should
		supplements:	2	About what I should
			3	More than I should
			99	Choose not to answer
69	[fluid_guess_bl]	On an average day, how much fluid do you	radi	o, Required
		think you drink (including all fluids, not just water) (not just water)?	1	Less than I should
		water, (not just water).	2	About what I should
			3	More than I should
			99	Choose not to answer
70	[est_totalfluid_bl]	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.	Req	(number, Min: 0, Max: 999), uired tom alignment: LV
71	[freq_coffee_bl]	Thinking about the last week, about how		o, Required
		many servings of coffee with caffeine did you drink? Please do not include decaf coffee.	0	I do not drink coffee
		One serving is 12 ounces, a regular sized	1	Less than 3 servings per week
		coffee cup.	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
72	[freq_soda_bl]	Thinking about the last week, about how	radio, Required
		many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12	0 I do not drink soda with caffeine
		ounces. Please do not include caffeine-free	1 Less than 3 servings per week
		soda (like Sprite, Ginger Ale, 7-Up, Fanta,	2 3-6 servings per week
		etc.)	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
73	[fruit_bl]	Section Header: This survey helps estimate how much	radio (Matrix), Required
		fiber you get through foods you eat. Thinking about the last 4 weeks, on average, how often did you eat the	1 Less than 1 serving per week
		following foods?	2 1 serving per week
		Fruit (not juice)	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
74	[grnsalad_bl]	Green salad	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
75	[potato_bl]	Potatoes or oatmeal	radio (Matrix), Required
			1 Less than 1 serving per week
			2 1 serving per week
			3 2-3 servings per week

			5 1 serving per day
			6 More than 1 serving per day
			99 Choose not to answer
76	<pre>[vegetable_bl]</pre>	Vegetables	radio (Matrix), Required
, ,	[vegecdore_br]	Vegetables	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
77	[vegetjuice_bl]	Vegetable juice	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
78	[vegetsoup_bl]	Vegetable soup/stew	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
79	[cereal_bl]	Fiber cereal (such as raisin bran, bran buds,	radio (Matrix), Required
		fruit-n-fiber)	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

80	[wheat_bread_bl]	Whole wheat / rye bread	1 2 3 4 5 6 99	1 serving per week 2-3 servings per week 4-6 servings per week 1 serving per day More than 1 serving per	
81	[beans_b1]	Beans (baked, pinto, black, kidney, red, split peas, soy, lentils) - NOT green beans	1 2 3 4 5 6 99	Less than 1 serving per w 1 serving per week 2-3 servings per week 4-6 servings per week 1 serving per day More than 1 serving per choose not to answer	
82	[usecontainprod_bl]	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. Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.	1 2 3 4 5 99	usecontainprod_bl2 usecontainprod_bl2 usecontainprod_bl3 usecontainprod_bl4 usecontainprod_bl5 usecontainprod_bl5 associated bl99 Annotation: DNEOFTHEABOVE='5,99'	I use pant liners I use pads I use undergari (like Depe or diapers I use somethin, I do not u anything Choose heanswer
83	[use_liner_bl]	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.		(number, Min: 0, Max: 99) uired	,
84	[use_pads_bl]	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		(integer, Min: 0, Max: 99), uired	

		choose not to answer, please enter 99.	
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_bl]	Thinking about the last month, about how	dropdown, Required
		much money have you spent on products (such as pads, undergarments, or plugs) to	0 None
		manage your bladder and/or bowel	1 Less than \$5
		symptoms?	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	<pre>[voidsovernight_bl]</pre>	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_bl]	On an average day, about how many times	radio, Required
		do you go to the toilet to urinate (pee) during the daytime? (Please do not include count	1 less than 4 times per day
		trips to the bathroom overnight.)	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
			Custom alignment: LV
89	[voidinterval_bl]	During the daytime, about how long do you wait between trips to the toilet to urinate	radio, Required
		(pee)?	1 4 hours or more
			2 3 hours
			3 2 hours
			4 1 hour
			5 less than 1 hour
			99 Choose not to answer

			Cust	tom alignment: LV	
90	<pre>[iciqui_leak_bl]</pre>	Section Header: Section 3 of 5 - Current Bladder Symptoms This set of questions asks about your bladder	radi	o, Required	
		symptoms over the last 4 weeks (1 month). When you	0	Never	
		are not sure about an answer, make your best guess.	1	About once a week or le	ss often
		How often do you leak urine?	2	Two or three times a we	ek
			3	About once a day	
			4	Several times a day	
			5	All the time	
			99	Choose not to answer	
91	[iciqui_howmuch_bl]	We would like to know how much urine you	radi	o, Required	
		think leaks. How much urine do you usually leak (whether you wear protection or not)?	0	None	
		leak (whether you wear protection or not):	2	A small amount	
			4	A moderate amount	
			6	A large amount	
			99	Choose not to answer	
92	[iciqui_interfer_b	Overall, how much does leaking urine	radi	o, Required	
	2 [iciqui_interfer_b 1]	interfere with your everyday life? Please select a number between 0 (not at all) and 10 (a great deal).	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	
			Cus	tom alignment: LH	
93	[iciqui_urineleak_b	When does urine leak? (Please select all that		ckbox, Required	
رر	1]	apply to you)	1	iciqui_urineleak_bl1	Never Urine does r
			2	iciqui_urineleak_bl2	Leaks before you ca get to

					toilet
			3	iciqui_urineleak_bl3	Leaks when you cough or sneeze
			4	iciqui_urineleak_bl4	Leaks when you are asleep
			5	iciqui_urineleak_bl5	Leaks when you are physically active/ exercising
			6	iciqui_urineleak_bl6	Leaks when you have finished urinating and are dressed
			7	iciqui_urineleak_bl7	Leaks for no obvious reason
			8	iciqui_urineleak_bl8	Leaks all the time
			99	iciqui_urineleak_bl99	Choose not to answer
				d Annotation: DNEOFTHEABOVE='1,99'	
94	[gse_ui1_bl]	On a scale from 0 (not at all) to 10 (a great	radi	o, Required	
		deal), how confident are you that you can hold in your urine when you want to?	0	0 (not at all)	
		Thora myodi arme when you want to.	1	1	
			2	2	
			3	3	
			4	4	
			5	5	
			6	6	
			7	7	
			8	8	

1			9	9
			10	
				, ,
			99	Choose not to answer
			Cust	om alignment: LH
95	[gse_ui2_bl]	On a scale from 0 (not at all) to 10 (a great	radi	o, Required
		deal), how confident are you that you can prevent urine loss without relying on pads or	0	0 (not at all)
		protection when you are out?	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
				Citobbe tibe to disorter
				com alignment: LH
96	[pfiq_bladder_chore	Section Header: Some women find that bladder	Cust	
96	<pre>[pfiq_bladder_chore s_bl]</pre>	Section Header: Some women find that bladder symptoms affect their activities, relationships, and feelings. For each question select the response that best	Cust	om alignment: LH
96		symptoms affect their activities, relationships, and feelings. For each question select the response that best describes how much your activities, relationships, or	Cust	om alignment: LH o (Matrix), Required
96		symptoms affect their activities, relationships, and feelings. For each question select the response that best	Cust	o (Matrix), Required Not at all
96		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. Ability to do household chores (cooking,	radi	com alignment: LH to (Matrix), Required Not at all Somewhat
96		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.	radio 1 2 3	com alignment: LH to (Matrix), Required Not at all Somewhat Moderately Quite a bit
96	s_bl] [pfiq_bladder_walk_	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. Ability to do household chores (cooking, housecleaning, laundry)? Ability to do physical activities such as	Cust radio 1 2 3 4 99	com alignment: LH to (Matrix), Required Not at all Somewhat Moderately Quite a bit
	s_b1]	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. Ability to do household chores (cooking, housecleaning, laundry)?	Cust radio 1 2 3 4 99	com alignment: LH o (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer
	s_bl] [pfiq_bladder_walk_	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. Ability to do household chores (cooking, housecleaning, laundry)? Ability to do physical activities such as	Cust radio 1 2 3 4 99	com alignment: LH o (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer o (Matrix), Required
	s_bl] [pfiq_bladder_walk_	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. Ability to do household chores (cooking, housecleaning, laundry)? Ability to do physical activities such as	Cust radio 1 2 3 4 99 radio 1	com alignment: LH o (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer o (Matrix), Required Not at all
	s_bl] [pfiq_bladder_walk_	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. Ability to do household chores (cooking, housecleaning, laundry)? Ability to do physical activities such as	Cust radio 1 2 3 4 99 radio 1 2	com alignment: LH o (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer o (Matrix), Required Not at all Somewhat
	s_bl] [pfiq_bladder_walk_	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. Ability to do household chores (cooking, housecleaning, laundry)? Ability to do physical activities such as	Cust radio 1 2 3 4 99 radio 1 2 3	com alignment: LH o (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer o (Matrix), Required Not at all Somewhat Moderately Quite a bit
	<pre>s_bl] [pfiq_bladder_walk_ bl] [pfiq_bladder_movie</pre>	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. Ability to do household chores (cooking, housecleaning, laundry)? Ability to do physical activities such as walking, swimming, or other exercise?	radical	com alignment: LH co (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer co (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer
97	s_bl] [pfiq_bladder_walk_ bl]	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. Ability to do household chores (cooking, housecleaning, laundry)? Ability to do physical activities such as walking, swimming, or other exercise?	radical	com alignment: LH co (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer co (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer
97	<pre>s_bl] [pfiq_bladder_walk_ bl] [pfiq_bladder_movie</pre>	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. Ability to do household chores (cooking, housecleaning, laundry)? Ability to do physical activities such as walking, swimming, or other exercise?	Cust radii 1 2 3 4 99 radii 4 99 radii	com alignment: LH co (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer co (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer
97	<pre>s_bl] [pfiq_bladder_walk_ bl] [pfiq_bladder_movie</pre>	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. Ability to do household chores (cooking, housecleaning, laundry)? Ability to do physical activities such as walking, swimming, or other exercise?	Cust radii 1 2 3 4 99 radii 1 99 radii 1 1	com alignment: LH co (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer co (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer co (Matrix), Required Not at all Not at all Choose not to answer co (Matrix), Required Not at all

			99 Choose not to answer
99	<pre>[pfiq_bladder_trave 1_b1]</pre>	Ability to travel by car or bus for a distance greater than 30 minutes away from home?	radio (Matrix), Required 1 Not at all 2 Somewhat 3 Moderately 4 Quite a bit 99 Choose not to answer
100	<pre>[pfiq_bladder_socia 1_b1]</pre>	Participating in social activities outside your home?	radio (Matrix), Required 1 Not at all 2 Somewhat 3 Moderately 4 Quite a bit 99 Choose not to answer
101	<pre>[pfiq_bladder_emoti on_bl]</pre>	Emotional health (nervousness, depression, etc)?	radio (Matrix), Required 1 Not at all 2 Somewhat 3 Moderately 4 Quite a bit 99 Choose not to answer
102	<pre>[pfiq_bladder_frust rated_bl]</pre>	Feeling frustrated?	radio (Matrix), Required 1 Not at all 2 Somewhat 3 Moderately 4 Quite a bit 99 Choose not to answer
103	[bladderseekhx_bl]	Have you ever talked with a health professional, like a doctor or nurse, about bladder leakage?	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
104	[bics_nohcp_bl]	Section Header: 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 don't have a health care practitioner who will see me for uncontrollable urine leakage	radio (Matrix), Required 1 Not at all 2 Slightly 3 Moderately

			4	Greatly
			99	Choose not to answer
105	[bics_insexp_bl]	There are long delays before insurance	radi	o (Matrix), Required
		repays out-of-pocket expenses	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
106	[bics_inscomp_bl]	My insurance is too complicated to figure out	radi	o (Matrix), Required
			1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
107	[bics_csthigh_bl]	The cost of having my uncontrollable urine	radi	o (Matrix), Required
		leakage evaluated is too high	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
108	[bics_notrans_bl]	There is no transportation to the office or	radi	o (Matrix), Required
		clinic	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
109	[bics_waitlng_bl]	The wait is too long at the time of the	radi	o (Matrix), Required
		appointment	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
110	[bics_clncdist_bl]	The office or clinic is too far away	radi	o (Matrix), Required
			1	Not at all
			2	Slightly

			3 Moderately
			4 Greatly
			99 Choose not to answer
111	[bics_apptfar_bl]	Appointments have to be scheduled too far	radio (Matrix), Required
		ahead	1 Not at all
			2 Slightly
			3 Moderately
			4 Greatly
			99 Choose not to answer
112	[bics_hrlimit_bl]	Office hours are the office or clinic are	radio (Matrix), Required
		limited	1 Not at all
			2 Slightly
			3 Moderately
			4 Greatly
			99 Choose not to answer
113	[bics_examine_bl]	I don't like to be examined or asked a lot of questions	radio (Matrix), Required
			1 Not at all
			2 Slightly
			3 Moderately
			4 Greatly
			99 Choose not to answer
114	[bics_hcptime_bl]	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
			1 Not at all
			2 Slightly
			3 Moderately
			4 Greatly
			99 Choose not to answer
115	[bics_afrsrsprob_b 1]	afrsrsprob_b I am afraid to find out if I have a serious problem	radio (Matrix), Required
			1 Not at all
			2 Slightly
			3 Moderately
			4 Greatly
			99 Choose not to answer
116	[bics_afraidhcp_bl]	For some reason, I am afraid of the health	radio (Matrix), Required
		care practitioner	1 Not at all

			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
117	[bics_hcpnoint_bl]	The health care practitioner and staff aren't	radi	o (Matrix), Required
	[ores_nephorne_or]	interested in my worries about my health	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
118	[fvq_bmconst_bl]	Section Header: Section 4 of 5 - Current Bowel	radi	o, Required
		Symptoms This set of questions asks about your bowel symptoms over the last 4 weeks (1 month). When you	1	Never
		are not sure about an answer, make your best guess.	2	Occasionally
		In the past month, how often have you been constipated?	3	Sometimes
		'	4	Most of the time
			5	All the time
			99	Choose not to answer
119	[fvq_bmdiarr_bl]	In the past month, how often have you had	radi	o, Required
		diarrhea?	1	Never
			2	Occasionally
			3	Sometimes
			4	Most of the time
			5	All the time
			99	Choose not to answer
120	<pre>[fvq_bmconsist_bl]</pre>	What has been the usual consistency of your	radi	o, Required
		bowel movements (poop) in the last 4 weeks?	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
				-

121	[smis_solid_bl]	Section Header: Thinking about the last 4 weeks, please	7 Type 7 - watery, no solid pieces Entirely liquid 99 Choose not to answer Custom alignment: LV radio (Matrix), Required
		indicate how your bowel symptoms impact your life. How often do you have accidental leakage of solid stool (poop)?	 Never (less than once per month) Rarely (about once a month) Sometimes (2-3 times a month) Weekly Daily Choose not to answer
122	[smis_liquid_bl]	How often do you have accidental leakage of liquid stool (poop)?	radio (Matrix), Required 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
123	[smis_gas_bl]	How often do you lose control of gas?	radio (Matrix), Required 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
124	[sis_lifestyle_bl]	How often do your bowel symptoms affect your lifestyle?	radio (Matrix), Required 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

125	[smis_padplug_bl]	Do you use a pad or plug for accidental bowel leakage?	radio, Required 1 Yes 2 No 99 Choose not to answer
126	[smis_meds_bl]	Do you take medications to make you constipated?	radio, Required 1 Yes 2 No 99 Choose not to answer
127	[smis_deferdef_bl]	Do you have to rush to the toilet as soon as you have an urge to go for a bowel movement (poop)?	radio, Required 1 Yes 2 No 99 Choose not to answer
128	[gse_abl1_bl]	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 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
129	[gse_abl2_bl]	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

130 [bowelseekhx_bl]	Have you ever talked with a health professional, like a doctor or nurse, about accidental bowel leakage?	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
131 [height_bl]	Section Header: 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)?	Custom alignment: LH dropdown, Required 1

			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_bl]	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_bl]	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
	[work_status_bl]	What is your current work status?	radio, Required 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
135	[pcp_b1]	Do you have a primary care provider?	radio, Required 1 Yes 2 No 99 Choose not to answer
136	<pre>[type_of_insurance_ bl]</pre>	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	checkbox, Required 0 type_of_insurance_bl0 I do no have an health insurar
		for some people with disabilities).	1 type_of_insurance_bl1 Medica 2 type_of_insurance_bl2 Medica

			3	type_of_insurance_bl3	A plan provide an employ
			4	type_of_insurance_bl4	A plan purchas directly from ar insuran compar through insuran exchangor through a group such as AARP
			5	type_of_insurance_bl5	TRI-CAF CHAMP or CHAI VA
			6	type_of_insurance_bl6	I get car from th Departr of Veter Affairs (
			7	type_of_insurance_bl7	Someth else
			8	type_of_insurance_bl8	I'm not
			99	type_of_insurance_bl99	Choose to answ
				d Annotation: DNEOFTHEABOVE='0,99'	
137	[pregnancies_bl]	How many times have you been pregnant?	drop	odown, Required	
			0	0	
			1	1	
			2	2	
			3	3	
			4	4	
			5	5	
			6	6	
			7	7	
			8	8	

			9 10 11 99	9 10 More than 10 Choose not to ansa	wer
138	[vagdeliv_bl] Show the field ONLY if: [pregnancies_bl]>0	How many vaginal births have you had?	drop 0 1 2 3 4 5 6 7 8 9 10 11	odown, Required 0 1 2 3 4 5 6 7 8 9 10 More than 10 Choose not to ansi	wer
139	[sf_q1_b1]	Overall, how would you rate your health during the past 4 weeks?	radi 1 2 3 4 5 6 99	o, Required Excellent Very good Good Fair Poor Very poor Choose not to ans	wer
140	[medcond_bl]	Which of these medical conditions do you have? Please select all that apply.	chec 1 2 3 4 5 6 7	medcond_bl1 medcond_bl2 medcond_bl3 medcond_bl4 medcond_bl5 medcond_bl6 medcond_bl7	High blood pressure Diabetes Obesity Memory problems Anxiety Depression Cancer

1 1		1	11	I	İ	1.1
			8	medcond_bl8	Chro	nic pain
			9	medcond_bl9	None these	
			99	medcond_bl99		ose not oswer
				d Annotation: ONEOFTHEABOVE='	9,99'	
141	[relevantsurghx_bl]	Which of these surgeries have you had?	che	ckbox, Required		
		Please select all that apply.	1	relevantsurghx_bl_	1	Removal c uterus (hysterect
			2	relevantsurghx_bl_	2	Removal c gallbladde (cholecyst
			3	relevantsurghx_bl_	3	Surgery fo
			4	relevantsurghx_bl_	4	Mesh sling urinary incontiner
			5	relevantsurghx_bl_	5	Other surg urinary incontiner
			6	relevantsurghx_bl_	6	Surgery for incontiner
			7	relevantsurghx_bl_	7	None of the
			99	relevantsurghx_bl_	99	Choose no
				d Annotation: ONEOFTHEABOVE='	7,99'	
142	[self_weight_bl]	How would you describe your weight?	radi	o, Required		
			0	Very underweight		
			1	Somewhat underw	<i>r</i> eight	
			2	Normal weight		
			3	Somewhat overwe	ight	<u> </u>
			4	Very overweight		
			99	Choose not to ans	wer	
143	[legal_res]	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	1	o, Required Yes No		

		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?	
144	[uw_employee]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee?	radio, Required, Identifier 1 Yes 2 No
	[baseline_survey_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
	[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 Enabled as survey
147	[ss_eng1_v2]	Section Header: Do you read and write English?	radio, Required 1 Yes 2 No
148	[ss_emailuse_v2]	Do you use email?	radio, Required 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 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 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 1 Yes 2 No
153	[ss_toilet_v2]	Do you need help using the toilet?	radio, Required 1 Yes 2 No
154	[ss_dementia_v2]	Has a healthcare provider ever told you that you have dementia or cognitive impairment?	radio, Required 1 Yes 2 No
155	[ss_kege1_v2]	Has a healthcare provider ever told you that you should not do pelvic floor muscle exercises, also called Kegel exercises?	radio, Required 1 Yes 2 No
156	[ss_eligible_v2]	Section Header:	descriptive
	Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1 ' and [ss_accweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_ v2] = '2' and [ss_dem entia_v2] = '2' and [s s_kegel_v2] = '2' and [ss_blood_v2] = '2' an d [ss_sex_v2] = '1'	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.	
157	[ss_eligible_race_v	What is your race? Please check all that	checkbox, Required
	Show the field ONLY if: [ss_engl_v2] = '1' and	apply:	1 ss_eligible_race_v21 America Indian c Alaska Native
	[ss_emailuse_v2] = '1 ' and [ss_accweb_v2]		

	= '1' and [ss_age_v2] >= 50 and [ss_toilet_ v2] = '2' and [ss_dem entia_v2] = '2' and [s		2 ss_eligible_race_v22 Asian or Asian American
	s_kegel_v2] = '2' and [ss_blood_v2] = '2' and d [ss_sex_v2] = '1'		3 ss_eligible_race_v23 Black or African American
			4 ss_eligible_race_v24 Native Hawaiian or Pacific Islander
			5 ss_eligible_race_v25 White
			6 ss_eligible_race_v26 Other
			7 ss_eligible_race_v27 Do not wish to provide
			Field Annotation: @NONEOFTHEABOVE=7
158	<pre>[ss_eligible_otherr ace_v2]</pre>	What race(s) do you identify as?	text, Required
	Show the field ONLY if: [ss_eligible_race_v2		
	(6)] = '1'		
159	<pre>[ss_eligible_hisp_v 2]</pre>	What is your ethnicity?	radio, Required 1 Hispanic/Latino
	Show the field ONLY		
	if:		
	[ss_engl_v2] = '1' and		3 Do not wish to provide
	[ss_emailuse_v2] = '1 ' and [ss_accweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_ v2] = '2' and [ss_dem entia_v2] = '2' and [s s_kegel_v2] = '2' and [ss_blood_v2] = '2' an		Field Annotation: @NONEOFTHEABOVE=3
	d [ss_sex_v2] = '1'		
160	<pre>[ss_eligible_gender _v2]</pre>	How do you identify your gender?	radio, Required 1 Female
	Show the field ONLY		2 Male
	Show the field ONLY if:		2 Noveleton
			3 Non-binary 4 Do not wish to provide

	v2] = '2' and [ss_dem entia_v2] = '2' and [s s_kegel_v2] = '2' and [ss_blood_v2] = '2' an d [ss_sex_v2] = '1'				
161	[ss_eligible_edu_v	What is the highest level of education you	rac	dio, Required	
	2]	have completed?	1	8th grade or lower	
	Show the field ONLY		2	Some high school	
	if:		3	High school diploma or GED	1
	[ss_engl_v2] = '1' and [ss_emailuse_v2] = '1		4	Vocational school or other	
	'and [ss_accweb_v2]		4	specialized training	
	= '1' and [ss_age_v2]		5	Some college	
	>= 50 and [ss_toilet_		_	+	
	v2] = '2' and [ss_dem entia_v2] = '2' and [s s_kegel_v2] = '2' and		6	College degree (Associate's of Bachelor's)	or
	$[ss_blood_v2] = '2' an$		7	Master's or Doctorate degre	e
	d [ss_sex_v2] = '1'		8	Do not wish to provide	
162	[ss_eligible_outrea	How did you hear about this research study?	ch	eckbox, Required	
	ch_v2] Show the field ONLY	(Check all that apply) eld ONLY = '1' and e_v2] = '1 cweb_v2] _age_v2] ss_toilet_ [ss_dem 2' and [s = '2' and 2] = '2' an	1	ss_eligible_outreach_v21	l saw i Faceb
	if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1' ' and [ss_accweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_ v2] = '2' and [ss_dem entia_v2] = '2' and [s		2	ss_eligible_outreach_v22	l saw i Instag
			3	ss_eligible_outreach_v23	l saw i Twitte
			4	ss_eligible_outreach_v24	l saw i a web trust
	s_kegel_v2] = '2' and [ss_blood_v2] = '2' an d [ss_sex_v2] = '1'		5	ss_eligible_outreach_v25	l read about a newsle
			6	ss_eligible_outreach_v26	I saw a flyer ir comm
			7	ss_eligible_outreach_v27	Someon know me ab
			8	ss_eligible_outreach_v28	Somet else
163	<pre>[ss_elig_descriptic _v2] Show the field ONLY</pre>	Thank you for completing the screening. Click "Next Page" to choose whether you want to participate in the research study.	de	scriptive	

	[ss_engl_v2] = '1' and [ss_emailuse_v2] = '1 ' and [ss_accweb_v2] = '1' and [ss_age_v2] >= 50 and [ss_toilet_ v2] = '2' and [ss_dem entia_v2] = '2' and [s s_kegel_v2] = '2' and [ss_blood_v2] = '2' and d [ss_sex_v2] = '1'		
164	[consent_v2] Show the field ONLY if: [ss_engl_v2] = '1' and [ss_emailuse_v2] = '1 ' and [ss_accweb_v2]	Section Header: Informed Consent University of Wisconsin-Madison Consent to Participate in Research and Authorization to Use Protected Health Information for Research	descriptive (Attachment: Women on the Go Informed Consent.pdf, Display format: Link) Field Annotation: @INLINE
	= '1' and [ss_age_v2] >= 50 and [ss_toilet_v2] = '2' and [ss_dem entia_v2] = '2' and [s s_kegel_v2] = '2' and [ss_blood_v2] = '2' an d [ss_sex_v2] = '1'	Study Title for Participants: Women on the Go Formal Study Title: Tailoring Online Continence Promotion Lead Researcher: Drs. Megan Piper (email: mep@ctri.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	
		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 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 Women on the Go the Go program? 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 deidentified study data could be used to reidentify 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 researchershave answered your questions. You want to be in this study.	
Show the firity of the firity of the firity of the first fir	nt_agree_v2] he field ONLY gl_v2] = '1' and ailuse_v2] = '1 ss_accweb_v2] ad [ss_age_v2] and [ss_toilet_ '2' and [ss_dem '2] = '2' and [s l_v2] = '2' and od_v2] = '2' an ex_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 1 Yes 2 No Custom alignment: LV
Show the firity of the firity of the firity of the first seed of t	he field ONLY gl_v2] = '1' and ailuse_v2] = '1 ss_accweb_v2] ad [ss_age_v2] and [ss_toilet_ '' and [ss_dem '2] = '2' and [s l_v2] = '2' and od_v2] = '2' an ex_v2] = '1'	First and last name:	text, Required
v2] Show ti if: [ss_eng [ss_em ' and [s = '1' an >= 50 a v2] = '2 entia_v s_kegel [ss_blo	he field ONLY gl_v2] = '1' and ailuse_v2] = '1 ss_accweb_v2] ad [ss_age_v2] and [ss_toilet_ '' and [ss_dem '2] = '2' and [s l_v2] = '2' and od_v2] = '2' an ex_v2] = '1'		text (date_mdy), Identifier Field Annotation: @TODAY @HIDDEN- SURVEY
2]	t_eligible_v he field ONLY	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	descriptive

What race(s) of all that apply: ONLY 2' or 2] = '2 _v2] = 2] < 5 = '2' = '1' a_v2] el_v2] ed_v2]	do you identify as?	Please select	2	ss_not_eligible_race_v21 ss_not_eligible_race_v22 ss_not_eligible_race_v23	America Indian c Alaska Native Asian Black or African America
2] = '2 _v2] = 2] < 5 = '2' = '1' a_v2]					Black or African
el_v2]					
				ss_not_eligible_race_v24	Native Hawai a or Pacifi Islander
			5		White
			6	_	Other
			7	ss_not_eligible_race_v27	Do not wish to answer
ole_ra What race(s) o	do you identify as?		tex	t	
YJNC					
_race					
ONLY 2' or 2] = '2 _v2] = 2] < 5	ethnicity?		1 2 3	Hispanic/Latino Non-Hispanic Do not wish to provide	
2 2 1	notel What is your of the control of	notel What is your ethnicity? ONLY 2' or 2] = '2 v2] = 2] < 5 = '2'	notel What is your ethnicity? ONLY 2' or 2] = '2 v2] = 2] < 5 = '2'	Fie @N le_ra What race(s) do you identify as? tex DNLY race notel What is your ethnicity? PNLY 2' or 2] = '2 y2] = 2 y2] = 2 1 2 5 = '2'	Field Annotation: @NONEOFTHEABOVE=7 le_na What race(s) do you identify as? text ONLY _race notel What is your ethnicity? radio, Required 1 Hispanic/Latino 2 Non-Hispanic 3 Do not wish to provide 2' or 2' = '2' v2' = 2' < 5 = '2'

= '1' or [s	mentia_v2] s_kegel_v2] s_blood_v2]				
if: [ss_engl_ [ss_emai ' or [ss_a '2' or [ss_ 0 or [ss_s or [ss_de = '1' or [s	lig_gender_ e field ONLY v2] = '2' or luse_v2] = '2 ccweb_v2] = _age_v2] < 5 sex_v2] = '2' ilet_v2] = '1' mentia_v2] ss_kegel_v2]	How do you identify your gender?	1 2 3 4	Female Male Non-binary Do not wish to provide	
if: [ss_engl_ [ss_emai ' or [ss_a '2' or [ss_ 0 or [ss_s or [ss_de = '1' or [s	eligible_ed e field ONLY v2] = '2' or luse_v2] = '2 ccweb_v2] = _age_v2] < 5 sex_v2] = '2' illet_v2] = '1' mentia_v2] ss_kegel_v2] ss_blood_v2]	What is the highest level of education you have completed?	1 2 3 4 5 6	8th grade or lower Some high school High school diploma or GED Vocational school or other specialized training Some college College degree (Associate's or Bachelor's) Master's or Doctorate degree Do not wish to provide	
if: [ss_engl_ [ss_emai ' or [ss_a '2' or [ss_		How did you hear about this research study? (Check all that apply)	2 3 4	ss_not_eligible_outreach_v22 ss_not_eligible_outreach_v23 ss_not_eligible_outreach_v24 ss_not_eligible_outreach_v25	I sa Fac I sa Insa I sa I sa I re a bc a nev

			6	ss_not_eligible_outreach_v26 I sa flye cor
			7	ss_not_eligible_outreach_v27 Sor knc me it
			8	ss_not_eligible_outreach_v28
175	<pre>[eligible_firstname _v2] Show the field ONLY</pre>	Section Header: 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,	tex	ct (alpha_only), Required, Identifier
	if:	and mail your tracker booklet.		
	[consent_agree_v2] = '1'	First name:		
176	<pre>[eligible_lastname_ v2]</pre>	Last name:	tex	ct (alpha_only), Required, Identifier
	Show the field ONLY			
	if: [consent_agree_v2] = '1'			
177	<pre>[eligible_email_v2]</pre>	Email address:	tex	ct (email), Required, Identifier
	Show the field ONLY if: [consent_agree_v2] =			
	'1'			
178	[eligible_phone_v2]	Phone number (XXX-XXX-XXXX):	tex	ct (phone), Required, Identifier
	Show the field ONLY if:			
	[consent_agree_v2] = '1'			
179	<pre>[eligible_streetadd ress1_v2]</pre>	Street address line 1:	tex	t, Required, Identifier
	Show the field ONLY			
	<pre>if: [consent_agree_v2] = '1'</pre>			
180	<pre>[eligible_streetadd ress2_v2]</pre>	Street address line 2 (Building, Suite, or Apartment number):	tex	ct, Identifier
	Show the field ONLY if:			
	[consent_agree_v2] =			

181	<pre>[eligible_city_v2] Show the field ONLY if: [consent_agree_v2] = '1'</pre>	City:	text, Required, Identifier
182	<pre>[eligible_state_v2] Show the field ONLY if: [consent_agree_v2] = '1'</pre>	State:	text, Required
183	<pre>[eligible_zipcode_v 2] Show the field ONLY if: [consent_agree_v2] = '1'</pre>	ZIP code:	text, Required, Identifier
184	<pre>[consentedtopart_v 2] Show the field ONLY if: [consent_agree_v2] = '1'</pre>	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	<pre>[ifconsented_no_v2] Show the field ONLY if: [consent_agree_v2] = '2'</pre>	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_en ding_v2] Show the field ONLY if: [ss_engl_v2] = '2' or [ss_emailuse_v2] = '2' or [ss_accweb_v2] = '2' or [ss_age_v2] < 5 0 or [ss_sex_v2] = '2' or [ss_toilet_v2] = '1' or [ss_dementia_v2] = '1' or [ss_kegel_v2] = '1' or [ss_blood_v2]	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@ctri.wisc.edu), phone (608-265-5472), or in writing (1930 Monroe Street, Suite 200 Madison, WI 53711).	checkbox 1 ss_not_eligible_ending_v21 Sub form Stop actions on 1

	= '1'		
187	<pre>[screening_survey_n ot_real_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: Baseline S	Survey - direct email (baseline_survey_d	up) 🛂 Enabled as survey
188	[welcome_bl_dup]	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
189	[gse01_bl_dup]	Section Header: 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 can manage to solve difficult problems if I try hard enough.	radio (Matrix), Required
			1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often 5 Very Often
400			
190	[gse02_bl_dup]	If someone tries to keep me from getting what I want, I can find a way to get what I	radio (Matrix), Required 1 Never
		want.	2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
191	 [gse03_bl_dup]	It is easy for me to stick to my goals and	radio (Matrix), Required
	[gscos_br_dup]	reach them.	1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer

192	[gse04_bl_dup]	I am confident that I could do a good job	radio (Matrix), Required
		dealing with unexpected events.	1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
193	[gse05_bl_dup]	Thanks to my talents and skills, I know how	radio (Matrix), Required
		to handle unexpected situations.	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
			1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
195	[gse07_bl_dup]	I can stay calm when facing difficulties	radio (Matrix), Required
		because I can handle them.	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	radio (Matrix), Required
		ways to solve it.	1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer

107	[===00 k3 dv 3	If I am in trouble I can think of a calution	radio (Matrix) Doguiro
197	[gse09_bl_dup]	If I am in trouble, I can think of a solution.	radio (Matrix), Required 1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
198	[gse10_bl_dup]	I can handle whatever comes my way.	radio (Matrix), Required
	[80c10_01_wab]	The second of th	1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
199	[know_pads_b1_dup]	Section Header: Below are some statements about urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each	radio (Matrix), Required
			1 Agree
		statement, or if you do not know.	2 Disagree
		Other than pads and diapers, not much can be done to treat leakage of urine.	3 Don't know
			99 Choose not to answer
200	[know_exercises_bl_	Certain exercises can be done to help to control urine leakage.	radio (Matrix), Required
	dup]		1 Agree
			2 Disagree
			3 Don't know
			99 Choose not to answer
201	[know_weight_bl_du	Being overweight may make urinary leakage	radio (Matrix), Required
	p]	worse.	1 Agree
			2 Disagree
			3 Don't know
			99 Choose not to answer
202	[know_oncestart_bl_	Once people start to leak urine, they are	radio (Matrix), Required
	dup]	never able to control their urine again.	1 Agree
			2 Disagree
			3 Don't know
			99 Choose not to answer

			-	
203	[know_nonsurgery_bl	Surgery is the only treatment for urinary	radi	o (Matrix), Required
	_dup]	leakage.	1	Agree
			2	Disagree
			3	Don't know
			99	Choose not to answer
204	[hapa_intentions_bl	Section Header: The Women on the Go program is	radi	o, Required
	_dup]	designed to help women make changes to improve their bladder and bowel health. Thinking about the last month, when it came	0	I DID NOT THINK ABOUT making any changes.
		to making changes to improve bladder or bowel health, which of these statements	1	I THOUGHT about making changes.
		best decsribes you?	2	I PLANNED to make changes.
			3	I MADE changes.
			4	My changes BECAME MY NEW ROUTINE.
			99	Choose not to answer
			Cus	tom alignment: LV
205	[hapa_intentions_bl	Thinking about the next month, when it		o, Required
	_2_dup]	comes to making changes to improve bladder or bowel health, which of these statements best describes you?	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
			Cus	tom alignment: LV
206	[hapa_older_bl_dup]	Thinking about the future, which of these	radi	o, Required
		statements best describes you?	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
1		I .		

When it comes to making changes to improve bladder or bowel health, which of these statements best describes you?				Custom alignment: LV			
these statements best describes you? Choose not to answer	207						
things can get in the way of me following through with the plan. 99 Choose not to answer Custom alignment: LV radio, Required 10 I will have the support and resources I need to meet my goals. 11 It will be hard for me to meet my goals. 11 It will be hard for me to meet my goals. 12 I twill be hard for me to meet my goals because I don't have the support or resources I need. 99 Choose not to answer Custom alignment: LV 209 bitus_intend_bl_du Section Header: During this research study, you will be oble to use the Women on the Go program as often as you want to sea. It TRININGN ABOUT THE NEXT MONTH: How often do you INTEND or PLAN TO USE the Women on the Go program? 210 bitus_predict_bl_d How often do you PREDICT or THINK YOU will be program? 211 Lit Lactual Lit Lac		1_dup]	-	even if I am tired or busy with			
Custom alignment: LV				things can get in the way of me			
Tadio, Required Tadio, Tadio, Required Tad				99 Choose not to answer			
dup improve bladder or bowel health, which of these statements best describes you? 1 will have the support and resources I need to meet my goals. 1 lt will be hard for me to meet my goals. 1 lt 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				Custom alignment: LV			
these statements best describes you? the statements best describes you? the work of the the support or 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 Custom alignment: LV radio (Matrix), Required 1 At least once a month 2 Afew times a month 3 Once a week 4 More than once a week 5 Every day 99 Choose not to answer radio (Matrix), Required 1 At least once a month 2 Afew times a month 3 Once a week 4 More than once a week 5 Every day 99 Choose not to answer radio (Matrix), Required 1 At least once a month 2 Afew times a month 3 Once a week 4 More than once a week 5 Every day 99 Choose not to answer radio, Required 1 Once a week 1 Once per month or less 8 Every day 99 Choose not to answer radio, Required 1 Once per month or less 1 Once per month or less 2 Afew times per month 1 Once per month or less 2 Afew times per month 3 Once per month or less 2 Afew times per month	208	[hapa_resources_bl_		radio, Required			
my goals because I don't have the support or resources I need. 99 Choose not to answer Custom alignment: LV 209 [bitus_intend_bl_du		dup]	•	resources I need to meet my			
Custom alignment: LV 209 [bitus_intend_bl_du				my goals because I don't have			
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: How often do you INTEND or PLAN TO USE the Women on the Go program? How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program? How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program? A few times a month 1				99 Choose not to answer			
able to use the Women on the Go program as often as you want to use it. THINKING ABOUT THE NEXT MONTH: How often do you INTEND or PLAN TO USE the Women on the Go program? 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 210 [bitus_predict_bl_d up] WILL ACTUALLY USE the Women on the Go program? 211 [kegel_freq_bl_dup] Section Header: 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?				Custom alignment: LV			
You want to use it. THINKING ABOUT THE NEXT MONTH: How often do you INTEND or PLAN TO USE the Women on the Go program? 1	209		able to use the Women on the Go program as often as you want to use it. THINKING ABOUT THE NEXT MONTH: How often do you INTEND or PLAN TO USE	radio (Matrix), Required			
the Women on the Go program? 3 Once a week 4 More than once a week 5 Every day 99 Choose not to answer 210 [bitus_predict_bl_d up] WILL ACTUALLY USE the Women on the Go program? 4 More than 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 211 [kegel_freq_bl_dup] Section Header: 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? 3 Once a week 4 More than 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 1 Once per month or less 2 A few times per month 3 At least once per week				1 At least once a month			
Solice a Week 4 More than once a week 5 Every day 99 Choose not to answer 10 Choose not to answer 11 At least once a month 10 At few times a mon				2 A few times a month			
Section Header: 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? Severy day 99 Choose not to answer				3 Once a week			
210 [bitus_predict_bl_d up] How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program? At least once a month Once a week More than once a week Every day Product the service of the serv				4 More than once a week			
210 [bitus_predict_bl_d up] How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program? 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 Choose not to answe				5 Every day			
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program? 2 A few times a month 3 Once a week 4 More than once a week 5 Every day 99 Choose not to answer 211 [kegel_freq_bl_dup] Section Header: 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? A few times a month 7 Dince a week 7 Dince a week 99 Choose not to answer 1 Once per month or less 2 A few times per month 3 At least once per week	210	[bitus_predict_bl_d	How often do you PREDICT or THINK YOU	radio (Matrix), Required			
2 A few times a month 3 Once a week 4 More than once a week 5 Every day 99 Choose not to answer 211 [kegel_freq_bl_dup] Section Header: 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? 2 A few times a month 3 Once a week 5 Every day 99 Choose not to answer 1 Once per month or less 2 A few times per month 3 At least once per week		up]		1 At least once a month			
4 More than once a week 5 Every day 99 Choose not to answer 211 [kegel_freq_bl_dup] Section Header: 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? A few times per month			program:	2 A few times a month			
Section Header: 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? Section 1 Section Header: Section 2 of 5 - Current Health radio, Required 1				3 Once a week			
211 [kegel_freq_bl_dup] Section Header: 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? Thoose not to answer radio, Required 1 Once per month or less 2 A few times per month 3 At least once per week				4 More than once a week			
211 [kegel_freq_bl_dup] Section Header: 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? radio, Required 1 Once per month or less 2 A few times per month 3 At least once per week				5 Every day			
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				99 Choose not to answer			
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	211	[kegel_freq_bl_dup]		radio, Required			
Thinking about the last 4 weeks, on average, how often did you do Kegel squeezes, or pelvic floor muscle exercises? 2 A few times per month 3 At least once per week				1 Once per month or less			
pelvic floor muscle exercises?				2 A few times per month			
				3 At least once per week			
			pervicinoor muscle exercises?	4 Several times per week			

			5 At least once per day
			6 Several times per day
			99 Choose not to answer
212	[fiber_guess_bl_du	On an average day, how much fiber do you	radio, Required
	p]	think you get through food and supplements?	1 Less than I should
		supplements:	2 About what I should
			3 More than I should
			99 Choose not to answer
213	[fluid_guess_bl_du	On an average day, how much fluid do you	radio, Required
	p]	think you drink (including all fluids, not just water) (not just water)?	1 Less than I should
		water) (not just water):	2 About what I should
			3 More than I should
			99 Choose not to answer
214	<pre>[est_totalfluid_bl_ dup]</pre>	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.	text (number, Min: 0, Max: 999), Required Custom alignment: LV
215	[freq_coffee_bl_du	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
	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
			Custom alignment: LV
216	[freq_soda_bl_dup]	Thinking about the last week, about how many servings of soda or diet soda with	radio, Required
		caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12	0 I do not drink soda with caffeine
		ounces. Please do not include caffeine-free	1 Less than 3 servings per week
		soda (like Sprite, Ginger Ale, 7-Up, Fanta, etc.)	2 3-6 servings per week
	İ	,	3 1 serving (12 ounces) per day
			3 1 serving (12 ounces) per day

			5 3 or more servings (36 ounce per day
			99 Choose not to answer
			Custom alignment: LV
217	[fruit_bl_dup]	Section Header: This survey helps estimate how much	radio (Matrix), Required
		fiber you get through foods you eat. Thinking about the last 4 weeks, on average, how often did you eat the	1 Less than 1 serving per week
		following foods?	2 1 serving per week
		Fruit (not juice)	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
218	[grnsalad_bl_dup]	Green salad	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
219	[potato_bl_dup]	Potatoes or oatmeal	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
220	<pre>[vegetable_bl_dup]</pre>	Vegetables	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
221	[vegetjuice_bl_dup]	Vegetable juice	radio (Matrix), Required
			1 Less than 1 serving per week
ļ			2 1 serving per week
ļ			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
222	[vegetsoup_bl_dup]	Vegetable soup/stew	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
ļ			99 Choose not to answer
223	[cereal_bl_dup]	Fiber cereal (such as raisin bran, bran buds, fruit-n-fiber)	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
ļ			99 Choose not to answer
224	[wheat_bread_bl_du	Whole wheat / rye bread	radio (Matrix), Required
	p]		1 Less than 1 serving per week
ļ			2 1 serving per week
			3 2-3 servings per week
ļ			4 4-6 servings per week
			5 1 serving per day
			6 More than 1 serving per day
ļ !			99 Choose not to answer
225	[beans_bl_dup]	Beans (baked, pinto, black, kidney, red, split	radio (Matrix), Required
		peas, soy, lentils) - NOT green beans	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	
226	[usecontainprod_bl_	Section Header: This set of questions is about	che	ckbox, Required	•
	dup]	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	1	usecontainprod_bl_dup1	l u
		these questions. When you do not know an answer for sure, just make your best guess.	2	usecontainprod_bl_dup2	Ιu
		Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.	3	usecontainprod_bl_dup3	l u: un (lik or
		chesican diacappiyi	4	usecontainprod_bl_dup4	l u:
			5	usecontainprod_bl_dup5	I de
			99	usecontainprod_bl_dup99	Ch an:
				d Annotation: ONEOFTHEABOVE='5,99'	
227	[use_liner_bl_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.		(number, Min: 0, Max: 99), uired	
228	[use_pads_bl_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.		(integer, Min: 0, Max: 99), uired	
229	<pre>[use_depends_bl_du p]</pre>	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.		(number, Min: 0, Max: 99), uired	
230	<pre>[incont_money_bl_du p]</pre>	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?	drop 0 1 2 3	None Less than \$5 \$5 - \$10 \$11 - \$20	

			99	Choose not to answer
			5	All the time
			4	Several times a day
			3	About once a day
		How often do you leak urine?	2	Two or three times a week
		are not sure about an answer, make your best guess.	1	About once a week or less often
	p]	Symptoms This set of questions asks about your bladder symptoms over the last 4 weeks (1 month). When you	0	Never
234	[iciqui_leak_bl_du	Section Header: Section 3 of 5 - Current Bladder		o, Required
			Cust	tom alignment: LV
			99	Choose not to answer
			5	less than 1 hour
			4	1 hour
			3	2 hours
		(pee)?	2	3 hours
	p]	wait between trips to the toilet to urinate	1	4 hours or more
233	[voidinterval_bl_du	During the daytime, about how long do you	<u>ra</u> di	o, Required
			Cust	tom alignment: LV
			99	Choose not to answer
			6	more than 12 times per day
			5	11-12 times
			4	9-10 times
			3	6-8 times
		trips to the bathroom overnight.)	2	4-5 times
	p]	do you go to the toilet to urinate (pee) during the daytime? (Please do not include count	1	less than 4 times per day
232	[daytimevoids_bl_du	On an average day, about how many times	radi	o, Required
231	<pre>[voidsovernight_bl_ dup]</pre>	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.		(number, Min: 0, Max: 99), uired
			99	Choose not to answer
			8	More than \$200
			7	\$101 - \$200
			6	\$51 - \$100
			5	\$31 - \$50
			4	\$21 - \$30

235	<pre>[iciqui_howmuch_bl_</pre>	We would like to know how much urine you	radi	o, Required	
	dup]	think leaks. How much urine do you usually leak (whether you wear protection or not)?	0	None	
		leak (whether you wear protection of not):	2	A small amount	
			4	A moderate amount	
			6	A large amount	
			99	Choose not to answer	
236	[iciqui_interfer_bl	Overall, how much does leaking urine	radi	o, Required	
	_dup]	interfere with your everyday life? Please	0	0 (not at all)	
		select a number between 0 (not at all) and 10 (a great deal).	1	1	
		(4.8, 55.5, 55.7)	2	2	
			3	3	
			4	4	
			5	5	
			6	6	
			7	7	
			8	8	
			9	9	
			10	10 (a great deal)	
			99		
			Cus	tom alignment: LH	
237	[iciqui_urineleak_b			ckbox, Required	
	1_dup]	apply to you)	1	iciqui_urineleak_bl_dup1	Ne\ Urii doe leal
			2	iciqui_urineleak_bl_dup2	Lea bef you get toil
			3	iciqui_urineleak_bl_dup3	Lea who cou sne
			4	iciqui_urineleak_bl_dup4	Lea whe are asle

1 1			II _	l	_	1. [
			5	iciqui_urineleak_bl_dup	_5	Leak whe
						are
						phys
						activ exer
			6	iciqui_urineleak_bl_dup	6	Leak
						whe
						have finish
						urina
						and dress
			7	iciqui_urineleak_bl_dup	7	Leak
					_	no
						obvio reaso
			8	iciqui_urineleak_bl_dup	8	Leak
						thet
			99	iciqui_urineleak_bl_dup_	_99	Cho
						not t answ
				d Annotation: ONEOFTHEABOVE='1,99'		
238 [gse_	ui1_bl_dup]	On a scale from 0 (not at all) to 10 (a great	radi	o, Required		
		deal), how confident are you that you can	0	0 (not at all)		
		hold in your urine when you want to?	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		
			_	Anna allaman esta 190		
			Cus	tom alignment: LH		

239	[gse_ui2_bl_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?	0 1 2 3 4 5 6	o, Required 0 (not at all) 1 2 3 4 5
			9 10 99 Cust	9 10 (a great deal) Choose not to answer com alignment: LH
240	<pre>[pfiq_bladder_chore s_bl_dup]</pre>	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. Ability to do household chores (cooking, housecleaning, laundry)?	radio 1 2 3 4 99	Not at all Somewhat Moderately Quite a bit Choose not to answer
241	[pfiq_bladder_walk_ bl_dup]	Ability to do physical activities such as walking, swimming, or other exercise?	radio 1 2 3 4 99	o (Matrix), Required Not at all Somewhat Moderately Quite a bit Choose not to answer
242	[pfiq_bladder_movie _bl_dup]	Entertainment activities such as going to a movie or concert?	radio 1 2 3 4 99	Not at all Somewhat Moderately Quite a bit Choose not to answer
243	<pre>[pfiq_bladder_trave 1_bl_dup]</pre>	Ability to travel by car or bus for a distance greater than 30 minutes away from home?	radio	Not at all Somewhat

			3 Moderately		
			4 Quite a bit		
			99 Choose not to answer		
244	[pfiq_bladder_socia	Participating in social activities outside your	radio (Matrix), Required		
	1_b1_dup]	home?	1 Not at all		
			2 Somewhat		
			3 Moderately		
			4 Quite a bit		
			99 Choose not to answer		
245	[pfiq_bladder_emoti	Emotional health (nervousness, depression,	radio (Matrix), Required		
	on_bl_dup]	etc)?	1 Not at all		
			2 Somewhat		
			3 Moderately		
			4 Quite a bit		
			99 Choose not to answer		
246	<pre>[pfiq_bladder_frust rated_bl_dup]</pre>	Feeling frustrated?	radio (Matrix), Required		
			1 Not at all		
			2 Somewhat		
			3 Moderately		
			4 Quite a bit		
			99 Choose not to answer		
247	[bladderseekhx_bl_d	1	radio, Required		
	up]	professional, like a doctor or nurse, about bladder leakage?	0 No		
		Sidder realage.	1 Yes, but it was not very helpful		
			2 Yes, and it was helpful		
			99 Choose not to answer		
			Custom alignment: LH		
248	[bics_nohcp_bl_dup]	Section Header: 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 don't have a health care practitioner who will see me for uncontrollable urine leakage	radio (Matrix), Required		
			1 Not at all		
			2 Slightly		
			3 Moderately		
			4 Greatly		
			99 Choose not to answer		
249	[bics_insexp_bl_du	There are long delays before insurance	radio (Matrix), Required		

ĺ		I	11_	l		
			2	Slightly		
			3	Moderately		
			4	Greatly		
			99	Choose not to answer		
250	[bics_inscomp_bl_du	My insurance is too complicated to figure out	radio (Matrix), Required			
	p]		1	Not at all		
			2	Slightly		
			3	Moderately		
			4	Greatly		
			99	Choose not to answer		
251	[bics_csthigh_bl_du	The cost of having my uncontrollable urine leakage evaluated is too high	radi	o (Matrix), Required		
	p]		1	Not at all		
			2	Slightly		
			3	Moderately		
			4	Greatly		
			99	Choose not to answer		
252	<pre>[bics_notrans_bl_du p]</pre>	There is no transportation to the office or	radi	radio (Matrix), Required		
		clinic	1	Not at all		
			2	Slightly		
			3	Moderately		
			4	Greatly		
			99	Choose not to answer		
253	<pre>[bics_waitlng_bl_du p]</pre>	The wait is too long at the time of the appointment	radi	o (Matrix), Required		
			1	Not at all		
			2	Slightly		
			3	Moderately		
			4	Greatly		
			99	Choose not to answer		
254	<pre>[bics_clncdist_bl_d up]</pre>	The office or clinic is too far away	radi	o (Matrix), Required		
			1	Not at all		
			2	Slightly		
			3	Moderately		
			4	Greatly		
			99	Choose not to answer		

255	<pre>[bics_apptfar_bl_du p]</pre>	Appointments have to be scheduled too far ahead	radi 1 2 3 4 99	Not at all Slightly Moderately Greatly Choose not to answer
256	<pre>[bics_hrlimit_bl_du p]</pre>	Office hours are the office or clinic are limited	radi 1 2 3 4 99	o (Matrix), Required Not at all Slightly Moderately Greatly Choose not to answer
257	<pre>[bics_examine_bl_du p]</pre>	I don't like to be examined or asked a lot of questions	1 2 3 4 99	Not at all Slightly Moderately Greatly Choose not to answer
258	<pre>[bics_hcptime_bl_du p]</pre>	The physician or nurse practitioner doesn't take time to explain what he or she is doing or why, or answer my questions	radi 1 2 3 4 99	o (Matrix), Required Not at all Slightly Moderately Greatly Choose not to answer
259	[bics_afrsrsprob_bl _dup]	I am afraid to find out if I have a serious problem	radi 1 2 3 4 99	o (Matrix), Required Not at all Slightly Moderately Greatly Choose not to answer

260	<pre>[bics_afraidhcp_bl_ dup]</pre>	For some reason, I am afraid of the health care practitioner		(Matrix), Required Not at all		
			-	Slightly		
			 	Moderately		
				Greatly		
				Choose not to answer		
261	[bics_hcpnoint_bl_d	The health care practitioner and staff aren't		(Matrix), Required		
201	up]	interested in my worries about my health		Not at all		
			l 	Slightly		
			 	Moderately		
				Greatly		
			99	Choose not to answer		
262	[fvq_bmconst_bl_du	Section Header: Section 4 of 5 - Current Bowel	radio	radio, Required		
	p]	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?	1	Never		
			2	Occasionally		
			3	Sometimes		
			4	Most of the time		
			5	All the time		
			99	Choose not to answer		
263	[fvq_bmdiarr_bl_du p]	In the past month, how often have you had	radio, Required			
		diarrhea?	1	Never		
			2	Occasionally		
			3	Sometimes		
			4	Most of the time		
			5	All the time		
			99	Choose not to answer		
264	<pre>[fvq_bmconsist_bl_d up]</pre>	What has been the usual consistency of your bowel movements (poop) in the last 4 weeks?	radio, Required			
			11 1	Type 1 - separate hard lumps, like nuts (hard to pass)		
				Type 2 - sausage-shaped but lumpy		
			11 1	Type 3 - like a sausage, but with cracks on its surface		
				Type 4 - like a sausage or snake, smooth and soft		
			5	Type 5 - soft blobs with clear-		

			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
			Cust	tom alignment: LV
265	[smis_solid_bl_dup]	Section Header: Thinking about the last 4 weeks, please indicate how your bowel symptoms impact your life.	radi	o (Matrix), Required
		How often do you have accidental leakage of solid stool (poop)?	1	Never (less than once per month)
		solid stool (poop):	2	Rarely (about once a month)
		3	Sometimes (2-3 times a month)	
		4	Weekly	
		5	Daily	
			99	Choose not to answer
266	[smis_liquid_bl_du	How often do you have accidental leakage of	radi	o (Matrix), Required
	p]	liquid stool (poop)?	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
267	[smis_gas_bl_dup]	How often do you lose control of gas?	radi	o (Matrix), Required
			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
268	[sis_lifestyle_bl_d	How often do your bowel symptoms affect	radi	o (Matrix), Required
	up]	your lifestyle?	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
269	[smis_padplug_bl_du	Do you use a pad or plug for accidental	radi	o, Required
	p]	bowel leakage?	1	Yes
			2	No
			99	Choose not to answer
270	[smis_meds_bl_dup]	Do you take medications to make you	radi	o, Required
		constipated?	1	Yes
			2	No
			99	Choose not to answer
271	[smis_deferdef_bl_d	Do you have to rush to the toilet as soon as	radi	o, Required
	you have an urge to go for a bowel movement (poop)?	1	Yes	
		2	No	
			99	Choose not to answer
272	[gse_abl1_bl_dup]	Section Header:	radi	o, Required
		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	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
			Cust	tom alignment: LH
272	[gse_abl2_bl_dup]	On a scale from 0 (not at all) to 10 (a great		o, Required
ر رے	[836_0012_01_0up]	deal), how confident are you that you can	0	0 (not at all)
		prevent accidental bowel leakage without relying on pads or protection when you are	1	1
		out?	2	2
			3	3
			4	4
			5	5
			اللّ	-

274 [bowelseekhx_bl_du	Have you ever talked with a health	7 7 8 8 9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH radio, Required
p]	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 Custom alignment: LH
[height_bl_dup]	Section Header: 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)?	dropdown, Required 1

ı		ı	H	l I
			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
276	[weight_bl_dup]	How much do you weigh (in pounds)? If you choose not to answer, please enter 999.		(number, Min: 79, Max: 999), uired
277	<pre>[live_household_bl_ dup]</pre>	Today, how many people live in your household (including yourself)? If you choose not to answer, please enter 99.		(number, Min: 0, Max: 99), uired
278	<pre>[work_status_bl_du p]</pre>	_	radi	o, Required
			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
279	[pcp_bl_dup]	Do you have a primary care provider?	radi	o, Required
			1	Yes
			2	No
			99	Choose not to answer
280	[type_of_insurance_	If you have health insurance, what type(s) do	ched	ckbox, Required
_50	bl_dup]	you have? You may choose more than one answer.	0	type_of_insurance_bl_dup0 I
		(Note: Medicare is a health insurance		
		program for persons 65 years or over and	1	type of incurance bl.dup. 1 M
		for some people with disabilities).		type_of_insurance_bl_dup1 N
			2	type_of_insurance_bl_dup2

			3	type_of_insurance_bl_dup3	A pı ar er	rı n m
			4	type_of_insurance_bl_dup4	A pi di	I I u
					in cc th in	15 O 11
					OI a SL A	r E J
			5	type_of_insurance_bl_dup5	CI OI V/	r
			6	type_of_insurance_bl_dup6	fr D of At	c F
			7	type_of_insurance_bl_dup7	Sc	<u>-</u>
			8	type_of_insurance_bl_dup8	l'r	Τ
			99	type_of_insurance_bl_dup99	CI tc	
				d Annotation: ONEOFTHEABOVE='0,99'		
281	[pregnancies_bl_du	How many times have you been pregnant?	drop	odown, Required		
	p]		0	0		
			1	1		
			2	2		
			3	3		
			4	4		
			5	5		
			6	6		
			7	7		
			8	8		

			9 10 11 99	9 10 More than 10 Choose not to answer	
282	[vagdeliv_bl_dup] Show the field ONLY if: [pregnancies_bl_du p]>0	How many vaginal births have you had?	drop 0 1 2 3 4 5 6 7 8 9 10 11 99	odown, Required 0 1 2 3 4 5 6 7 8 9 10 More than 10 Choose not to answer	
283	[sf_q1_b1_dup]	Overall, how would you rate your health during the past 4 weeks?	radi 1 2 3 4 5 6 99	o, Required Excellent Very good Good Fair Poor Very poor Choose not to answer	
284	[medcond_bl_dup]	Which of these medical conditions do you have? Please select all that apply.	chec 1 2 3 4 5 6 7	medcond_bl_dup1 medcond_bl_dup2 medcond_bl_dup3 medcond_bl_dup4 medcond_bl_dup5 medcond_bl_dup6 medcond_bl_dup7	High blood pressure Diabetes Obesity Memory problems Anxiety Depression Cancer

			8	medcond_bl_dup8	Chro pain	
			9	medcond_bl_dup9	Non- thes	
			99	medcond_bl_dup99	Choo not t ansv	.0
				d Annotation: DNEOFTHEABOVE='9,99'		
285	[relevantsurghx_bl_	Which of these surgeries have you had?	ched	kbox, Required		
	dup]	Please select all that apply.	1	relevantsurghx_bl_dup_	1	Rem uter (hys
			2	relevantsurghx_bl_dup_	2	Rem gallb (cho
			3	relevantsurghx_bl_dup_	3	Surg
			4	relevantsurghx_bl_dup_	4	Mes urin inco
			5	relevantsurghx_bl_dup_	5	Othe urin inco
			6	relevantsurghx_bl_dup_	6	Surg
			7	relevantsurghx_bl_dup_	7	Non
			99	relevantsurghx_bl_dup_	99	Cho
				d Annotation: DNEOFTHEABOVE='7,99'		
286	[self_weight_bl_du	How would you describe your weight?	radi	o, Required		
	p]		0	Very underweight		
			1	Somewhat underweigh	t	
			2	Normal weight		
			3	Somewhat overweight		
			4	Very overweight		
			99	Choose not to answer		
287	[legal_res_dup]	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		o, Required Yes		

		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.	2 No
		Are you a legal resident or citizen of the United States?	
288	[uw_employee_dup]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee?	radio, Required 1 Yes 2 No
289	p_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: MM confi	rmed real person (mm_confirmed_real_p	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.	descriptive
		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.	
291	<pre>[mm_confirmed_real_ person_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified
			2 Complete
Inst	rument: Identity C	onfirmation (identity_confirmation)	₤ Enabled as survey
292	[intro]	Section Header:	descriptive
		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,	
		i	l

		email address, and contact details.	
		Please complete this survey within five days to remain eligible for this study.	
		We apologize for any inconvenience.	
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	<pre>[identity_confirmat ion_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	trument: Verification	on status (verification_status) 🛂 Ena	bled as survey
300	<pre>[sent_qi_email]</pre>	Verification status: Green (complete) - identity verification matched screening survey Yellow (in progress) - HB to make final decisions (some may just be small typos) Red (incomplete) - identity verification did not match screening survey information	notes, Required, Identifier
301	[duration_baseline]	Duration of baseline survey	calc Calculation: [survey- duration:baseline_survey:m]
302	<pre>[verification_statu s_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	trument: Signed int	co WotG (signed_into_wotg) 🛂 Enable	d as survey
303	[active_participan t]	Is patient actively enrolled in study?	radio 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	<pre>[email_address_p2]</pre>	Email address: [eligible_email]	descriptive, Identifier Field Annotation: @READONLY	
307	[create_wotg_account]	Did participant create Women on the Go website?	radio 1 Yes	
			2 Not yet	
			3 No, not eligible to participate	
			4 Duplicate study id or incomplete baseline survey	
308	<pre>[date_first_email_s ent]</pre>	Date first email reminder sent to register for Women on the Go	text, Identifier	
309	<pre>[create_wotg_accoun t_2]</pre>	Did participant create Women on the Go website?	radio 1 Yes 2 No	
310	<pre>[date_first_email_s ent_2]</pre>	Date first email reminder sent to register for Women on the Go	text, Identifier	
311	<pre>[create_wotg_accoun t_3]</pre>	Did participant create Women on the Go website?	radio 1 Yes 2 No	
312	<pre>[date_first_email_s ent_3]</pre>	Date first email reminder sent to register for Women on the Go	text, Identifier	
313	<pre>[create_wotg_accoun t_4]</pre>	Did participant create Women on the Go website?	radio 1 Yes 2 No	
314	<pre>[date_first_email_s ent_4]</pre>	Date call to ask participant to register for Women on the Go	text, Identifier	
315	<pre>[signed_into_wotg_c omplete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete	
Inst	rument: Booklet m	nailed (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	<pre>[street_address_mai ling]</pre>	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 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 1 Yes 2 No
326	<pre>[booklet_mailed_com plete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: \$25 paid	(paid) 🛂 Enabled as survey	
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 1 Yes 2 Not yet 3 No, not eligible to participate 4 Duplicate study id or incomplete baseline survey

333	<pre>[datepaid_baseline]</pre>	Date \$25 sent	text
334	<pre>[paid_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: RZ (rz)		
335	[rand_allo]	Randomization	radio 1 Control 2 Tailored Arm
336	[rand_round_2]	Randomization round 2 (after the original 438 were randomized)	radio 1 Control 2 Tailored
337	<pre>[rand_not_eligible]</pre>	Randomized	radio 1 Not eligible to participate 2 Duplicate study id or incomplete baseline survey
338	[dropout]	Date and reason for dropout	notes
339	<pre>[rz_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: Pt exclude	ed (pt_excluded) 🛂 Enabled as survey	1
340	[exclude_reason]	if excluded, reason for exclusion	radio 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

			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	<pre>[pt_excluded_comple te]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 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 1 Yes 2 No
350	[pr_non_res_alien]	Are you a non-resident alien?	radio 1 Yes 2 No
351	<pre>[basic_info_c_compl ete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: Basic info	T (basic_info_t)	
352	<pre>[si_b4_rand_basicin fot]</pre>	Study ID from before randomization	text
353	<pre>[si_aft_rand_basici nfot]</pre>	Study ID after randomization	text
354	<pre>[pr_first_name_basi cinfot]</pre>	First name	text, Identifier
355	<pre>[pr_last_name_basic infot]</pre>	Last name	text, Identifier

356	<pre>[pr_email_address_b asicinfot]</pre>	Email address:	text (email), Identifier
357	<pre>[pr_uw_employ_basic infot]</pre>	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee?	radio 1 Yes 2 No
358	<pre>[pr_non_res_alien_b asicinfot]</pre>	Are you a non-resident alien?	radio 1 Yes 2 No
359	<pre>[basic_info_t_compl ete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
nst	rument: 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 1 Yes 2 No
364	[c_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 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

	[week_1_tailored_op tion]	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A -> Z):	radio, Required 1 Visited getting started section (visited 1a. Welcome Video) 2 Did not visit getting started section (did not visit 1a. Welcome Video)
	[daae_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: T1 (t1)	🔄 Enabled as survey	
370	<pre>[ta_howprogramgoin g]</pre>	How are things going with the program?	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]	Section Header:	radio
	Show the field ONLY if:	OK - happy to help! Where would you like to start?	I need more information about how to use the program.
	[ta_howprogramgoin g] = '2'		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]	Section Header:	radio
	Show the field ONLY if:	Sorry to hear that. Let's see what we can do to make things better. Where would you like	I need more information about how to use the program.
	[ta_howprogramgoin g] = '3'	to start?	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 h	nelp with something else.
373	[d5]	Section Header:	rac	dio	
	Show the field ONLY if: [ta_okay] = '4' or [ta_	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	1	goals in	nelp setting and meeting Women on the Go for cific symptoms.
	notwellatall] = '4'	our symptoms better. What would you like to do next?	2		ing my exercises but I am ing an improvement in optoms.
			3	treatme	ady to learn about other ents for bladder and problems.
			4		ady to talk with a are provider about my ms.
			5	I want h	nelp with something else.
374	[d2]	Section Header:	rac	dio	
	Show the field ONLY if:	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?	1	I need h	nelp setting goals that I et
	[ta_okay] = '3' or [ta_ notwellatall] = '3' or		2		nelp setting goals to e my symptoms
	[d5] = '1'		3		nelp remembering to n my goals
			4	Working things v	g on my goals is making vorse
375	[e2]	Section Header:	che	eckbox	
	Show the field ONLY if:		_		Leaking urine (incontinence)
	[d2] = '2'	symptoms do you want help finding goals for?	2	e22	Waking up overnight to pee (nocturia)
			3	e23	Leaking stool (poop) or sudden urges to poop (bowel urgency)
			4	e24	Constipation
376	[e2a]	Section Header:	rac	dio oik	
	Show the field ONLY	Do you want help setting goals for	1	Genera	l urine leakage
	if: [e2(1)] = '1'		2	_	e with coughing, sneezing cising (stress nence)
			3		urges to pee or peeing en (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: [ta_notwellatall] = '6' or [ta_okay] = '6' or [d5] = '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
381	<pre>[ta_great] Show the field ONLY if: [ta_howprogramgoin g] = '1'</pre>	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	[xxxx] 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]	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

	= '3'			
385	<pre>[e2b] Show the field ONLY if: [e2a] = '2'</pre>	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 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 symtpoms. 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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified	

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 1 Yes 2 No	
398	[sent_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete	
Inst	rument: 2C (c_dd73	Enabled as survey		
399	<pre>[week1firstname_1_2 c]</pre>	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY	
400	<pre>[week1lastname_1_2 c]</pre>	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 1 Yes 2 No	
403	[c_dd73_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete	
Inst	rument: 2 (daae_e2	d7) 🛂 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_op tion_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 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	<pre>[daae_e2d7_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: T2 (t2)	₤ Enabled as survey	
409	<pre>[ta_howprogramgoing _t2]</pre>	How are things going with the program?	radio 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	[ta_okay_t2] Show the field ONLY if: [ta_howprogramgoin	Section Header: OK - happy to help! Where would you like to start?	radio 1 I need more information about how to use the program.
	g_t2] = '2'		I need help remembering to use the program.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.
411	[ta_notwellatall_t	Section Header:	radio
	2] Show the field ONLY	Sorry to hear that. Let's see what we can do to make things better. Where would you like	1 I need more information about how to use the program.
	if: [ta_howprogramgoin	to start?	2 I need help remembering to use the program.
	g_t2] = '3'		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	[d5_t2]	Section Header:	rac	dio	
	Show the field ONLY if: [ta_okay_t2] = '4' or	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	1	I need hel	p setting and meeting omen on the Go for c symptoms.
	[ta_notwellatall_t2] = '4'	our symptoms better. What would you like to do next?	2		g my exercises but I am g an improvement in oms.
			3	,	to learn about other s for bladder and blems.
			4	_	to talk with a provider about my s.
			5	I want help	p with something else.
413	[d2_t2]	Section Header:	rac	dio	
	Show the field ONLY if:	Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can	1	I need hel	p setting goals that I
	[ta_okay_t2] = '3' or [ta_notwellatall_t2] =	help. Where would you like to start?	2		p setting goals to ny symptoms
	'3' or [d5_t2] = '1'		3	I need hel work on m	p remembering to ny goals
			4	Working o	n my goals is making rse
414	[e2_t2]	Section Header:	ch	eckbox	
	Show the field ONLY if:	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t21	Leaking urine (incontinence)
	[d2_t2] = '2'	symptoms do you want help finding goals for?	2	e2_t22	Waking up overnight to pee (nocturia)
			3	e2_t23	Leaking stool (poop) or sudden urges to poop (bowel urgency)
			4	e2_t24	Constipation
415	[e2a_t2]	Section Header:	rac	dio	
	Show the field ONLY	Do you want help setting goals for	1	General u	rine leakage
	if: [e2_t2(1)] = '1'		2	Leakage w or exercisi incontiner	•
			3		rges to pee or peeing (overactive bladder)
416	[ta_d1_t2] Show the field ONLY if:	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	de	scriptive, ld	entifier

	[ta_okay_t2] = '1' or [ta_notwellatall_t2] = '1'	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	
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_howprogramgoin g_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] = '5' 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	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress	descriptive, Identifier

	if: [e2a_t2] = '2'	Incontinence). You got this! Dr. Heidi	
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] Show the field ONLY if: [e2_t2(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
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 symtpoms. 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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 2 sent (se	nt_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 1 Yes 2 No	
437	<pre>[sent_f16f_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete	
Inst	rument: 3C (c_98b4) 🛂 Enabled as survey		
438	[week1firstname_1_3 c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY	
439	<pre>[week1lastname_1_3 c]</pre>	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	[ves3]	Verified email sent?	radio, Required 1 Yes 2 No	
442	[c_98b4_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete	
Inst	rument: 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	<pre>[week_1_tailored_op tion_v2_v3]</pre>	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A -> Z):	radio, Required 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	<pre>[ddcd_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inct	rument: T3 (t3)	₤ Enabled as survey	2 Complete
	[ta_howprogramgoing	How are things going with the program?	radio, Required
	_t3]		Great - I know what I need to do just bring me back to the program home page! Okay, but I could use some help with next steps.
			3 Not well at all.
449	[ta_okay_t3]	Section Header:	radio
	Show the field ONLY if:	OK - happy to help! Where would you like to start?	1 I need more information about how to use the program.
	[ta_howprogramgoin g_t3] = '2'	ogramgoin	2 I need help remembering to use the program.
			3 I need help setting or meeting goals.
			4 I want to see more improvemen in my symptoms.
			5 I want to get help from a healthcare provider.
			6 I want help with something else.
450	[ta_notwellatall_t	Section Header:	radio
	3] Show the field ONLY	Sorry to hear that. Let's see what we can do to make things better. Where would you like	1 I need more information about how to use the program.
	if: [ta_howprogramgoin	to start?	2 I need help remembering to use the program.
	g_t3] = '3'		3 I need help setting or meeting goals.
			4 I want to see more improvemen in my symptoms.
			5 I want to get help from a healthcare provider.
			6 I want help with something else.
451	[d5_t3]	Section Header: More than HALF of women have bladder or	radio
	Show the field ONLY if: [ta_okay_t3] = '4' or [ta_notwellatall_t3] =	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	1 I need help setting and meeting goals in Women on the Go for my specific symptoms.

ĺ		I .		i	
	'4'	do next?	2	_	my exercises but I am an improvement in oms.
			3	_	to learn about other s for bladder and olems.
			4	_	to talk with a provider about my
			5	l want help	with something else.
452	[d2_t3]	Section Header:	rac	lio	
	Show the field ONLY if:	Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can	1	l need help can meet	o setting goals that I
	[ta_okay_t3] = '3' or [ta_notwellatall_t3] = '3' or [d5_t3] = '1'	help. Where would you like to start?	2		o setting goals to ny symptoms
	3 or [u5_t3] = 1		3	I need help work on m	o remembering to ny goals
			4	Working o	n my goals is making se
453	[e2_t3]	Section Header:	che	eckbox	
	Show the field ONLY if:	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t31	Leaking urine (incontinence)
	[d2_t3] = '2'	symptoms do you want help finding goals for?	2	e2_t32	Waking up overnight to pee (nocturia)
			3	e2_t33	Leaking stool (poop) or sudden urges to poop (bowel urgency)
			4	e2_t34	Constipation
454	[e2a_t3]	Section Header:	rac	lio	
	Show the field ONLY	Do you want help setting goals for	1	General ur	rine leakage
	if: [e2_t3(1)] = '1'		2	Leakage w or exercisi incontinen	=
			3		ges to pee or peeing 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	des	scriptive, lde	entifier

456	[ta_great_t3] Show the field ONLY if: [ta_howprogramgoin g_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 the program to learn more about setting goals that will work for you. You got this! Dr. Heidi	descriptive, Identifier
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	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn 3 tips for bladder urgency or overactive bladder. You	descriptive, Identifier

	if: [e2a_t3] = '3'	got this! Dr. Heidi	
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 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 symtpoms. 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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 3 sent (se	nt_3307) 🛂 Enabled as survey	
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
			1 Yes 2 No
476	[sent_3307_complet e]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 4C (c_a4d6	Enabled as survey	
477	[week1firstname_1_4 c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
478	<pre>[week1lastname_1_4 c]</pre>	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 1 Yes 2 No
481	<pre>[c_a4d6_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 4 (ddcd_ca	d3) 🛂 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	<pre>[week_1_tailored_op tion_v2_v4]</pre>	Weekly Check-in Variable (filter for participants email in column A, then sort column H):	radio, Required 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
486	<pre>[ddcd_cad3_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified

			2 Complete
Inst	trument: T4 (t4)	₤ Enabled as survey	
487	[feedbackinvite_t4]	Hello, [bl_arm_3][pr_first_name_basicinfot]! Dr. Heidi here. If you can spare a moment, please tell me what you think of our weekly check-ins.	radio, Required, Identifier 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.
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	<pre>[ta_howprogramgoing _t4] Show the field ONLY if: [feedbackinvite_t4] = '4'</pre>	Section Header: How are things going with the program?	radio 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_howprogramgoin g_t4] = '2'	Section Header: OK - happy to help! Where would you like to start?	radio 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.

_t4] _w the field ONLY _thowprogramgoin _4] = '3' _t4] w the field ONLY _okay_t4] = '4' or _notwellatall_t4] =	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?	1 2 3 4 5 6 1 2	the program. I need help setting or meeting goals. I want to see more improvement in my symptoms. I want to get help from a healthcare provider. I want help with something else. dio I need help setting and meeting goals in Women on the Go for my specific symptoms. I am doing my exercises but I am not seeing an improvement in my symptoms. I am ready to learn about other treatments for bladder and bowel problems.
_howprogramgoin 4] = '3' _t4] ow the field ONLY _okay_t4] = '4' or	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	3 4 5 6 radd 1 2 3	the program. I need help setting or meeting goals. I want to see more improvement in my symptoms. I want to get help from a healthcare provider. I want help with something else. dio I need help setting and meeting goals in Women on the Go for my specific symptoms. I am doing my exercises but I am not seeing an improvement in my symptoms. I am ready to learn about other treatments for bladder and bowel problems. I am ready to talk with a
_t4] ow the field ONLY okay_t4] = '4' or	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	4 5 6 7 1 2	goals. I want to see more improvement in my symptoms. I want to get help from a healthcare provider. I want help with something else. dio I need help setting and meeting goals in Women on the Go for my specific symptoms. I am doing my exercises but I am not seeing an improvement in my symptoms. I am ready to learn about other treatments for bladder and bowel problems. I am ready to talk with a
ow the field ONLY okay_t4] = '4' or	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	5 6 7 1 2	in my symptoms. I want to get help from a healthcare provider. I want help with something else. dio I need help setting and meeting goals in Women on the Go for my specific symptoms. I am doing my exercises but I am not seeing an improvement in my symptoms. I am ready to learn about other treatments for bladder and bowel problems. I am ready to talk with a
ow the field ONLY okay_t4] = '4' or	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	6 rad 1 2 3	healthcare provider. I want help with something else. dio I need help setting and meeting goals in Women on the Go for my specific symptoms. I am doing my exercises but I am not seeing an improvement in my symptoms. I am ready to learn about other treatments for bladder and bowel problems. I am ready to talk with a
ow the field ONLY okay_t4] = '4' or	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	rad 1 2	I need help setting and meeting goals in Women on the Go for my specific symptoms. I am doing my exercises but I am not seeing an improvement in my symptoms. I am ready to learn about other treatments for bladder and bowel problems. I am ready to talk with a
ow the field ONLY okay_t4] = '4' or	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	2	I need help setting and meeting goals in Women on the Go for my specific symptoms. I am doing my exercises but I am not seeing an improvement in my symptoms. I am ready to learn about other treatments for bladder and bowel problems. I am ready to talk with a
_okay_t4] = '4' 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	3	goals in Women on the Go for my specific symptoms. I am doing my exercises but I am not seeing an improvement in my symptoms. I am ready to learn about other treatments for bladder and bowel problems. I am ready to talk with a
notwellatall_t4] =		3	not seeing an improvement in my symptoms. I am ready to learn about other treatments for bladder and bowel problems. I am ready to talk with a
			treatments for bladder and bowel problems. I am ready to talk with a
		4	
			symptoms.
		5	I want help with something else.
_t4]	Section Header:	rad	oik
ow the field ONLY	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?	1	I need help setting goals that I can meet
okay_t4] = '3' or notwellatall_t4] =		2	I need help setting goals to improve my symptoms
ır [ɑɔ_t4] — 1		3	I need help remembering to work on my goals
		4	Working on my goals is making things worse
_t4]	Section Header:	che	eckbox
ow the field ONLY	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t41 Leaking urine (incontinence)
_t4] = '2'	symptoms do you want help finding goals for?	2	e2_t42 Waking up overnight to pee (nocturia)
١٥	w the field ONLY	Section Header: When the field ONLY Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals	Section Header: W the field ONLY Happy to help you find some goals based on your symptoms. Which of the following symptoms do you want help finding goals

			3		Leaking stool (poop) or sudden urges to poop (bowel urgency) Constipation
495	[e2a_t4]	Section Header:	rac	lio	<u>-</u>
	Show the field ONLY	Do you want help setting goals for	1		rine leakage
	if: [e2_t4(1)] = '1'		2	Leakage w or exercisi incontiner	_
			3		rges to pee or peeing (overactive bladder)
496	[d6_t4]	Section Header:	des	scriptive, Id	entifier
	Show the field ONLY if: [ta_notwellatall_t4] = '5' or [ta_notwellatall _t4] = '5' or [ta_okay_ t4] = '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			
497	[ta_great_t4] Show the field ONLY if: [ta_howprogramgoin g_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	des	scriptive, ld	entifier
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	des	scriptive, ld	entifier
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	des	scriptive, ld	entifier
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	des	scriptive, ld	entifier
501	[e1_t4] Show the field ONLY if:	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	des	scriptive, Id	entifier

	[d2_t4] = '4'	do if your goals are making things worse instead of better. You got this! Dr. Heidi	
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_notwellatall_t4] = '2' or [ta_okay_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 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 symtpoms. 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	descriptive, Identifier

		bowel leakage. You got this! Dr. Heidi	
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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	trument: 4 sent (se	ent_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	[wles_4es]	Verified email was sent	radio, Required 1 Yes 2 No
517	<pre>[sent_102c_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	trument: Month 1	Survey (month_1_survey) 🛂 Enabled a	s 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	descriptive
		attitudes, beliefs, and general health.	
		Overall, how would you rate your health	radio, Required

			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: 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 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 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 1 Agree 2 Disagree 3 Don't know 99 Choose not to answer
524	<pre>[know_oncestart_1m o]</pre>	Once people start to leak urine, they are never able to control their urine again.	radio (Matrix), Required 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 1 Agree 2 Disagree 3 Don't know 99 Choose not to answer
526	[psq_1mo]	Section Header: This set of questions asks about your experience with the Women on the Go program. How satisfied are you with your progress in the Women on the Go program?	radio, Required 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	radio, Required		
		program, overall, do you feel that you are:	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	radio, Required		
		a friend or family member?	1 Yes		
			2 No		
			99 Choose not to answer		
			Custom alignment: LH		
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	<pre>[hapa_intentions_la st_1mo]</pre>	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. Thinking about the last month, when it came to making changes to improve bladder or	radio, Required		
			0 I DID NOT THINK ABOUT making any changes.		
			1 I THOUGHT about making changes.		
		bowel health, which of these statements best describes you?	2 I PLANNED to make changes.		
		Sest describes you.	3 I MADE changes.		
			4 My changes BECAME MY NEW ROUTINE.		
			99 Choose not to answer		
			Custom alignment: LV		
522	[hapa_intentions_pl	Thinking about the next month, when it	radio, Required		
کدر	ans_1mo]	comes to making changes to improve bladder or bowel health, which of these	0 I am NOT PLANNING TO make any changes.		
JJJ					
<i>J</i>		statements best describes you?	1 I MIGHT make a change.		

			3 I WILL KEEP ON making changes. 4 I WILL CONTINUE MY NEW ROUTINE. 99 Choose not to answer
504			Custom alignment: LV
534	[hapa_older_1mo]	Thinking about the future, which of these statements best describes you?	or bowel problems getting worse as I get older.
			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
			Custom alignment: LV
535	[hapa_sticktoplan_1	When it comes to making changes to	radio, Required
	mo]	improve bladder or bowel health, which of these statements best describes you?	0 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
			99 Choose not to answer
			Custom alignment: LV
536	[hapa_resources_1m	When it comes to making changes to	radio, Required
	0]	improve bladder or bowel health, which of these statements best describes you?	0 I have the support and resources I need to meet my goals.
			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
			The state of the s

537	[bitus_lastmo_1mo]	Section Header: During this research study, you are	radio (Matrix), Required
		able to use the Women on the Go program as often as you want to use it.	0 Not at all
		How often DID YOU USE the Women on the	1 At least once a month
		Go program IN THE LAST 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
538	[bitus_intend_1mo]	How often do you INTEND or PLAN TO USE	radio (Matrix), Required
		the Women on the Go program IN THE NEXT MONTH?	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
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
			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
540	[kegel_freq_1mo]	Section Header: Section 2 of 3 - Current Health Behaviors The following questions are about things you	radio, Required
		do that may impact bladder or bowel health.	1 Once per month or less
		Thinking about the last 4 weeks, on average,	2 A few times per month
		how often did you do Kegel squeezes, or pelvic floor muscle exercises?	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
541	[fiber_guess_1mo]	On an average day, how much fiber do you	radio, Required
		think you get through food and supplements?	1 Less than I should
			2 About what I should
			3 More than I should

			99	Choose not to answer		
542 [fl	luid_guess_1mo]	On an average day, how much fluid do you	radio, Required			
		think you drink (including all fluids, not just water)?	1	Less than I should		
		water):	2	About what I should		
			3	More than I should		
			99	Choose not to answer		
543 [es	st_totalfluid_1m	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.		(number, Min: 0, Max: 999) tom alignment: LV		
544 [fr	[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.	radi	radio, Required		
			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			
545 [fr	req_soda_1mo]	Thinking about the last week, about how	radio, Required			
	many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12	0	I do not drink soda with caffeine			
		ounces. Please do not include caffeine-free	1	Less than 3 servings per week		
		soda (like Sprite, Ginger Ale, 7-Up, Fanta, etc.)	2	3-6 servings per week		
		Cic.j	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		

546 [fruit_1mo]	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? Fruit (not juice)	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
547 [grnsalad_1mo]	Green salad	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
548 [potato_1mo]	Potatoes or oatmeal	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
549 [vegetable_1mo]	Vegetables	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
550 [vegetjuice_1mo]	Vegetable Juice	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
551	[vegetsoup_1mo]	Vegetable soup/stew	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
552	[cereal_1mo]	Fiber cereal (raisin bran, bran buds, fruit-n-	radio (Matrix), Required
		fiber)	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
553	[wheat_bread_1mo]	Whole wheat / rye bread	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
554	[beans_1mo]	Beans (baked, pinto, black, kidney, red, split	radio (Matrix), Required
		peas, soy, lentils) - NOT green beans)	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	
555	[usecontainprod_1m	Section Header: This set of questions is about	ched	ckbox, Required	
	o]	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	1	usecontainprod_1mo1	l use liner
		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.	2	usecontainprod_1mo2	l use
			3	usecontainprod_1mo3	I use unde (like or di
			4	usecontainprod_1mo4	l use
			5	usecontainprod_1mo5	l do i anytl
			99	usecontainprod_1mo99	Choc
				d Annotation: DNEOFTHEABOVE='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.		(number, Min: 0, Max: 99), uired	
559	[incont_money_1mo]	Thinking about the last month, about how	drop	odown, Required	
		much money have you spent on products (such as pads, undergarments, or plugs) to	0	None	
		manage your bladder and/or bowel	1	Less than \$5	
		symptoms?	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
560	<pre>[voidsovernight_1m o]</pre>	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 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 Custom alignment: LV
562	[voidinterval_1mo]	During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?	radio, Required 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]	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.	descriptive
564	[iciqui_leak_1mo]	How often do you leak urine?	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	
565	[iciqui_howmuch_1m	We would like to know how much urine you	radi	o, Required	
	o]	think leaks. How much urine do you usually	0	None	
		leak (whether you wear protection or not)?	2	A small amount	
			4	A moderate amount	
			6	A large amount	
			99	Choose not to answer	
566	[iciqui_interfer_1m	Overall, how much does leaking urine	radi	o, Required	
	0]	interfere with your everyday life? Please select a number between 0 (not at all) and 10	0	0 (not at all)	
		(a great deal).	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	
			_		
				tom alignment: LH	
567	<pre>[iciqui_urineleak_1 mo]</pre>	When does urine leak? (Please select all that apply to you)		ckbox, Required	 NI
	1110]	арріу со убаў	1	iciqui_urineleak_1mo1	Never Urine does n leak
			2	iciqui_urineleak_1mo2	Leaks before you ca get to toilet
			3	iciqui_urineleak_1mo3	Leaks wheny cough sneeze
			4	iciqui_urineleak_1mo4	Leaks when y are asleep

			5	iciqui_urineleak_1mo5	Leaks when y are physica active/ exercisi
			6	iciqui_urineleak_1mo6	Leaks when y have finished urinatir and are dressed
			7	iciqui_urineleak_1mo7	Leaks for no obvious reason
			8	iciqui_urineleak_1mo8	Leaks a the tim
			99	iciqui_urineleak_1mo99	Choose not to answer
				d Annotation: ONEOFTHEABOVE='1,99'	
568	[gse_ui1_1mo]	On a scale from 0 (not at all) to 10 (a great	radi	o, Required	
		deal), how confident are you that you can hold in your urine when you want to?	0	0 (not at all)	
		Tiola in your arme when you want to:	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	
			Cus	tom alignment: LH	

569 [[gse_ui2_1mo]	On a scale from 0 (not at all) to 10 (a great	radi	o, Required		
		deal), how confident are you that you can prevent urine loss without relying on pads or	0	0 (not at all)		
		protection when you are out?	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		
			_	C		
				tom alignment: LH		
570 [[fvq_bmconst_1mo]	Section Header: 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?		o, Required Never		
			1			
			2	Occasionally		
			3	Sometimes		
			4	Most of the time		
			5	All the time		
			99	Choose not to answer		
571 [[fvq_bmdiarr_1mo]	In the past month, how often have you had diarrhea?		o, Required		
		ulaittiea:	1	Never		
			2	Occasionally		
			3	Sometimes		
			4	Most of the time		
			5	All the time		
			99	Choose not to answer		
572 [[fvq_bmconsist_1mo]	What has been the usual consistency of your	radi	o, Required		
		bowel movements (poop) in the last 4 weeks?	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
			Cust	om alignment: LV
573	[smis_solid_1mo]	Section Header: Thinking about the last 4 weeks, please	radio	o (Matrix), Required
		indicate how your bowel symptoms impact your life. How often do you have accidental leakage of	1	Never (less than once per month)
		solid stool (poop)	2	Rarely (about once a month)
			3	Sometimes (2-3 times a month)
			4	Weekly
			5	Daily
			99	Choose not to answer
574	[smis_liquid_1mo]	How often do you have accidental leakage of	radio	o (Matrix), Required
		liquid stool (poop)?	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
575	[smis_gas_1mo]	How often do you lose control of gas?	radio	o (Matrix), Required
			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
576	[sis_lifestyle_1mo]	How often do your bowel symptoms affect	radio	o (Matrix), Required
		your lifestyle?	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
577	[smis_padplug_1mo]	Do you use a pad or plug for accidental	radio	o, Required
		bowel leakage?	1	Yes
			2	No
			99	Choose not to answer
578	[smis_meds_1mo]	Do you take medications to make you	radio	o, Required
		constipated?	1	Yes
			2	No
			99	Choose not to answer
579	[smis_defer_1mo]	Do you have to rush to the toilet as soon as	radio	o, Required
		you have an urge to go for a bowel movement (poop)?	1	Yes
		movement (poop).	2	No
			99	Choose not to answer
580	[gse_abl1_1mo]	Section Header:	radio	o, Required
		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	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
			Cust	com alignment: LH
581	[gse_abl2_1mo]	On a scale from 0 (not at all) to 10 (a great	radio	o, Required
		deal), how confident are you that you can prevent accidental bowel leakage without	0	0 (not at all)
		relying on pads or protection when you are	1	1
		out?	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	
			Cust	tom alignment: LH	
582	[phonecall]	Section Header: Congratulations! Only two more	radi	o, Required	
		questions before your survey is complete. Would you be interested in doing a	1	Yes	
		telephone or video interview with the	2	Maybe	
		research team to share more about your	3	No, thank you	
		experience using Women on the Go? Answering yes to this question does not	99	Choose not to answer	
		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.			
583	[mo_suvey_complete	Section Header:	desc	criptive	
	d]	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 next research survey invitation will come in 2 months.			
584	[month_1_survey_com	Section Header: Form Status	drop	odown	
	plete]	Complete?	0	Incomplete	
			1 Unverified		
			2	Complete	
Inst	rument: \$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]		criptive d Annotation: v@READONLY	
586	<pre>[pr_non_res_alien_p 2]</pre>	Are you a non-resident alien? [bl_arm_2] [pr_non_res_alien]		criptive d Annotation: @READONLY	
587	[pr_first_name_p2]	First name: [bl_arm_2][pr_first_name]		criptive, Identifier d Annotation: @READONLY	

588	[pr_last_name_p2]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier
			Field Annotation: @READONLY
589	<pre>[pr_email_address_p 2]</pre>	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY
590	[paid_p2]	\$25 compensation sent	radio, Required 1 Yes 2 No
591	[datepaid_p2]	Date \$25 sent	text
592	[paid_c_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: \$25 paid T	(paid_t)	
593	<pre>[pr_uw_employ_p2_ta ilored]</pre>	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	<pre>[pr_non_res_alien_p 2_tailored]</pre>	Are you a non-resident alien? [bl_arm_3] [pr_non_res_alien_basicinfot]	descriptive Field Annotation: @READONLY
595	<pre>[pr_first_name_p2_t ailored]</pre>	First name: [bl_arm_3] [pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
596	<pre>[pr_last_name_p2_ta ilored]</pre>	Last name: [bl_arm_3] [pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
597	<pre>[pr_email_address_p 2_tailored]</pre>	Email address: [bl_arm_3] [pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
598	[paid_p2_tailored]	\$25 compensation sent	radio, Required 1 Yes 2 No
599	<pre>[datepaid_p2_tailor ed]</pre>	Date \$25 sent	text
600	<pre>[paid_t_complete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 5C (c_3ba0) 🛂 Enabled as survey	
601	[week1firstname_1_5 c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
602	[week1lastname_1_5 c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY

600		For the later of the control of the	Literature e i i i energe e
603	[week1ea_1_5c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY
604	[ves5]	Verified email sent?	radio, Required 1 Yes 2 No
	[c_3ba0_complete]	Section Header: Form Status Complete? About the section Header: Form Status Complete Provided Header: Form Status Complete Provided Header: Form Status	dropdown 0 Incomplete 1 Unverified 2 Complete
	[week5firstname]	First name: [bl_arm_3]	descriptive, Identifier
000	[weekstirstname]	[pr_first_name_basicinfot]	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	<pre>[week_1_tailored_op tion_v2_v5]</pre>	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A -> Z):	radio, Required 1 Clicked through Kegels section (3a - 3h; clicked through 4 or more pages) 2 Did not click through Kegels section (3a - 3h; clicked through 3
640		Cartian Handay Fayer Status	or less pages)
610	<pre>[ddcd_58a6_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete
		, and the second	1 Unverified
			2 Complete
Inst	rument: T5 (t5)	₤ Enabled as survey	
611	<pre>[ta_howprogramgoing _t5]</pre>	How are things going with the program?	radio, Required 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		Section Header:	radio
<u>.</u>	Show the field ONLY if:	OK - happy to help! Where would you like to start?	I need more information about how to use the program.
	[ta_howprogramgoin g_t5] = '2'		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_t	Section Header:	rac	dio
	5] Show the field ONLY	Sorry to hear that. Let's see what we can do to make things better. Where would you like	1	I need more information about how to use the program.
	if: [ta_howprogramgoin	to start?	2	I need help remembering to use the program.
	g_t5] = '3'		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]	Section Header:	rac	dio
	Show the field ONLY if: [ta_okay_t5] = '4' or [ta_notwellatall_t5] = '4'	bowel problems. But here is the good news: there are lots of solutions out there to make	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]	Section Header:	rac	dio
	Show the field ONLY if:	Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can	1	I need help setting goals that I can meet
	[ta_notwellatall_t5] =	help. Where would you like to start?	2	I need help setting goals to improve my symptoms
	'3' or [d5_t5] = '1'		3	I need help remembering to work on my goals
			4	Working on my goals is making things worse

616	[e2_t5]	Section Header:	checkbox			
	Show the field ONLY if:	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t51	Leaking urine (incontinence)	
	[d2_t5] = '2'	symptoms do you want help finding goals for?	2	e2_t52	Waking up overnight to pee (nocturia)	
			3	e2_t53	Leaking stool (poop) or sudden urges to poop (bowel urgency)	
			4	e2_t54	Constipation	
617	[e2a_t5]	Section Header:	rac	dio		
	Show the field ONLY	Do you want help setting goals for	1	General ur	ine leakage	
	if: [e2_t5(1)] = '1'		2	Leakage w or exercision	•	
			3		ges to pee or peeing overactive bladder)	
618	[ta_d1_t5]	Section Header:	de	scriptive, Ide	entifier	
	Show the field ONLY if: [ta_okay_t5] = '1' or [ta_notwellatall_t5] = '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				
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	de	scriptive, Ide	entifier	
620	[ta_great_t5] Show the field ONLY if: [ta_howprogramgoin g_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	de	scriptive, lde	entifier	
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	de	scriptive, lde	entifier	
622	[e1_t5] Show the field ONLY if:	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	de	scriptive, Ide	entifier	

	[d2_t5] = '4'	instead of better. You got this! Dr. Heidi	
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	[xxxx_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] Show the field ONLY if: [e2a_t5] = '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
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 symtpoms. You got	descriptive, Identifier

		this! Dr. Heidi	
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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 5 sent (se	nt_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, ldentifier Field Annotation: @READONLY
638	[w1es_4es_5es]	Verified email was sent	radio, Required 1 Yes 2 No
639	<pre>[sent_b199_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 6C (c_a2f8)	₤ Enabled as survey	
640	<pre>[week1firstname_1_6 c]</pre>	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
641	<pre>[week1lastname_1_6 c]</pre>	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, ldentifier Field Annotation: @READONLY
643	[ves6]	Verified email sent?	radio, Required 1 Yes 2 No

644	[c_a2f8_complete]	Section Header: Form Status Complete?	0 1 2	Unverified
Inst	trument: 6 (ddcd_dd	le0) 🛂 Enabled as survey	_	
645	[week6firstname]	First name: [bl_arm_3] [pr_first_name_basicinfot]		scriptive, ldentifier eld Annotation: @READONLY
646	[week6lastname]	Last name: [bl_arm_3] [pr_last_name_basicinfot]		scriptive, ldentifier eld Annotation: @READONLY
647	[week6ea]	Email address: [bl_arm_3] [pr_email_address_basicinfot]		scriptive, ldentifier eld Annotation: @READONLY
648	<pre>[week_1_tailored_op tion_v2_v6]</pre>	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.	rad 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) Did not log in during past week
				(if participant last signed in prior to last week Tuesday select this option)
649	<pre>[ddcd_dde0_complet e]</pre>	Section Header: Form Status Complete?	0	Incomplete Unverified Complete
Inst	trument: T6 (t6)	₤ Enabled as survey		
650	<pre>[ta_howprogramgoing _t6]</pre>	How are things going with the program?	rad 1 2	with next steps.
651	[ta_okay_t6]	Section Header:	rad	<u> </u>
051	Show the field ONLY if:	OK - happy to help! Where would you like to start?	1	I need more information about how to use the program.
	[ta_howprogramgoin g_t6] = '2'		2	I need help remembering to use the program.
	1	l		

			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_t	Section Header:	rac	dio
	6] Show the field ONLY	Sorry to hear that. Let's see what we can do to make things better. Where would you like	1	I need more information about how to use the program.
	if: [ta_howprogramgoin	to start?	2	I need help remembering to use the program.
	g_t6] = '3'		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]	Section Header:	rac	dio
	Show the field ONLY if: [ta_okay_t6] = '4' or [ta_notwellatall_t6] = '4'	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?	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.
654	[d2_t6]	Section Header:	rac	dio
	if: are glad you are trying! Let's see how	Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can	1	I need help setting goals that I can meet
	[ta_okay_t6] = '3' or [ta_notwellatall_t6] =	help. Where would you like to start?	2	I need help setting goals to improve my symptoms
	'3' or [d5_t6] = '1'		3	I need help remembering to work on my goals
			4	Working on my goals is making things worse

655	[e2_t6]	Section Header:	ch	eckbox	
	Show the field ONLY if:	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t61	Leaking urine (incontinence)
	[d2_t6] = '2'	symptoms do you want help finding goals for?	2	e2_t62	Waking up overnight to pee (nocturia)
			3	e2_t63	Leaking stool (poop) or sudden urges to poop (bowel urgency)
			4	e2_t64	Constipation
656	[e2a_t6]	Section Header:	rac	dio	
	Show the field ONLY	Do you want help setting goals for	1	General ur	ine leakage
	if: [e2_t6(1)] = '1'		2	Leakage w or exercision	O .
			3		ges to pee or peeing overactive bladder)
657	[ta_d1_t6]	Section Header:	de	scriptive, Ide	entifier
	Show the field ONLY if: [ta_okay_t6] = '1' or [ta_notwellatall_t6] = '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			
658	[ta_great_t6] Show the field ONLY if: [ta_howprogramgoin g_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	de	scriptive, Ide	entifier
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	de	scriptive, Ide	entifier
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	de	scriptive, lde	entifier
661	[d7_t6] 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	de	scriptive, lde	entifier

	[ta_notwellatall_t6] = '6' or [ta_okay_t6] = ' 6' or [d5_t6] = '5'	more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	
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_okay_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 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 symtpoms. You got	descriptive, Identifier

		this! Dr. Heidi	
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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 6 sent (se	nt_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 1 Yes 2 No
678	<pre>[sent_b964_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 7C (c_614a) 🔄 Enabled as survey	
679	<pre>[week1firstname_1_7 c]</pre>	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
680	<pre>[week1lastname_1_7 c]</pre>	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 1 Yes 2 No

	[c_614a_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
	rument: 7 (ddcd_21	•	Access to the effect
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_op	Weekly Check-in Variable (look at REDCap	radio, Required
	tion_v2_v7]	participant survey data T1, T2, T3, T4, T5, T6): Note: MM gives credit for completing survey if it is crange wellow or group, the check	1 Has completed at least 4 checkins
		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.).	2 Has completed 3 or less checkins, but not in the past two weeks
			3 Has completed 3 or less checkins, with at least one in the past two weeks, OR has NOT completed ANY assessments
688	[ddcd_219a_complet	Section Header: Form Status	dropdown
	e]	Complete?	0 Incomplete
			1 Unverified
			2 Complete
Inst	rument: T7 (t7)	₤ ⊒ Enabled as survey	
689	[ta_howprogramgoing	How are things going with the program?	radio, Required
	_t7]		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]	Section Header:	radio
	Show the field ONLY if:	OK - happy to help! Where would you like to start?	1 I need more information about how to use the program.
	[ta_howprogramgoin g_t7] = '2'		2 I need help remembering to use the program.
			3 I need help setting or meeting goals.

i			i	
			4	I want to see more improvement in my symptoms.
			5	l want to get help from a healthcare provider.
			6	I want help with something else.
691	[ta_notwellatall_t	Section Header:	rac	dio
	7] Show the field ONLY	Sorry to hear that. Let's see what we can do to make things better. Where would you like	1	I need more information about how to use the program.
	if: [ta_howprogramgoin	to start?	2	I need help remembering to use the program.
	g_t7] = '3'		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]	Section Header:	rac	dio
	Show the field ONLY if: [ta_okay_t7] = '4' or	bowel problems. But here is the good news: there are lots of solutions out there to make	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.
	[ta_notwellatall_t7] = '4'		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.
693	[d2_t7]	Section Header:	rac	dio
	Show the field ONLY if:	Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can	1	I need help setting goals that I can meet
	[ta_okay_t7] = '3' or [ta_notwellatall_t7] =	help. Where would you like to start?	2	I need help setting goals to improve my symptoms
	'3' or [d5_t7] = '1'		3	I need help remembering to work on my goals
			4	Working on my goals is making things worse

694	[e2_t7]	Section Header:	che	eckbox	
	Show the field ONLY if:	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t71	Leaking urine (incontinence)
	[d2_t7] = '2'	symptoms do you want help finding goals for?	2	e2_t72	Waking up overnight to pee (nocturia)
			3	e2_t73	Leaking stool (poop) or sudden urges to poop (bowel urgency
			4	e2_t74	Constipation
695	[e2a_t7]	Section Header:	rac	lio	
	Show the field ONLY	Do you want help setting goals for	1	General ur	rine leakage
	if: [e2_t7(1)] = '1'		2	Leakage w or exercisi incontiner	•
			3		ges to pee or peeing overactive bladder)
696	[ta_d1_t7]	Section Header:	des	scriptive, Ide	entifier
	Show the field ONLY if: [ta_okay_t7] = '1' or [ta_notwellatall_t7] = '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			
697	[ta_great_t7] Show the field ONLY if: [ta_howprogramgoin g_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	des	scriptive, Ido	entifier
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	des	scriptive, Ido	entifier
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	des	scriptive, ld	entifier
700	[d7_t7] 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	des	scriptive, Ide	entifier

	[ta_notwellatall_t7] = '6' or [ta_okay_t7] = ' 6' or [d5_t7] = '5'	more about what you need. We will get back to you within 3 business days. You got this! Dr. Heidi	
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: [e2a_t7] = '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
703	[d4_t7] Show the field ONLY if: [ta_okay_t7] = '2' or [ta_notwellatall_t7] = '2' or [ta_okay_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	<pre>[e2c_t7] Show the field ONLY if: [e2a_t7] = '3'</pre>	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 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 symtpoms. You got	descriptive, Identifier

		this! Dr. Heidi	
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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 7 sent (se	ent_4ce4) 🛂 Enabled as survey	
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 1 Yes 2 No
717	<pre>[sent_4ce4_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 8C (c_f0c5)	Enabled as survey	
718	<pre>[week1firstname_1_8 c]</pre>	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
719	<pre>[week1lastname_1_8 c]</pre>	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 1 Yes 2 No

722	[c_f0c5_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 8 (ddcd_be	5e) 🛂 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_op tion_v2_v8]	Weekly Check-in Variable (filter for participants email in column A, then sort column H):	 radio, Required 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!) 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.) 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	<pre>[ddcd_be5e_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 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 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. Please just take me to our regular check-in.
729	[openfeedback_2mo] Show the field ONLY if: [feedbackinvite_t8] = '1' or [feedbackinvite _t8] = '2' or [feedbackinvite kinvite_t8] = '3'	How could I change the emails or our weekly check-ins to make them more helpful for you?	not	tes
730	<pre>[ta_howprogramgoing _t8] Show the field ONLY if: [feedbackinvite_t8] = '4'</pre>	Section Header: How are things going with the program?	1 2 3	Great - I know what I need to do - just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all.
731	[ta_okay_t8] Show the field ONLY if: [ta_howprogramgoin g_t8] = '2'	Section Header: OK - happy to help! Where would you like to start?	3 4 5	I need more information about how to use the program. I need help remembering to use the program. I need help setting or meeting goals. I want to see more improvement in my symptoms. I want to get help from a healthcare provider. I want help with something else.
732	[ta_notwellatall_t 8] Show the field ONLY if: [ta_howprogramgoin g_t8] = '3'	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	3 4 5	I need more information about how to use the program. I need help remembering to use the program. I need help setting or meeting goals. I want to see more improvement in my symptoms. I want to get help from a healthcare provider. I want help with something else.

733	[d5_t8]	Section Header:	rac	dio	
733	Show the field ONLY if: [ta_okay_t8] = '4' or	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	1	I need hel goals in W	p setting and meeting omen on the Go for c symptoms.
	i ila ilulwellalali lol – i	our symptoms better. What would you like to do next?	2	_	g my exercises but l am g an improvement in oms.
			3	,	/ to learn about other s for bladder and blems.
			4	_	to talk with a provider about my
			5	I want hel	p with something else.
734	[d2_t8]	Section Header:	rac	dio	
	Show the field ONLY if:	are glad you are trying! Let's see how we can help. Where would you like to start?	1	I need hel can meet	p setting goals that I
	[ta_okay_t8] = '3' or [ta_notwellatall_t8] =		2		p setting goals to ny symptoms
	'3' or [d5_t8] = '1'		3	I need hel work on m	p remembering to ny goals
			4	Working o	n my goals is making rse
735	[e2_t8]	Section Header:	ch	eckbox	
	Show the field ONLY if:	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t81	Leaking urine (incontinence)
	[d2_t8] = '2'	symptoms do you want help finding goals for?	2	e2_t82	Waking up overnight to pee (nocturia)
			3	e2_t83	Leaking stool (poop) or sudden urges to poop (bowel urgency)
			4	e2_t84	Constipation
736	[e2a_t8]	Section Header:	rac	dio	
	Show the field ONLY	Do you want help setting goals for	1	General u	rine leakage
	if: [e2_t8(1)] = '1'		2	Leakage w or exercisi incontiner	•
		3		rges to pee or peeing (overactive bladder)	
737	[ta_d1_t8] Show the field ONLY if:	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	de	scriptive, ld	entifier

	[ta_okay_t8] = '1' or [ta_notwellatall_t8] = '1'	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	
738	[ta_great_t8] Show the field ONLY if: [ta_howprogramgoin g_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	[xxxx_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] Show the field ONLY	Hi [bl_arm_3][pr_first_name_basicinfot], Happy to help! Click here to learn more about Urine Leakage with Activity (Stress	descriptive, Identifier

	if: [e2a_t8] = '2'	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 symtpoms. 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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	trument: 8 sent (se	nt_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 1 Yes 2 No
758	<pre>[sent_10fb_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	trument: 9C (c_e697) 🔄 Enabled as survey	
759	<pre>[week1firstname_1_9 c]</pre>	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
760	[week1lastname_1_9 c]	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 1 Yes 2 No
763	[c_e697_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	trument: 9 (ddcd_b2	cc0) 🛂 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_op tion_v2_v9]	Weekly Check-in Variable (filter for participants email in column A, then sort column H from A -> Z): Originial 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,	radio, Required 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 todayBUT logged in during the week prior including the previous Tuesday

		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.)	3	(11th), so logged in between the 11th and the 17th) Logged in this week (if today Tuesday, logged in between last Tuesday, including last Tuesday (18th), and today (25th)) 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)
768	<pre>[ddcd_b2c0_complet e]</pre>	Section Header: Form Status Complete?	0 1 2	Incomplete Unverified Complete
Inst	rument: T9 (t9)	₤ Enabled as survey		
769	<pre>[ta_howprogramgoing _t9]</pre>	How are things going with the program?	1 2 3	Great - I know what I need to do - just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all.
770		Costina Handay	L	<u> </u>
770	[ta_okay_t9] Show the field ONLY if: [ta_howprogramgoin g_t9] = '2'	Section Header: OK - happy to help! Where would you like to start?	1 2	I need more information about how to use the program. 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.
771	<pre>[ta_notwellatall_t 9] Show the field ONLY if: [ta_howprogramgoin</pre>	Section Header: Sorry to hear that. Let's see what we can do to make things better. Where would you like to start?	1 2	I need more information about how to use the program.
	g_t9] = '3'		3	

			4	l want to s in my sym	ee more improvement ptoms.
			5	I want to g healthcare	et help from a provider.
			6	l want help	with something else.
772	[d5_t9]	Section Header:	rac	dio	
	Show the field ONLY if: [ta_okay_t9] = '4' or	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	1	goals in W	p setting and meeting omen on the Go for c symptoms.
	[ta_notwellatall_t9] = '4'	our symptoms better. What would you like to do next?	2	_	g my exercises but l am g an improvement in oms.
			3	_	to learn about other sfor bladder and blems.
			4	_	to talk with a provider about my s.
			5	ا want hel	o with something else.
773	[d2_t9]	Section Header:	rac	lio	
	Show the field ONLY if:	Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can	1	I need help	p setting goals that I
	[ta_okay_t9] = '3' or [ta_notwellatall_t9] =	notwellatall_t9] =	2		p setting goals to ny symptoms
	'3' or [d5_t9] = '1'		3	I need help work on m	p remembering to ny goals
			4	Working o things wor	n my goals is making rse
774	[e2_t9]	Section Header:	che	eckbox	
	Show the field ONLY if:	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t91	Leaking urine (incontinence)
	[d2_t9] = '2'	symptoms do you want help finding goals for?	2	e2_t92	Waking up overnight to pee (nocturia)
			3	e2_t93	Leaking stool (poop) or sudden urges to poop (bowel urgency
			4	e2_t94	Constipation
775	[e2a_t9]	Section Header:	rac	dio	
	Show the field ONLY	Do you want help setting goals for	1	General u	rine leakage
	if: [e2_t9(1)] = '1'		2	Leakage w or exercisi incontiner	•

			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 goals and track your progress. Visit this section to learn more about setting goals. You got this! Dr. Heidi	descriptive, Identifier
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_howprogramgoin g_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 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
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:	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	descriptive, Identifier

	[ta_okay_t9] = '2' or [ta_notwellatall_t9] = '2' or [ta_okay_t9] = ' 2' or [d2_t9] = '3'	use Women on the Go. You got this! Dr. Heidi	
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 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 symtpoms. 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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified

			2 Complete
Inst	rument: 9 sent (se	nt_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 1 Yes 2 No
797	<pre>[sent_956c_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 10C (c_831	1) 🔄 Enabled as survey	
798	<pre>[week1firstname_1_1 0c]</pre>	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
799	<pre>[week1lastname_1_10 c]</pre>	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 1 Yes 2 No
802	[c_8311_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 10 (ddcd_4	616) 🛂 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	<pre>[week_1_tailored_op tion_v2_v4_v10]</pre>	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A -> Z):		io, Required 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)
807	[ddcd_4616_complet	Section Header: Form Status	dro	pdown
	e]	Complete?	0	Incomplete
			1	Unverified
			2	Complete
Inst	trument: T10 (t10)	₤ Enabled as survey	1	
808	[ta_howprogramgoing _t10]	owprogramgoing How are things going with the program?	radi	io, Required
	_t10]		1	Great - I know what I need to do - just bring me back to the program home page!
	_t10]		2	just bring me back to the
	_t10]		2	just bring me back to the program home page! Okay, but I could use some help
809	_t10]	Section Header:	2	just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all.
809	[ta_okay_t10] Show the field ONLY if:	Section Header: OK - happy to help! Where would you like to start?	2 3	just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all.
809	[ta_okay_t10] Show the field ONLY	OK - happy to help! Where would you like to	2 3 radi	just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all. io I need more information about
809	[ta_okay_t10] Show the field ONLY if: [ta_howprogramgoin	OK - happy to help! Where would you like to	2 3 radi 1 2	just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all. io I need more information about how to use the program. I need help remembering to use
809	[ta_okay_t10] Show the field ONLY if: [ta_howprogramgoin	OK - happy to help! Where would you like to	2 3 radi 2 3	just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all. io I need more information about how to use the program. I need help remembering to use the program. I need help setting or meeting
809	[ta_okay_t10] Show the field ONLY if: [ta_howprogramgoin	OK - happy to help! Where would you like to	2 3 radi 1 2 3 4	just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all. io I need more information about how to use the program. I need help remembering to use the program. I need help setting or meeting goals. I want to see more improvement
809	[ta_okay_t10] Show the field ONLY if: [ta_howprogramgoin	OK - happy to help! Where would you like to	2 3 radi 1 2 3 4	just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all. io I need more information about how to use the program. I need help remembering to use the program. I need help setting or meeting goals. I want to see more improvement in my symptoms. I want to get help from a
	[ta_okay_t10] Show the field ONLY if: [ta_howprogramgoin	OK - happy to help! Where would you like to	2 3 radi 1 2 3 4	just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all. io I need more information about how to use the program. I need help remembering to use the program. I need help setting or meeting goals. I want to see more improvement in my symptoms. I want to get help from a healthcare provider. I want help with something else.

	Show the field ONLY if: [ta_howprogramgoin	to make things better. Where would you like to start?	2		the program. remembering to use n.
	g_t10] = '3'		3	I need help goals.	setting or meeting
			4	I want to se in my symp	e more improvement toms.
			5	ا want to ge healthcare ا	t help from a provider.
			6	I want help	with something else.
811	[d5_t10]	Section Header:	rac	lio	
	Show the field ONLY if: [ta_okay_t10] = '4' or	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	1	<u> </u>	setting and meeting men on the Go for symptoms.
	[ta_notwellatall_t10] = '4'	Lour comptons bottor What would you like to	2	_	my exercises but I am an improvement in ms.
			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.
812	[d2_t10]	Section Header:	rac	lio	
	Show the field ONLY if:	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?	1	I need help can meet	setting goals that I
	$[ta_okay_t10] = '3' \text{ or}$ $[ta_notwellatall_t10]$		2	I need help improve my	setting goals to symptoms
	= '3' or [d5_t10] = '1'		3	I need help work on my	remembering to goals
			4	Working on things wors	my goals is making e
813	[e2_t10]	Section Header:	che	eckbox	
	Show the field ONLY if:	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t101	Leaking urine (incontinence)
	[d2_t10] = '2'	symptoms do you want help finding goals for?	2	e2_t102	Waking up overnight to pee (nocturia)
			3	e2_t103	Leaking stool (poop) or sudden urges to poop (bowel urgency)

			4 e2_t104 Constipation
814	[e2a_t10] Show the field ONLY if: [e2_t10(1)] = '1'	Section Header: Do you want help setting goals for	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)
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_howprogramgoin g_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_notwellat all_t10] = '5' or [ta_ok ay_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] Show the field ONLY if: [d2_t10] = '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

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_notwellatall_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 symtpoms. 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

	1	I	I
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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Ins	trument: 10 sent (s	ent_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 1 Yes 2 No
836	<pre>[sent_58d4_complet e]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Ins	trument: 11C (c_e6b	7) 🔄 Enabled as survey	
837	<pre>[week1firstname_1_1 1c]</pre>	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
838	<pre>[week1lastname_1_11 c]</pre>	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 1 Yes 2 No
841		Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Ins	trument: 11 (ddcd_9	896) 🛂 Enabled as survey	

ONLY are-seeking has gh care- o, 6c, 6d:
are-seeking has gh care- o, 6c, 6d:
has gh care- o, 6c, 6d:
need to do - the some help
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	[ta_howprogramgoin g_t11] = '3'		2	I need help the progran	remembering to use n.
			3	I need help goals.	setting or meeting
			4	l want to se in my symp	e more improvement toms.
			5	। want to ge healthcare।	et help from a provider.
			6	I want help	with something else.
850	[d5_t11]	Section Header:	rac	lio	
	Show the field ONLY if: [ta_okay_t11] = '4' or	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	1	1	setting and meeting men on the Go for symptoms.
	[ta_notwellatall_t11] = '4'	notwellatall_t11] our symptoms better. What would you like to	2	_	my exercises but I am an improvement in ms.
			3		to learn about other for bladder and lems.
			4	_	to talk with a provider about my
			5	I want help	with something else.
851	[d2_t11]	Section Header:	rac	lio	
	Show the field ONLY if:	Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can	1	I need help can meet	setting goals that I
	[ta_okay_t11] = '3' or [ta_notwellatall_t11]		2	•	setting goals to symptoms
	= '3' or [d5_t11] = '1'		3	I need help work on my	remembering to goals
			4	Working on things wors	my goals is making se
852	[e2_t11]	Section Header:	che	eckbox	
	Show the field ONLY if:	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t111	Leaking urine (incontinence)
	[d2_t11] = '2'	symptoms do you want help finding goals for?	2	e2_t112	Waking up overnigh to pee (nocturia)
			3	e2_t113	Leaking stool (poop) or sudden urges to poop (bowel
					urgency)

853	[e2a_t11]	Section Header:	radio
	Show the field ONLY	Do you want help setting goals for	1 General urine leakage
	if: [e2_t11(1)] = '1'		2 Leakage with coughing, sneezing, or exercising (stress incontinence)
			3 Sudden urges to pee or peeing too often (overactive bladder)
854	[ta_great_t11]	Section Header:	descriptive, Identifier
	Show the field ONLY if: [ta_howprogramgoin g_t11] = '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	
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_notwellat all_t11] = '5' or [ta_ok ay_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 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
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:	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

	[e2a_t11] = '1'		
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 symtpoms. 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: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: 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	[wles_11es]	Verified email was sent	radio, Required 1 Yes 2 No
875	[sent_a0dd_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: Month 3	Survey C (month_3_survey_c) 🛂 Enable	ed 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 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: This set of questions is about how you approach problems. Please read the sentence and decide how true it is of you in general.	radio (Matrix), Required 1 Never
		I can manage to solve difficult problems if I	2 Almost Never
		try hard enough.	3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
880	[gse02_3mo]	If someone tries to keep me from getting	radio (Matrix), Required
		what I want, I can find a way to get what I want.	1 Never
		warre.	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	radio (Matrix), Required
		reach them.	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	radio (Matrix), Required
		dealing with unexpected events.	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	radio (Matrix), Required
		to handle unexpected situations.	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	radio (Matrix), Required
		enough.	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	radio (Matrix), Required
		because I can handle them.	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	radio (Matrix), Required
		ways to solve it.	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
			1 Never
			2 Almost Never
			3 Sometimes
			4 Fairly Often
			5 Very Often
			99 Choose not to answer
888	[gse10_3mo]	l can handle whatever comes my way.	radio (Matrix), Required
			1 Never
			2 Almost Never

ı			11	1	
			3	Sometimes	
			4	Fairly Often	
			5	Very Often	
			99	Choose not to answer	
889	[know_pads_3mo]	Section Header: Below are some statements about	radi	o (Matrix), Required	
		urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each	1	Agree	
		statement, or if you do not know.	2	Disagree	
		Other than pads and diapers, not much can be done to treat leakage of urine.	3	Don't know	
		J	99	Choose not to answer	
890	[know_exercises_3m	Certain exercises can be done to help to	radi	o (Matrix), Required	
	0]	control urine leakage.	1	Agree	
			2	Disagree	
			3	Don't know	
			99	Choose not to answer	
891	[know_weight_3mo]	Being overweight may make urinary leakage	radi	o (Matrix), Required	
		worse.	1	Agree	
			2	Disagree	
			3	Don't know	
			99	Choose not to answer	
892	[know_oncestart_3m	Once people start to leak urine, they are	radi	o (Matrix), Required	
	0]	never able to control their urine again.	1	Agree	
			2	Disagree	
			3	Don't know	
			99	Choose not to answer	
893	[know_nonsurgery_3m	Surgery is the only treatment for urinary	radi	o (Matrix), Required	
	o]	leakage.	1	Agree	
			2	Disagree	
			3	Don't know	
			99	Choose not to answer	
894	[psq_3mo]	Section Header: This set of questions asks about your	radi	o, Required	
		experience with the Women on the Go program. How satisfied are you with your progress in	1	Completely satisfied	
		the Women on the Go program?	2	Somewhat satisfied	
			3	Not at all satisfied	
			99	Choose not to answer	

895	[gpi_3mo]	Since starting the Women on the Go	radio, Required
		program, overall, do you feel that you are:	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	radio, Required
		a friend or family member?	1 Yes
			2 No
			99 Choose not to answer
			Custom alignment: LH
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_la	Section Header: The Women on the Go program is	radio, Required
	st_3mo]	designed to help women make shanges to improve	0 I DID NOT THINK ABOUT making any changes.
			I THOUGHT about making changes.
		bowel health, which of these statements best describes you?	2 I PLANNED to make changes.
		best describes you:	3 I MADE changes.
			4 My changes BECAME MY NEW ROUTINE.
			99 Choose not to answer
			Custom alignment: LV
901	[hapa_intentions_pl	Thinking about the next month, when it	radio, Required
	ans_3mo]	bladder or bowel health, which of these	0 I am NOT PLANNING TO make any changes.
		statements best describes you?	1 I MIGHT 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
902	[hapa_older_3mo]	Thinking about the future, which of these	radio, Required
		statements best describes you?	0 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.
			2 I will have bladder or bowel problems as I get older no matter what I do now.
			99 Choose not to answer
			Custom alignment: LV
903	[hapa_sticktoplan_3	When it comes to making changes to	radio, Required
	mo]	improve bladder or bowel health, which of these statements best describes you?	0 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
			99 Choose not to answer
			Custom alignment: LV
904	[hapa_resources_3m	When it comes to making changes to	radio, Required
	o]	improve bladder or bowel health, which of these statements best describes you?	0 I have the support and resources I need to meet my goals.
			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]	Section Header: During this research study, you are	radi	o (Matrix), Required	
		able to use the Women on the Go program as often as you want to use it.	0	Not at all	
		How often DID YOU USE the Women on the	1	At least once a month	
		Go program IN THE LAST 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	radi	o (Matrix), Required	
		the Women on the Go program IN THE NEXT MONTH?	0	Not at all	
		INONTH?	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	
907	[bitus_predict_3mo]	o] How often do you PREDICT or THINK YOU WILL ACTUALLY USE the Women on the Go program IN THE NEXT MONTH?	radio (Matrix), Required		
			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]	Section Header: Section 2 of 3 - Current Health	radi	o, Required	
		Behaviors The following questions are about things you do that may impact bladder or bowel health.	1	Once per month or less	
		Thinking about the last 4 weeks, on average,	2	A few times per month	
		how often did you do Kegel squeezes, or pelvic floor muscle exercises?	3	At least once per week	
		pelvic floor muscle exercises?	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	radi	o, Required	
		think you get through food and	1	Less than I should	
		supplements?	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	radi	o, Required	
		think you drink (including all fluids, not just	1	Less than I should	
		water)?	2	About what I should	
			3	More than I should	
			99	Choose not to answer	
911	<pre>[est_totalfluid_3m o]</pre>	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.		(number, Min: 0, Max: 999) tom 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		
			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		
913	[freq_soda_3mo]	Thinking about the last week, about how	radi	o, Required	
		many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12	0	I do not drink soda with caffeine	
		ounces. Please do not include caffeine-free	1	Less than 3 servings per week	
		soda (like Sprite, Ginger Ale, 7-Up, Fanta, etc.)	2	3-6 servings per week	
		CCC.	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	
			Cust	tom alignment: LV	

914 [fruit_3mo]	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? Fruit (not juice)	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
915 [grnsalad_3mo]	Green salad	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
916 [potato_3mo]	Potatoes or oatmeal	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
917 [vegetable_3mo]	Vegetables	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
918 [vegetjuice_3mo]	Vegetable Juice	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
919 [vegetsoup_3mo]	Vegetable soup/stew	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
920 [cereal_3mo]	Fiber cereal (raisin bran, bran buds, fruit-n-	radio (Matrix), Required
	fiber)	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
921 [wheat_bread_3mo]	Whole wheat / rye bread	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
922 [beans_3mo]	Beans (baked, pinto, black, kidney, red, split	radio (Matrix), Required
	peas, soy, lentils) - NOT green beans)	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	
923	[usecontainprod_3m	Section Header: This set of questions is about	che	kbox, Required	
	0]	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	1	usecontainprod_3mo1	l use liner
		answer these questions. When you do not know an answer for sure, just make your best guess.	2	usecontainprod_3mo2	l use
		Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.	3	usecontainprod_3mo3	I use unde (like or di
			4	usecontainprod_3mo4	l use som
			5	usecontainprod_3mo5	l do anyt
			99	usecontainprod_3mo99	Choo
				d Annotation: ONEOFTHEABOVE='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, pleae 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.		(number, Min: 0, Max: 99), uired	
927	[incont_money_3mo]	Thinking about the last month, about how	drop	odown, Required	
		much money have you spent on products (such as pads, undergarments, or plugs) to	0	None	
		manage your bladder and/or bowel	1	Less than \$5	
		symptoms?	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
928	<pre>[voidsovernight_3m o]</pre>	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 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 Custom alignment: LV
930	[voidinterval_3mo]	During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?	radio, Required 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]	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.	descriptive
932	[iciqui_leak_3mo]	How often do you leak urine?	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	
933	[iciqui_howmuch_3m	We would like to know how much urine you	radi	o, Required	
	o]	think leaks. How much urine do you usually	0	None	
		leak (whether you wear protection or not)?	2	A small amount	
			4	A moderate amount	
			6	A large amount	
			99	Choose not to answer	
934	34 [iciqui_interfer_3m		radi	o, Required	
	0]	interfere with your everyday life? Please select a number between 0 (not at all) and 10	0	0 (not at all)	
		(a great deal).	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	
			_		
				com alignment: LH	
935	<pre>[iciqui_urineleak_3 mo]</pre>	When does urine leak? (Please select all that apply to you)		ckbox, Required	 NI
	1110]	арріу to you)	1	iciqui_urineleak_3mo1	Never Urine does n leak
			2	iciqui_urineleak_3mo2	Leaks before you ca get to toilet
			3	iciqui_urineleak_3mo3	Leaks wheny cough sneeze
			4	iciqui_urineleak_3mo4	Leaks when y are asleep

			5	iciqui_urineleak_3mo5	Leaks when y are physic active/ exercis	
			6	iciqui_urineleak_3mo6	Leaks when have finishe urinati and ar dresse	
			7	iciqui_urineleak_3mo7	Leaks no obviou reasor	
			8	iciqui_urineleak_3mo8	Leaks the tim	
			99	iciqui_urineleak_3mo99	Choos not to answe	
				d Annotation: DNEOFTHEABOVE='1,99'		
936	[gse_ui1_3mo]	On a scale from 0 (not at all) to 10 (a great	radio, Required			
		deal), how confident are you that you can	0	0 (not at all)		
		hold in your urine when you want to?	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		
			Cust	com alignment: LH		

937	[gse_ui2_3mo]	On a scale from 0 (not at all) to 10 (a great	radi	o, Required
		deal), how confident are you that you can prevent urine loss without relying on pads or	0	0 (not at all)
		protection when you are out?	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
		Continue Handam Company on Find the at helicities		
020				com alignment: LH
938	<pre>[pfiq_bladder_chore s_3mo]</pre>	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. Ability to do household chores (cooking, housecleaning, laundry)?	radio	o (Matrix), Required Not at all
			2	Somewhat
			3	Moderately
			4	Quite a bit
			99	Choose not to answer
939	<pre>[pfiq_bladder_walk_ 3mo]</pre>	Ability to do physical activities such as walking, swimming, or other exercise?	radi	o (Matrix), Required
	5c]	, , , , , , , , , , , , , , , , , , , ,	2	Not at all
				Somewhat
			3	Moderately
			4	Quite a bit
			99	Choose not to answer
940	[pfiq_bladder_movie	Entertainment activities such as going to a movie or concert?		o (Matrix), Required
	_3mo]	movie or concerts	1	Not at all
			2	Somewhat
			3	Moderately
			4	Quite a bit
			99	Choose not to answer
941	[pfiq_bladder_trave	Ability to travel by car or bus for a distance	radi	o (Matrix), Required
	1_3mo]	greater than 30 minutes away from home?	1	Not at all
			2	Somewhat

			3 Moderately
			4 Quite a bit
			99 Choose not to answer
942	[pfiq_bladder_socia	Participating in social activities outside your	radio (Matrix), Required
	1_3mo]	home?	1 Not at all
			2 Somewhat
			3 Moderately
			4 Quite a bit
			99 Choose not to answer
943	[pfiq_bladder_emoti	Emotional health (nervousness, depression,	radio (Matrix), Required
	on_3mo]	etc)?	1 Not at all
			2 Somewhat
			3 Moderately
			4 Quite a bit
			99 Choose not to answer
944	[pfiq_bladder_frust	Feeling frustrated?	radio (Matrix), Required
	rated_3mo]		1 Not at all
			2 Somewhat
			3 Moderately
			4 Quite a bit
			99 Choose not to answer
945	[bladderseekhx_3mo]	1	radio, Required
		professional, like a doctor or nurse, about bladder leakage?	0 No
			1 Yes, but it was not very helpful
			2 Yes, and it was helpful
			99 Choose not to answer
			Custom alignment: LH
946	[bics_nohcp_3mo]	Section Header: These statements are about talking	radio (Matrix), Required
		with a health professional (like a doctor or nurse) about your bladder leaks or urinary incontinence. To what	1 Not at all
		extent are these statements true for you?	2 Slightly
		I don't have a health care practitioner who will see me for uncontrollable urine leakage	3 Moderately
		see the for affeotic oldate drifte leakage	4 Greatly
			99 Choose not to answer
947	[bics_insexp_3mo]	There are long delays before insurance	radio (Matrix), Required
		repays out-of-pocket expenses	1 Not at all

ĺ			_	Cli-hali
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
948	[bics_inscomp_3mo]	My insurance is too complicated to figure out	radi	o (Matrix), Required
			1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
949	[bics_csthigh_3mo]	The cost of having my uncontrollable urine	radi	o (Matrix), Required
		leakage evaluated is too high	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
950	[bics_notrans_3mo]	There is no transportation to the office or	radi	o (Matrix), Required
		clinic	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
951	[bics_waitlng_3mo]	The wait is too long at the time of the	radi	o (Matrix), Required
		appointment	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
952	[bics_clncdist_3mo]	The office or clinic is too far away	radi	o (Matrix), Required
			1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer

1		I	1
953	[bics_apptfar_3mo]	Appointments have to be scheduled too far ahead	radio (Matrix), Required 1 Not at all
			2 Slightly
			3 Moderately
			4 Greatly
			99 Choose not to answer
95/	[bics_hrlimit_3mo]	Office hours are the office or clinic are	radio (Matrix), Required
)J 4		limited	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
			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	radio (Matrix), Required
		take time to explain what he or she is doing or why, or answer my questions	1 Not at all
		or wity, or answer my questions	2 Slightly
			3 Moderately
			4 Greatly
			99 Choose not to answer
957	[bics_afrsrsprob_3m	I am afraid to find out if I have a serious	radio (Matrix), Required
	0]	problem	1 Not at all
			2 Slightly
			3 Moderately
			4 Greatly
			99 Choose not to answer

958	<pre>[bics_afraidhcp_3m o]</pre>	For some reason, l am afraid of the health care practitioner	radio (Matrix), Required 1 Not at all
			2 Slightly
			3 Moderately
			4 Greatly
			99 Choose not to answer
959	[bics_hcpnoint_3mo]	The health care practitioner and staff aren't	radio (Matrix), Required
		interested in my worries about my health	1 Not at all
			2 Slightly
			3 Moderately
			4 Greatly
			99 Choose not to answer
960	[fvq_bmconst_3mo]	Section Header: This set of questions asks about your bowel symptoms over the last 4 weeks (1 month). When	radio, Required
		you are not sure about an answer, make your best guess. In the past month, how often have you been constipated?	1 Never
			2 Occasionally
			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	radio, Required
		diarrhea?	1 Never
			2 Occasionally
			3 Sometimes
			4 Most of the time
			5 All the time
			99 Choose not to answer
962	[fvq_bmconsist_3mo]	What has been the usual consistency of your	radio, Required
		bowel movements (poop) in the last 4 weeks?	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
			Cust	tom alignment: LV
963	[smis_solid_3mo]	Section Header: Thinking about the last 4 weeks, please indicate how your bowel symptoms impact your life.	radi	o (Matrix), Required
		How often do you have accidental leakage of solid stool (poop)	1	Never (less than once per month)
		solid stool (poop)	2	Rarely (about once a month)
			3	Sometimes (2-3 times a month)
			4	Weekly
			5	Daily
			99	Choose not to answer
964	[smis_liquid_3mo]	How often do you have accidental leakage of	radi	o (Matrix), Required
		liquid stool (poop)?	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
965	[smis_gas_3mo]	How often do you lose control of gas?	radi	o (Matrix), Required
			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
966	[sis_lifestyle_3mo]	How often do your bowel symptoms affect	radi	o (Matrix), Required
		your lifestyle?	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
967	[smis_padplug_3mo]	Do you use a pad or plug for accidental	radi	o, Required
		bowel leakage?	1	Yes
			2	No
			99	Choose not to answer
968	[smis_meds_3mo]	Do you take medications to make you	radi	o, Required
		constipated?	1	Yes
			2	No
			99	Choose not to answer
969	[smis_defer_3mo]	Do you have to rush to the toilet as soon as	radi	o, Required
		you have an urge to go for a bowel movement (poop)?	1	Yes
		movement (poop):	2	No
			99	Choose not to answer
970	[gse_abl1_3mo]	Section Header:	radi	o, Required
		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	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
			Cus	tom alignment: LH
971	[gse_abl2_3mo]	On a scale from 0 (not at all) to 10 (a great		o, Required
<i>51</i> l	[R26 ant 5 Jill 0]	deal), how confident are you that you can	0	0 (not at all)
		prevent accidental bowel leakage without	1	1
		relying on pads or protection when you are out?	2	2
			3	3
			4	4
			5	5
			ــــــاا	_

972	[bowelseekhx_3mo]	Have you ever talked with a health professional, like a doctor or nurse, about bowel leakage?	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
973	<pre>[mo_suvey_completed _3mo]</pre>	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	<pre>[month_3_survey_c_c omplete]</pre>	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: Month 3 S	Survey T (month_3_survey_t) 🛂 Enable	ed as survey
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	descriptive
076	[-C-12]	attitudes, beliefs, and general health.	radio Doquirad
9/6	[sf_q1_3mo_t]	Overall, how would you rate your health during the past 4 weeks?	radio, Required 1 Excellent 2 Very good

			3	Good
			4	Fair
			5	Poor
			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.		(number, Min: 79, Max: 999), uired
978	[gse01_3mo_t]	Section Header: This set of questions is about how you	radi	o (Matrix), Required
		approach problems. Please read the sentence and decide how true it is of you in general.	1	Never
		l can manage to solve difficult problems if l	2	Almost Never
		try hard enough.	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	radi	o (Matrix), Required
		what I want, I can find a way to get what I	1	Never
		want.	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	radi	o (Matrix), Required
		reach them.	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	radi	o (Matrix), Required
		dealing with unexpected events.	1	Never
			2	Almost Never
			3	Sometimes
			4	Fairly Often
			5	Very Often
				Choose not to answer

982	[gse05_3mo_t]	Thanks to my talents and skills, I know how	radio (Matrix), Required
		to handle unexpected situations.	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	radio (Matrix), Required
		enough.	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	radio (Matrix), Required
		because I can handle them.	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	radio (Matrix), Required
		ways to solve it.	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
			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	o (Matrix), Required	
			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	radi	o (Matrix), Required	
		urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each	1	Agree	
		statement, or if you do not know.	2	Disagree	
		Other than pads and diapers, not much can be done to treat leakage of urine.	3	Don't know	
			99	Choose not to answer	
989	[know_exercises_3mo	Certain exercises can be done to help to	radi	o (Matrix), Required	
	_t]	control urine leakage.	1	Agree	
			2	Disagree	
			3	Don't know	
			99	Choose not to answer	
990	[know_weight_3mo_t]	Being overweight may make urinary leakage	radi	o (Matrix), Required	
		worse.	1	Agree	
			2	Disagree	
			3	Don't know	
			99	Choose not to answer	
991	[know_oncestart_3mo	Once people start to leak urine, they are	radi	o (Matrix), Required	
	_t]	never able to control their urine again.	1	Agree	
			2	Disagree	
			3	Don't know	
			99	Choose not to answer	
992	[know_nonsurgery_3m	Surgery is the only treatment for urinary	radi	o (Matrix), Required	
	o_t]	leakage.	1	Agree	
			2	Disagree	
			3	Don't know	
			99	Choose not to answer	
993	[psq_3mo_t]	Section Header: This set of questions asks about your	radi	o, Required	
		experience with the Women on the Go program. How satisfied are you with your progress in	1	Completely satisfied	
		the Women on the Go program?	2	Somewhat satisfied	
			3	Not at all satisfied	

			99	Choose not to answer	
994	[gpi_3mo_t]	Since starting the Women on the Go	radi	o, Required	
		program, overall, do you feel that you are:	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).	Slide	er (number, Min: 0, Max: 100) er labels: 0%, 50%, 100% tom alignment: RH	
996	[recwotg_3mo_t]	Would you recommend Women on the Go to	radi	o, Required	
		a friend or family member?	1	Yes	
			2	No	
			99	Choose not to answer	
			Cust	tom alignment: LH	
997	[rec_why_3mo_t]	Please tell us more about why you would or	note		
		would not recommend the Women on the Go program.	Cust	tom alignment: LH	
998	<pre>[freetext_feedback_ 3mo_t]</pre>	What else would you like to share about your experience with the Women on the Go program?	note	es tom alignment: LH	
999	[hapa_intentions_la	Section Header: The Women on the Go program is	radio, Required		
	st_3mo_t]	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.	0	I DID NOT THINK ABOUT making any changes.	
		Thinking about the last month, when it came to making changes to improve bladder or	1	I THOUGHT about making changes.	
		bowel health, which of these statements best describes you?	2	I PLANNED to make changes.	
		best describes you:	3	I MADE changes.	
			4	My changes BECAME MY NEW ROUTINE.	
			99	Choose not to answer	
			Cust	tom alignment: LV	
100	O[hapa_intentions_pl	Thinking about the next month, when it	radi	o, Required	
	ans_3mo_t]	comes to making changes to improve	0	I am NOT PLANNING TO make	
		bladder or bowel health, which of these statements best describes you?		any changes.	

			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		
100	1[hapa_older_3mo_t]	Thinking about the future, which of these	radio, Required		
		statements best describes you?	0 I am not worried about bladde 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		
			Custom alignment: LV		
100	2[hapa_sticktoplan_3	When it comes to making changes to	radio, Required		
	mo_t]	improve bladder or bowel health, which of these statements best describes you?	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, othe things can get in the way of me following through with the plan		
			99 Choose not to answer		
			Custom alignment: LV		
100	3[hapa_resources_3mo	When it comes to making changes to	radio, Required		
.00	⊴[hapa_resources_3mo _t]	improve bladder or bowel health, which of these statements best describes you?	0 I have the support and resources I need to meet my goals.		
			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		
			Custom alignment: LV		
100	4[bitus_lastmo_3mo_	Section Header: During this research study, you are	radio (Matrix), Required		
	t]	able to use the Women on the Go program as often as			

1		
	How often DID YOU USE the Women on the Go program IN THE LAST MONTH?	1 At least once a month
	do program in the east 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
1005[bitus_intend_3mo_	How often do you INTEND or PLAN TO USE	radio (Matrix), Required
t]	the Women on the Go program IN THE NEXT MONTH?	0 Not at all
	MONTH?	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
1006[bitus_predict_3mo_	How often do you PREDICT or THINK YOU	radio (Matrix), Required
t]	WILL ACTUALLY USE the Women on the Go program IN THE NEXT MONTH?	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
		J Lvery day
		99 Choose not to answer
1007[kegel_freq_3mo_t]	Section Header: Section 2 of 3 - Current Health	
1007[kegel_freq_3mo_t]	Behaviors The following questions are about things you	99 Choose not to answer
1007[kegel_freq_3mo_t]		99 Choose not to answer radio, Required
1007[kegel_freq_3mo_t]	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	99 Choose not to answer radio, Required 1 Once per month or less
1007[kegel_freq_3mo_t]	Behaviors The following questions are about things you do that may impact bladder or bowel health. Thinking about the last 4 weeks, on average,	99 Choose not to answer radio, Required 1 Once per month or less 2 A few times per month
1007[kegel_freq_3mo_t]	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	99 Choose not to answer radio, Required 1 Once per month or less 2 A few times per month 3 At least once per week
1007[kegel_freq_3mo_t]	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	99 Choose not to answer radio, Required 1 Once per month or less 2 A few times per month 3 At least once per week 4 Several times per week
1007[kegel_freq_3mo_t]	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	99 Choose not to answer radio, Required 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
1007[kegel_freq_3mo_t] 1008[fiber_guess_3mo_t]	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	99 Choose not to answer radio, Required 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
	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? On an average day, how much fiber do you think you get through food and	radio, Required 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
	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? On an average day, how much fiber do you	radio, Required 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 radio, Required
	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? On an average day, how much fiber do you think you get through food and	radio, Required 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 radio, Required 1 Less than I should

1009[fluid_guess_3mo_t]	On an average day, how much fluid do you think you drink (including all fluids, not just water)?	radi [.]	io, Required Less than I should
	Water,	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.		t (number, Min: 0, Max: 999) stom alignment: LV
1011[freq_coffee_3mo_t]	Thinking about the last week, about how		io, Required
	many servings of coffee with caffeine did you drink? Please do not include decaf coffee.	0	I do not drink coffee
	One serving is 12 ounces, a regular sized	1	Less than 3 servings per week
	coffee cup.	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
		Cus	itom alignment: LV
1012[freq_soda_3mo_t]	Thinking about the last week, about how	radi	io, Required
	many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.) did you drink? Hint: a soda can contains 12	0	I do not drink soda with caffeine
	ounces. Please do not include caffeine-free	1	Less than 3 servings per week
	soda (like Sprite, Ginger Ale, 7-Up, Fanta, etc.)	2	3-6 servings per week
	etc.)	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
		Cus	tom alignment: LV
1013[fruit_3mo_t]	Section Header: These questions help estimate how much fiber you get through foods you eat. Thinking	radi	io (Matrix), Required
	about the last 4 weeks, on average, how often did you	1	Less than 1 serving per week
	eat the following foods? Fruit (not juice)	2	1 serving per week
į.	I Frim more	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
1014[grnsalad_3mo_t]	Green salad	radi	io (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
1015[potato_3mo_t]	Potatoes or oatmeal	radi	io (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
1016[vegetable_3mo_t]	Vegetables	radi	io (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
1017[vegetjuice_3mo_t]	Vegetable Juice	radi	io (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
1018[vegetsoup_3mo_t]	Vegetable soup/stew	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
1019[cereal_3mo_t]	Fiber cereal (raisin bran, bran buds, fruit-n-	radio (Matrix), Required
	fiber)	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
1020[wheat_bread_3mo_t]	Whole wheat / rye bread	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
1021[beans_3mo_t]	Beans (baked, pinto, black, kidney, red, split	radio (Matrix), Required
	peas, soy, lentils) - NOT green beans)	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
1022[usecontainprod_3mo	Section Header: This set of questions is about	checkbox, Required
_t]	bathroom habits, including things like using pads or other products and your patterns in using the toilet.	1 usecontainprod_3mo_t1 l us

		answer these questions. When you do not know an answer for sure, just make your best guess.	2	usecontainprod_3mo_t2 I use
		Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.	3	usecontainprod_3mo_t3 I use unde (like [or dia
			4	usecontainprod_3mo_t4 I use some
			5	usecontainprod_3mo_t5 I do n anyth
			99	usecontainprod_3mo_t99 Choo answ
				d Annotation: DNEOFTHEABOVE='5,99'
102	3[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.		(number, Min: 0, Max: 99), uired
102	4[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, pleae enter 99		(number, Min: 0, Max: 99), uired
102	5[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.		(number, Min: 0, Max: 99), uired
102	6[incont_money_3mo_	Thinking about the last month, about how	drop	odown, Required
	t]	much money have you spent on products (such as pads, undergarments, or plugs) to	0	None
		manage your bladder and/or bowel	1	Less than \$5
		symptoms?	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
102	7[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		(number, Min: 0, Max: 99), uired

		enter 0. If you choose not to answer, please enter 99.		
102	8[daytimevoids_3mo_	On an average day, about how many times	radio	o, Required
	t]	do you go to the toilet to urinate (pee) during	1	less than 4 times per day
		the daytime? (Please do not include count trips to the bathroom overnight.)	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
			Cust	om alignment: LV
102	9[voidinterval_3mo_	During the daytime, about how long do you		o, Required
	t]	wait between trips to the toilet to urinate (pee)?	1	4 hours or more
			2	3 hours
			3	2 hours
			4	1 hour
			5	Less than 1 hour
			99	Choose not to answer
			Cust	om alignment: LV
103	O[iciquiintro_3mo_t]	Section Header: Section 3 of 3 - Current Bladder and Bowel Health	desc	riptive
		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.		
103	1[iciqui_leak_3mo_t]	How often do you leak urine?	radio	o, 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
103	2[iciqui_howmuch_3mo	We would like to know how much urine you	radio	o, Required
	_t]	think leaks. How much urine do you usually leak (whether you wear protection or not)?	0	None
		reak (whether you wear protection or not)?	2	A small amount

			4	A moderate amount	1
			6	A large amount	
			99	Choose not to answer	
102	Disigni intenfon 2m	Overall, how much does leaking urine	<u> </u>	o, Required	
103	<pre>3[iciqui_interfer_3m o_t]</pre>	interfere with your everyday life? Please	0	0 (not at all)	
		select a number between 0 (not at all) and 10 (a great deal).	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	
			Cust	com alignment: LH	
103	4[iciqui_urineleak_3	When does urine leak? (Please select all that	che	kbox, Required	
	mo_t]	apply to you)	1	iciqui_urineleak_3mo_t1	Never Urine does leak
			2	iciqui_urineleak_3mo_t2	Leaks befor you c get to toilet
			3	iciqui_urineleak_3mo_t3	Leaks when cough sneez
			4	iciqui_urineleak_3mo_t4	Leaks when are aslee
			5	iciqui_urineleak_3mo_t5	Leaks when are physi active exerc

			6	iciqui_urineleak_3mo_t6	Leaks when have finish urina and a dress
			7	iciqui_urineleak_3mo_t7	Leaks no obvio reaso
			8	iciqui_urineleak_3mo_t8	Leaks the ti
			99	iciqui_urineleak_3mo_t99	Choo not to answ
				d Annotation: ONEOFTHEABOVE='1,99'	
103	5[gse_ui1_3mo_t]	On a scale from 0 (not at all) to 10 (a great	radi	o, Required	
		deal), how confident are you that you can hold in your urine when you want to?	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		
			Cus	tom alignment: LH	
103	6[gse_ui2_3mo_t]	On a scale from 0 (not at all) to 10 (a great	radi	o, Required	
		deal), how confident are you that you can prevent urine loss without relying on pads or	0	0 (not at all)	
		protection when you are out?	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
103	7[pfiq_bladder_chore	Section Header: Some women find that bladder	radio (Matrix), Required
	s_3mo_t]	symptoms affect their activities, relationships, and feelings. For each question select the response that best	1 Not at all
		describes how much your activities, relationships, or feelings have been affected by your bladder symptoms	2 Somewhat
		or conditions over the last 4 weeks.	3 Moderately
		Ability to do household chores (cooking, housecleaning, laundry)?	4 Quite a bit
		Housecleaning, lauriury):	99 Choose not to answer
103	8[pfiq_bladder_walk_	Ability to do physical activities such as	radio (Matrix), Required
	3mo_t]	walking, swimming, or other exercise?	1 Not at all
			2 Somewhat
			3 Moderately
			4 Quite a bit
			99 Choose not to answer
103	9[pfiq_bladder_movie	Entertainment activities such as going to a	radio (Matrix), Required
	_3mo_t]	movie or concert?	1 Not at all
			2 Somewhat
			3 Moderately
			4 Quite a bit
			99 Choose not to answer
104	O[pfiq_bladder_trave	Ability to travel by car or bus for a distance	radio (Matrix), Required
	1_3mo_t]	greater than 30 minutes away from home?	1 Not at all
			2 Somewhat
			3 Moderately
			4 Quite a bit
			99 Choose not to answer
104	1[pfiq_bladder_socia	Participating in social activities outside your	radio (Matrix), Required
	1_3mo_t]	home?	1 Not at all
			2 Somewhat
			3 Moderately

		4 Quite a bit		
		99 Choose not to answer		
1042[pfiq_bladder_emoti	Emotional health (nervousness, depression,	radio (Matrix), Required		
on_3mo_t]	etc)?	1 Not at all		
		2 Somewhat		
		3 Moderately		
		4 Quite a bit		
		99 Choose not to answer		
1043[pfiq_bladder_frust	Feeling frustrated?	radio (Matrix), Required		
rated_3mo_t]		1 Not at all		
		2 Somewhat		
		3 Moderately		
		4 Quite a bit		
		99 Choose not to answer		
1044[bladderseekhx_3mo_	Have you ever talked with a health	radio, Required		
t]	professional, like a doctor or nurse, about bladder leakage?	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]	s nohcp 3mo t] Section Header: These statements are about talking	radio (Matrix), Required		
TO TO [DIES_HOTEP_SIIIO_E]	with a health professional (like a doctor or nurse) about	1 Not at all		
	your bladder leaks or urinary incontinence. To what extent are these statements true for you? I don't have a health care practitioner who	2 Slightly		
		3 Moderately		
	will see me for uncontrollable urine leakage	4 Greatly		
		99 Choose not to answer		
1046[bics_insexp_3mo_t]	There are long delays before insurance	radio (Matrix), Required		
10 10 01c3_1113cxp_31110_c	repays out-of-pocket expenses	1 Not at all		
		2 Slightly		
		3 Moderately		
		4 Greatly		
		99 Choose not to answer		
1047[bics_inscomp_3mo_	My insurance is too complicated to figure out			
t]	my modrance is too complicated to figure out	1 Not at all		
		2 Slightly		
		2 3.8.6.9		

		3 Moderately		
		4 Greatly		
		99 Choose not to answer		
1048[bics_csthigh_3mo_	The cost of having my uncontrollable urine	radio (Matrix), Required		
t]	leakage evaluated is too high	1 Not at all		
		2 Slightly		
		3 Moderately		
		4 Greatly		
		99 Choose not to answer		
1049[bics_notrans_3mo_	There is no transportation to the office or	radio (Matrix), Required		
t]	clinic	1 Not at all		
		2 Slightly		
		3 Moderately		
		4 Greatly		
		99 Choose not to answer		
1050[bics_waitlng_3mo_	The wait is too long at the time of the appointment	radio (Matrix), Required		
t]		1 Not at all		
		2 Slightly		
		3 Moderately		
		4 Greatly		
		99 Choose not to answer		
1051[bics_clncdist_3mo_	The office or clinic is too far away	radio (Matrix), Required		
t]		1 Not at all		
		2 Slightly		
		3 Moderately		
		4 Greatly		
		99 Choose not to answer		
1052[bics_apptfar_3mo_	Appointments have to be scheduled too far	radio (Matrix), Required		
t]	ahead	1 Not at all		
		2 Slightly		
		3 Moderately		
		4 Greatly		
		99 Choose not to answer		
1053[bics_hrlimit_3mo_	Office hours are the office or clinic are	radio (Matrix), Required		
t]	limited	1 Not at all		

			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
1054	4[bics_examine_3mo_	l don't like to be examined or asked a lot of	radi	o (Matrix), Required
.03	t]	questions	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
105	5[bics_hcptime_3mo_	The physician or nurse practitioner doesn't	radi	o (Matrix), Required
	t]	take time to explain what he or she is doing	1	Not at all
		or why, or answer my questions	2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
105	6[bics_afrsrsprob_3m	I am afraid to find out if I have a serious	radi	o (Matrix), Required
	o_t]	problem	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
	7[bics_afraidhcp_3mo	For some reason, I am afraid of the health	radi	o (Matrix), Required
	_t]	care practitioner	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer
105	8[bics_hcpnoint_3mo_	The health care practitioner and staff aren't	radi	o (Matrix), Required
	t]	interested in my worries about my health	1	Not at all
			2	Slightly
			3	Moderately
			4	Greatly
			99	Choose not to answer

1059[fvq_bmconst_3mo_t]	Section Header: This set of questions asks about your bowel symptoms over the last 4 weeks (1 month). When	radio, Required		
	you are not sure about an answer, make your best	1 Never		
	guess.	2 Occasionally		
	In the past month, how often have you been constipated?	3 Sometimes		
		4 Most of the time		
		5 All the time		
		99 Choose not to answer		
1060[fvq_bmdiarr_3mo_t]	omdiarr_3mo_t] In the past month, how often have you had	radio, Required		
	diarrhea?	1 Never		
		2 Occasionally		
		3 Sometimes		
		4 Most of the time		
		5 All the time		
		99 Choose not to answer		
1061[fvq_bmconsist_3mo_	What has been the usual consistency of your	radio, Required		
t]	bowel movements (poop) in the last 4 weeks?	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		
1062[smis_solid_3mo_t]	Section Header: Thinking about the last 4 weeks, please	radio (Matrix), Required		
1002[31113_SUITU_31110_t]	indicate how your bowel symptoms impact your life. How often do you have accidental leakage of	1 Never (less than once per month)		
į	solid stool (poop)	2 Rarely (about once a month)		
		11 1 2 2 3 (200 200 200 200 200 200 200 200 200 20		
		3 Sometimes (2-3 times a month)		
		3 Sometimes (2-3 times a month) 4 Weekly		

		99 Choose not to answer			
1063[smis_liquid_3mo_t]	How often do you have accidental leakage of liquid stool (poop)?	radio (Matrix), Required			
		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			
1064[smis_gas_3mo_t]	How often do you lose control of gas?	radio (Matrix), Required			
		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			
1065[sis_lifestyle_3mo_	How often do your bowel symptoms affect	radio (Matrix), Required			
t]	your lifestyle?	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			
1066[smis_padplug_3mo_	Do you use a pad or plug for accidental	radio, Required			
t]	bowel leakage?	1 Yes			
		2 No			
		99 Choose not to answer			
1067[smis_meds_3mo_t]	Do you take medications to make you	radio, Required			
	constipated?	1 Yes			
		2 No			
		99 Choose not to answer			
1068[smis_defer_3mo_t]	Do you have to rush to the toilet as soon as	radio, Required			
	you have an urge to go for a bowel movement (poop)?	1 Yes			
		2 No			

		99 Choose not to answer		
1069[gse_abl1_3mo_t]	Section Header:	radio, Required		
	On a scale from 0 (not at all) to 10 (a great	0 0 (not at all)		
	deal), how confident are you that you can hold in your stool (poop) when you want to?	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		
1070[gse_abl2_3mo_t]	On a scale from 0 (not at all) to 10 (a great	radio, Required		
TO TO [gse_ab12_5mo_t]	deal), how confident are you that you can prevent accidental bowel leakage without relying on pads or protection when you are out?	0 0 (not at all)		
		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		
		S Choose flot to dilswel		
		Custom alignment: LH		
		radio, Required		
1071[bowelseekhx_3mo_t				
1071[bowelseekhx_3mo_t	professional, like a doctor or nurse, about	0 No		
1071[bowelseekhx_3mo_t				
1071[bowelseekhx_3mo_t	professional, like a doctor or nurse, about	0 No		

			Custom alignment: LH
107	2[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
107	3[month_3_survey_t_c omplete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: \$25 paid ((paid_c_5032) 🔄 Enabled as survey	
107	4[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
107	5[pr_non_res_alien_p 3]	Are you a non-resident alien? [bl_arm_2] [pr_non_res_alien]	descriptive Field Annotation: @READONLY
107	6[pr_first_name_p3]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
107	7[pr_last_name_p3]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY
107	8[pr_email_address_p 3]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY
107	9[paid_baseline_v2_c 19279]	\$25 compensation sent	radio, Required 1 Yes 2 No
108	O[datepaid_baseline_ v2_e32647]	Date \$25 sent	text
108	1[paid_c_5032_comple te]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: \$25 paid T	(paid_t_5984) 🛂 Enabled as survey	
108	2[pr_uw_employ_p3_ta ilored3mo]	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

100	3[pr_non_res_alien_p 3_tailored3mo]	Are you a non-resident alien? [bl_arm_3] [pr_non_res_alien_basicinfot]	descriptive Field Annotation: @READONLY
108	4[pr_first_name_p3_t ailored3mo]	First name: [bl_arm_3] [pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
108	5[pr_last_name_p3_ta ilored3mo]	Last name: [bl_arm_3] [pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
108	<pre>6[pr_email_address_p 3_tailored3mo]</pre>	Email address: [bl_arm_3] [pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
108	7[paid_baseline_v2_c 19279_tailored3mo]	\$25 compensation sent	radio, Required 1 Yes 2 No
108	8[datepaid_baseline_ v2_e32647_tailored3 mo]	Date \$25 sent	text
108	9[paid_t_5984_comple te]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	trument: 12C (c_1b1	2) 🔄 Enabled as survey	
109	O[week1firstname_1_1 2c]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
109	1[week1lastname_1_12 c]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY
109	2[week1ea_1_12c]	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY
109	3[ves12]	Verified email sent?	radio, Required
			2 No
109	4[c_1b12_complete]	Section Header: Form Status Complete?	
	4[c_1b12_complete] trument: 12 (ddcd_e	Complete?	2 No dropdown 0 Incomplete 1 Unverified
Inst		Complete?	2 No dropdown 0 Incomplete 1 Unverified
Inst	trument: 12 (ddcd_e	Complete? bb8) Enabled as survey First name: [bl_arm_3]	2 No dropdown 0 Incomplete 1 Unverified 2 Complete descriptive, Identifier

109	<pre>8[week_1_tailored_op tion_v2_v4_v10_v11_ v12]</pre>	Weekly Check-in Variable (filter for participants email in column A, then sort column J from A -> Z):	1 2	Has viewed tips for helping to remember to use program (viewed G4. What should I do if I need help remembering my goals?) 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?)
109	9[ddcd_ebb8_complet e]	Section Header: Form Status Complete?	0 1 2	Unverified
Inst	trument: T12 (t12)	₤ Enabled as survey		
110	O[feedbackinvite_t1 2]	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.	1 2 3	I liked continuing to get weekly emails this past month. Getting weekly emails this past month seemed like too much. Once every 2 weeks would have been better. I would have preferred not to ge any more emails this past month. I don't have any feedback to share.
110	1[openfeedback_3mo] Show the field ONLY if: [feedbackinvite_t12] = '1' or [feedbackinvite_t12] = '2' or [feed backinvite_t12] = '3'	How should we change the weekly emails and check-ins to make them more helpful for future program users?	no	tes
110	2[ta_howprogramgoing _t12] Show the field ONLY if: [feedbackinvite_t12] = '4'	Section Header: How are things going with the program?	1 2 3	Great - I know what I need to do just bring me back to the program home page! Okay, but I could use some help with next steps. Not well at all.

110	3[ta_okay_t12]	Section Header:	rad	lio	
	Show the field ONLY if:	OK - happy to help! Where would you like to start?	1	I need more information about how to use the program.	
	[ta_howprogramgoin g_t12] = '2'		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.	
110	4[ta_notwellatall_t1	Section Header:	rac	lio	
	2] Show the field ONLY	Sorry to hear that. Let's see what we can do to make things better. Where would you like	1	I need more information about how to use the program.	
	if: [ta_howprogramgoin	to start?	2	I need help remembering to use the program.	
	g_t12] = '3'		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.	
110	5[d5_t12]	Section Header:	radio		
	Show the field ONLY if: [ta_okay_t12] = '4' or	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	1	I need help setting and meeting goals in Women on the Go for my specific symptoms.	
	[ta_notwellatall_t12] = '4'	our symptoms better. What would you like to do next?	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.	
110	6[d2_t12]	Section Header:	rac	lio	
	Show the field ONLY if:	Setting and meeting goals can be hard. We are glad you are trying! Let's see how we can	1	I need help setting goals that I can meet	
	[ta_okay_t12] = '3' or	help. Where would you like to start?			

	[ta_notwellatall_t12] = '3' or [d5_t12] = '1'		2	I need help improve my	setting goals to v symptoms	
			3	I need help work on my	remembering to goals	
			4	Working on things wors	my goals is making e	
110	7[e2_t12]	Section Header:	che	eckbox		
	Show the field ONLY if:	Happy to help you find some goals based on your symptoms. Which of the following	1	e2_t121	Leaking urine (incontinence)	
	[d2_t12] = '2'	2] = '2' symptoms do you want help finding goals for?	2	e2_t122	Waking up overnigh to pee (nocturia)	
			3	e2_t123	Leaking stool (poop) or sudden urges to poop (bowel urgency)	
			4	e2_t124	Constipation	
110	8[e2a_t12]	Section Header:	rac	lio		
	Show the field ONLY	Do you want help setting goals for	1			
	if: [e2_t12(1)] = '1'		2			
			3	_	es to pee or peeing overactive bladder)	
110	9[ta_great_t12]	Section Header:	de	scriptive, Idei	ntifier	
	Show the field ONLY if:	Hi [bl_arm_3][pr_first_name_basicinfot], Great to hear things are going well! Click				
	[ta_howprogramgoin g_t12] = '1'	here to return to the Women on the Go program. You got this! Dr. Heidi				
111	0[ta_d1_t12]	Hi [bl_arm_3][pr_first_name_basicinfot],	de	descriptive, Identifier		
	Show the field ONLY if:	Happy to help! Watch this video to learn more about how to use the program. The				
	[ta_okay_t12] = '1' or [ta_notwellatall_t12] = '1'	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				
111	1[d6_t12] Show the field ONLY if:	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	de	scriptive, Idei	ntifier	
	[ta_notwellatall_t12] = '5' or [ta_notwellat all_t12] = '5' or [ta_ok ay_t12] = '5'	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				

1112[d2a_t12] Show the field ONLY if: [d2_t12] = '1' 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! 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 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 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 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 symtpoms. 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: Form Status Complete?	dropdown 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 1 Yes 2 No
1130[sent_58d8_complete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: Month 6	Survey C (month_6_survey_c)	ed as survey

113 [sf_q1_6mo] Section Header: Welcome to the final research survey radio, Required	
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 3 Good	
in this section are about your attitudes, beliefs, and general health. 4 Fair	
Overall, how would you rate your health 5 Poor	
during the past 4 weeks? 6 Very poor	
99 Choose not to answ	<i>i</i> er
1132[weight_6mo] How much do you weigh in pounds? If you choose not to answer, please enter 999. Required	ax: 999),
1133[know_pads_6mo] Section Header: Below are some statements about radio (Matrix)	
urinary incontinence (loss of urine or leaky bladder). Please state if you agree or disagree with each 1 Agree	
statement, or if you do not know. 2 Disagree	
Other than pads and diapers, not much can be done to treat leakage of urine. 3 Don't know	
99 Choose not to answ	ver
1134[know_exercise_6mo] Certain exercises can be done to help to radio (Matrix)	
control urine leakage. 1 Agree	
2 Disagree	
3 Don't know	
99 Choose not to answ	<i>i</i> er
1135[know_weight_6mo] Being overweight may make urinary leakage radio (Matrix)	
worse. 1 Agree	
2 Disagree	
3 Don't know	
99 Choose not to answ	ver
1136[know_oncestart_6m Once people start to leak urine, they are radio (Matrix)	
never able to control their urine again. 1 Agree	
2 Disagree	
3 Don't know	
99 Choose not to answ	ver
1137[know_nonsurgery_6m Surgery is the only treatment for urinary radio (Matrix)	
leakage. 1 Agree	
2 Disagree	
3 Don't know	
, , , , , , , , , , , , , , , , , , ,	ver

113	8[psq_6mo]	Section Header: This set of questions asks about your	radio, Required
		experience with the Women on the Go program. How satisfied are you with your progress in	1 Completely satisfied
		the Women on the Go program?	2 Somewhat satisfied
			3 Not at all satisfied
			99 Choose not to answer
113	 9[gpi_6mo]	Since starting the Women on the Go	radio, Required
		program, overall, do you feel that you are:	1 Much Better
			2 Better
			3 About the same
			4 Worse
			5 Much worse
			99 Choose not to answer
114	O[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
114	1[recwotg2fam_6mo]	Would you recommend Women on the Go to	radio, Required
		a friend or family member?	1 Yes
			2 No
			99 Choose not to answer
			Custom alignment: LH
114	2[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
114	3[freetext_feedback_ 6mo]	What else would you like to share about your experience with the Women on the Go program?	notes Custom alignment: LH
114	4[hapa_intentions_la	Section Header: The Women on the Go program is	radio, Required
	st_6mo]	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.	0 I DID NOT THINK ABOUT making any changes.
		Thinking about the last month, when it came to making changes to improve bladder or	1 I THOUGHT about making changes.
		bowel health, which of these statements	2 I PLANNED to make changes.
		best describes you?	3 I MADE changes.
			4 My changes BECAME MY NEW ROUTINE.
			99 Choose not to answer
			Custom alignment: LV

145[hapa_intentions_plans_6mo]	Thinking about the next month, when it comes to making changes to improve bladder or bowel health, which of these	radio, Required 0 I am NOT PLANNING TO make any changes.
	statements best describes you?	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
114 <mark>6[bitus_lastmo_6mo</mark>]	Section Header: During this research study, you were able to use the Women on the Go program as often as	radio (Matrix), Required
	you wanted to use it.	0 Not at all
	How often DID YOU USE the Women on the	1 At least once a month
	Go program IN THE LAST 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	radio (Matrix), Required
	Women on the Go program IN THE NEXT MONTH if you could still use it?	0 Not at all
	MONTH II you could still use it:	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: Section 2 of 3 - Current Health	radio, Required
	Behaviors The following questions are about things you do that may impact bladder or bowel health.	1 Once per month or less
	Thinking about the last 4 weeks, on average,	2 A few times per month
	how often did you do Kegel squeezes, or pelvic floor muscle exercises?	3 At least once per week
	perviction muscle exercises!	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	radio, Required 1 Less than I should	
	supplements?	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	radio, Required	
	think you drink (including all fluids, not just	1 Less than I should	
	water)?	2 About what I should	
		3 More than I should	
		99 Choose not to answer	
1151[est_totalfluid_6m o]	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.	text (number, Min: 0, Max: 999) Custom alignment: LV	
1152[freq_coffee_6mo]	Thinking about the last week, about how	adio, Required	
	many servings of coffee with caffeine did you drink? Please do not include decaf coffee.	0 I do not drink coffee	
	One serving is 12 ounces, a regular sized	1 Less than 3 servings per week	
	coffee cup.	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	
1153[freq_soda_6mo]	Thinking about the last week, about how	radio, Required	
	many servings of soda or diet soda with caffeine (like Coke, Pepsi, Dr. Pepper, etc.)	0 I do not drink soda with caffeine	
	did you drink? Hint: a soda can contains 12 ounces. Please do not include caffeine-free	1 Less than 3 servings per week	
	soda (like Sprite, Ginger Ale, 7-Up, Fanta,	2 3-6 servings per week	
	etc.)	3 1 serving (12 ounces) per day	
		4 2 servings (24 ounces) per day	
		5 3 or more servings (36 ounces) per day	
		 	

		Custom alignment: LV
1154[fruit_6mo]	Section Header: These questions help estimate how much fiber you get through foods you eat. Thinking	radio (Matrix), Required 1 Less than 1 serving per week
	about the last 4 weeks, on average, how often did you eat the following foods?	2 1 serving per week
	Fruit (not juice)	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
1155[grnsalad_6mo]	Green salad	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
1156[potato_6mo]	Potatoes or oatmeal	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
1157[vegetable_6mo]	Vegetables	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
1158[vegetjuice_6mo]	Vegetable Juice	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
1159[vegetsoup_6mo]	Vegetable soup/stew	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
1160[cereal_6mo]	Fiber cereal (raisin bran, bran buds, fruit-n-	radio	(Matrix), Required
	fiber)	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
		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	radio	(Matrix), Required
	peas, soy, lentils) - NOT green beans)	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_6m	Section Header: This set of questions is about	che	ckbox, Required
o]	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	1	usecontainprod_6mo1 I us
	answer these questions. When you do not know an answer for sure, just make your best guess.	2	usecontainprod_6mo2 Lus
	Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.	3	usecontainprod_6mo3 Lus und (lik or
		4	usecontainprod_6mo4 I us
		5	usecontainprod_6mo5 I do any
		99	usecontainprod_6mo99 Ch
			d Annotation: ONEOFTHEABOVE='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.		(number, Min: 0, Max: 99), uired
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, pleae enter 99		(number, Min: 0, Max: 99), uired
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.		(number, Min: 0, Max: 99), uired
1167[incont_money_6mo]	Thinking about the last month, about how	drop	odown, Required
	much money have you spent on products (such as pads, undergarments, or plugs) to	0	None
	manage your bladder and/or bowel	1	Less than \$5
	symptoms?	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 up overnight, please enter 0. If you choose not to answer, please enter 99.	text (number, Min: 0, Max: 99), Required
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 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 Custom alignment: LV
1170[voidinterval_6mo]	During the daytime, about how long do you wait between trips to the toilet to urinate (pee)?	radio, Required 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
1171[iciqui_leak_6mo]	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?	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
1172[iciqui_howmuch_6m o]	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 0 None 2 A small amount

			4	A moderate amount	
			6	A large amount	
			99	Choose not to answer	
117	3[iciqui_interfer_6m	Overall, how much does leaking urine	radi	o, Required	
	0]	interfere with your everyday life? Please	0	0 (not at all)	
		select a number between 0 (not at all) and 10 (a great deal).	1	1	
		(a gi eut d'eui).	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	
117	4	When the consists here 2 (Bleen and the all the co		com alignment: LH	
' ' '	4[iciqui_urineleak_6 mo]	When does urine leak? (Please select all that apply to you)	1	kbox, Required iciqui_urineleak_6mo1	Never -
			'	reiqui_urmereuk_ornor	Urine does no leak
			2	iciqui_urineleak_6mo2	Leaks before you car get to t toilet
			3	iciqui_urineleak_6mo3	Leaks when y cough (sneeze
			4	iciqui_urineleak_6mo4	Leaks when y are asleep
			5	iciqui_urineleak_6mo5	Leaks when y are physica active/ exercisi

7 iciqui_urineleak_6mo7 8 iciqui_urineleak_6mo8 99 iciqui_urineleak_6mo99 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 8 9 9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH radio, Required 0 10 (a great deal) 99 Choose not to answer Custom alignment: LH radio, Required 0 0 (not at all) 1 1 1 1 2 0 2 3 1 3 1 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH radio, Required 0 0 (not at all) 1 1 1 1 1 1 1 1 1 1 1 1 1	Leaks when y have finishe urination		iciqui_urineleak_6mo	5			
Field Annotation: @NONEOFTHEABOVE='1,99' Tadio, Required 0 0 (not at all) 1 1 2 2 2 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 9 9 10 10 (a great deal), how confident are you that you want to? The provided in your urine when you want to? The provided	Leaks f no obviou reason	_7	iciqui_urineleak_6mo	7			
Field Annotation: @NONEOFTHEABOVE='1,99' 1175[gse_ui1_6mo] 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 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 1176[gse_ui2_6mo] 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	Leaks a		iciqui_urineleak_6mo	3			
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 hold in your urine when you want to? On a scale from 0 (not at all) to 10 (a great deal) On a scale from 0 (not at all) to 10 (a great deal) On a scale from 0 (not at all) to 10 (a great deal) On a scale from 0 (not at all) to 10 (a great deal) 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	Choose not to answer		iciqui_urineleak_6mo	99			
deal), how confident are you that you can hold in your urine when you want to?		ı					
hold in your urine when you want to? 1 1 2 2 3 3 3 4 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH 1176[gse_ui2_6mo] On a scale from 0 (not at all) to 10 (a great deal) 90 (not at all) to 10 (a great deal) 90 (not at all) 10 (a great deal) 10	1	o, Required	dic		175[gse_ui1_6mo]	117	
1 1 1 2 2 3 3 3 4 4 4 4 5 5 5 6 6 6 6 7 7 7 8 8 8 9 9 9 10 10 (a great deal) 99 Choose not to answer 1176[gse_ui2_6mo] On a scale from 0 (not at all) to 10 (a great deal) 99 Choose not to answer deal), how confident are you that you can prevent urine loss without relying on pads or			0 (not at all))			
3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH 1176[gse_ui2_6mo] On a scale from 0 (not at all) to 10 (a great deal) radio, Required 0 0 (not at all) on 0 (not at all)			1				
4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH 1176[gse_ui2_6mo] 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			2	2			
5 5 6 6 7 7 8 8 8 9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH 1176[gse_ui2_6mo] 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			3	3			
6 6 7 7 8 8 9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH 1176[gse_ui2_6mo] 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			4	1			
7 7 8 8 9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH 1176[gse_ui2_6mo] 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			5	5			
8 8 9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH 1176[gse_ui2_6mo] 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			6	5			
9 9 10 10 (a great deal) 99 Choose not to answer Custom alignment: LH 1176[gse_ui2_6mo] 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			7	7			
10 10 (a great deal) 99 Choose not to answer Custom alignment: LH 1176[gse_ui2_6mo] 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			8	3			
Custom alignment: LH 1176[gse_ui2_6mo] 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			9)			
Custom alignment: LH 1176[gse_ui2_6mo] 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		1	10 (a great deal)	0			
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			Choose not to answer	9			
deal), how confident are you that you can prevent urine loss without relying on pads or		1	om alignment: LH	ust			
prevent urine loss without relying on pads or		1	o, Required		=	176[gse_ui2_6mo]	117
			0 (not at all))			
			1				
2 2			2	2			
3 3			3	3			
4 4			4	1			
5 5			5	5			

[[ا د	6
			6	6
			7	7
			8	8
			9	9
			10	10 (a great deal)
			99	Choose not to answer
			Cus	tom alignment: LH
117	7[bladderseekhx_6mo]	Since starting the Women on the Go		o, Required
		program 6 months ago, have you talked with a health professional, like a doctor or nurse,	0	No
		about your bladder health?	1	Yes, but it was not very helpful
			2	Yes, and it was helpful
			99	Choose not to answer
			Cus	tom alignment: LH
117	8[fvq_bmconst_6mo]	Section Header: This set of questions asks about your	radi	o, Required
		bowel symptoms over the last 4 weeks (1 month). When you are not sure about an answer, make your best	1	Never
		guess. In the past month, how often have you been constipated?	2	Occasionally
			3	Sometimes
			4	Most of the time
			5	All the time
			99	Choose not to answer
117	9[fvq_bmdiarr_6mo]	In the past month, how often have you had	radi	o, Required
		diarrhea?	1	Never
			2	Occasionally
			3	Sometimes
			4	Most of the time
			5	All the time
			99	Choose not to answer
118	 O[fvq_bmconsist_6mo]	What has been the usual consistency of your	radi	o, Required
		bowel movements (poop) in the last 4 weeks?	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 piece: Entirely liquid
		99 Choose not to answer
		Custom alignment: LV
1181[smis_solid_6mo]	Section Header: Thinking about the last 4 weeks, please	radio (Matrix), Required
	indicate how your bowel symptoms impact your life. How often do you have accidental leakage of solid stool (poop)	1 Never (less than once per month)
	Solid Stool (poop)	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
		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
		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	radio (Matrix), Required
	your lifestyle?	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	radio, Required	
	bowel leakage?	1 Yes	
		2 No	
		99 Choose not to answer	
1186[smis_meds_6mo]	Do you take medications to make you	radio, Required	
	constipated?	1 Yes	
		2 No	
		99 Choose not to answer	
1187[smis_defer_6mo]	Do you have to rush to the toilet as soon as	radio, Required	
	you have an urge to go for a bowel movement (poop)?	1 Yes	
	ттоуеттень (роор):	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	
		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_abl2_6mo]	On a scale from 0 (not at all) to 10 (a great	radio, Required	
	deal), how confident are you that you can prevent accidental bowel leakage without	0 0 (not at all)	
	relying on pads or protection when you are	1 1	
	out?	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	radio, Required
	program 6 months ago, have you talked with a health professional, like a doctor or nurse,	0 No
	about your bowel health?	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_c	Section Header: Form Status	dropdown
omplete]	Complete?	0 Incomplete
		1 Unverified
		2 Complete
Instrument: Month 6 S	Survey T (month_6_survey_t) 🛂 Enable	ed as survey
1193[sf_q1_6mo_t]	Section Header: Welcome to the final research survey	radio, Required
	for the Women on the Go Study! It should take about 10 - 20 minutes to complete. Please try to answer all the	1 Excellent
	questions. You will receive \$25 after you complete the survey to thank you for your time and effort. Section 1 of	2 Very good
	3 - Attitudes, Beliefs, and General Health The questions	3 Good
	in this section are about your attitudes, beliefs, and general health.	4 Fair
	Overall, how would you rate your health	5 Poor
	during the past 4 weeks?	6 Very poor
		99 Choose not to answer
1194[weight_6mo_t]	How much do you weigh in pounds? If you	text (number, Min: 79, Max: 999),

1195[know_pads_6mo_t] 1196[know_exercises_6mo_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. Certain exercises can be done to help to control urine leakage.	radio (Matrix) 1 Agree 2 Disagree 3 Don't know 99 Choose not to answer radio (Matrix) 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) 1 Agree 2 Disagree 3 Don't know 99 Choose not to answer
1198[know_oncestart_6mot]	Once people start to leak urine, they are never able to control their urine again.	radio (Matrix) 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) 1 Agree 2 Disagree 3 Don't know 99 Choose not to answer
1200[psq_6mo_t]	Section Header: This set of questions asks about your experience with the Women on the Go program. How satisfied are you with your progress in the Women on the Go program?	radio, Required 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 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 1 Yes 2 No 99 Choose not to answer Custom alignment: LH
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: 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. 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 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 Custom alignment: LV
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 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

1208[bitus_lastmo_6mo_	Section Header: During this research study, you were	radio (Matrix), Required
t]	able to use the Women on the Go program as often as you wanted to use it. How often DID YOU USE the Women on the Go program IN THE LAST MONTH?	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
1209[bitus_intend_6mo_	How often WOULD YOU WANT TO USE the	radio (Matrix), Required
t]	Women on the Go program IN THE NEXT MONTH if you could still use it?	0 Not at all
	MONTH II you could still use it:	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
1210[kegel_freq_6mo_t]	Section Header: Section 2 of 3 - Current Health Behaviors The following questions are about things you do that may impact bladder or bowel health.	radio, Required
		1 Once per month or less
	Thinking about the last 4 weeks, on average,	2 A few times per month
	how often did you do Kegel squeezes, or pelvic floor muscle exercises?	3 At least once per week
	petvic noor maseic exercises.	4 Several times per week
		5 At least once per day
		6 Several times per day
		99 Choose not to answer
1211[fiber_guess_6mo_t]	On an average day, how much fiber do you	radio, Required
	think you get through food and supplements?	1 Less than I should
	Supplements:	2 About what I should
		3 More than I should
		99 Choose not to answer
1212[fluid_guess_6mo_t]		radio, Required
	think you drink (including all fluids, not just water)?	1 Less than I should
	water:	2 About what I should
		3 More than I should
		99 Choose not to answer

1213[est_totalfluid_6mot]	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.	text (number, Min: 0, Max: 999) Custom alignment: LV		
1214[freq_coffee_6mo_t]	Thinking about the last week, about how	radio, Required		
	many servings of coffee with caffeine did you drink? Please do not include decaf coffee.	0	I do not drink coffee	
	One serving is 12 ounces, a regular sized	1	Less than 3 servings per week	
	coffee cup.	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	
121 <mark>5[freq_soda_6mo_t</mark>]	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.)	radi	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	
		Cust	tom alignment: LV	
1216[fruit_6mo_t]	Section Header: These questions help estimate how	radi	o (Matrix), Required	
	much fiber you get through foods you eat. Thinking about the last 4 weeks, on average, how often did you	1	Less than 1 serving per week	
	eat the following foods?	2	1 serving per week	
	Fruit (not juice)	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	

1217[grnsalad_6mo_t]	Green salad	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
1218[potato_6mo_t]	Potatoes or oatmeal	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
1219[vegetable_6mo_t]	Vegetables	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
1220[vegetjuice_6mo_t]	Vegetable Juice	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
1221[vegetsoup_6mo_t]	Vegetable soup/stew	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	
1222	[cereal_6mo_t]	Fiber cereal (raisin bran, bran buds, fruit-n-	radi	o (Matrix), Required	-
		fiber)	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	
1223[wheat_bread_6mo_t]	Whole wheat / rye bread	radi	o (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	
1224	[beans_6mo_t]	Beans (baked, pinto, black, kidney, red, split	radi	o (Matrix), Required	
		peas, soy, lentils) - NOT green beans)	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	
1225[usecontainprod_6mo	Section Header: This set of questions is about	che	ckbox, Required	
-	_t]	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	1	usecontainprod_6mo_t1	l use liners
		answer these questions. When you do not know an answer for sure, just make your best guess.	2	usecontainprod_6mo_t2	l use
		Do you use panty liners, pads, or undergarments (like Depends or diapers) for your bladder or bowel symptoms? Please check all that apply.	3	usecontainprod_6mo_t3	I use unde (like I or dia

		4 usecontainprod_6mo_t4 l us
		5 usecontainprod_6mo_t5 I do any
		99 usecontainprod_6mo_t99 Cho ans
		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 pads, please enter 0. If you choose not to answer, pleae enter 99	text (number, Min: 0, Max: 99), Required
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_	Thinking about the last month, about how	dropdown, Required
t]	much money have you spent on products	0 None
	(such as pads, undergarments, or plugs) to manage your bladder and/or bowel	1 Less than \$5
	symptoms?	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
1230[voidsovernight_6mo	Section Header:	text (number, Min: 0, Max: 99),
_t]	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.	Required
1231[daytimevoids_6mo_	On an average day, about how many times	radio, Required
t]	do you go to the toilet to urinate (pee) during the daytime? (Please do not include count	1 less than 4 times per day
	and daytime: (i lease do not include count	2 4-5 times

	trips to the bathroom overnight.)	3 6-8 times
		4 9-10 times
		5 11-12 times
		6 more than 12 times per day
		99 Choose not to answer
		Custom alignment: LV
1232[voidinterval_6mo_	During the daytime, about how long do you	radio, Required
t]	wait between trips to the toilet to urinate (pee)?	1 4 hours or more
	(pee):	2 3 hours
		3 2 hours
		4 1 hour
		5 Less than 1 hour
		99 Choose not to answer
		Custom alignment: LV
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?	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
1234[iciqui_howmuch_6mo	We would like to know how much urine you	radio, Required
_t]	think leaks. How much urine do you usually	0 None
	leak (whether you wear protection or not)?	2 A small amount
		4 A moderate amount
		6 A large amount
		99 Choose not to answer
1235[iciqui_interfer_6m	Overall, how much does leaking urine	radio, Required
o_t]	interfere with your everyday life? Please	0 0 (not at all)
	select a number between 0 (not at all) and 10 (a great deal).	1 1
		2 2
		3 3
		4 4
		5 5

			1.1		4
			6	6	
			7	7	
			8	8	
			9	9	
			10	10 (a great deal)	
			99	Choose not to answer	
			6		
4.5	26	W 1 2 2 1 1 2 (B)		tom alignment: LH	
12	36[iciqui_urineleak_6 mo_t]	When does urine leak? (Please select all that apply to you)		ckbox, Required	
	o_c]	αρριγ το γου,	1	iciqui_urineleak_6mo_t1	Never Urine does leak
			2	iciqui_urineleak_6mo_t2	Leaks befor you c get to toilet
			3	iciqui_urineleak_6mo_t3	Leaks when cough sneez
			4	iciqui_urineleak_6mo_t4	Leaks when are aslee
			5	iciqui_urineleak_6mo_t5	Leaks when are physi active exerc
			6	iciqui_urineleak_6mo_t6	Leaks when have finish urina and a dress
			7	iciqui_urineleak_6mo_t7	Leaks no obvio reaso
			8	iciqui_urineleak_6mo_t8	Leaks the ti

			99	iciqui_urineleak_6mo_t99	Choo: not to answ
				d Annotation: ONEOFTHEABOVE='1,99'	
123	7[gse_ui1_6mo_t]	On a scale from 0 (not at all) to 10 (a great	radio, Required		
		deal), how confident are you that you can hold in your urine when you want to?	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	
			Cust	tom alignment: LH	
123	8[gse_ui2_6mo_t]	On a scale from 0 (not at all) to 10 (a great		o, Required	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can			
123	8[gse_ui2_6mo_t]		radi	o, Required	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio	o, Required 0 (not at all)	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio 0	o, Required 0 (not at all)	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio 0 1 2	o, Required 0 (not at all) 1	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio 0 1 2 3	o, Required 0 (not at all) 1 2	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	7 radio 0 1 2 3 4	o, Required 0 (not at all) 1 2 3	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio 0 1 2 3 4 5	o, Required 0 (not at all) 1 2 3 4	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio 0 1 2 3 4 5	o, Required 0 (not at all) 1 2 3 4 5	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio 0 1 2 3 4 5 6	o, Required 0 (not at all) 1 2 3 4 5 6	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio 0 1 2 3 4 5 6 7	o, Required 0 (not at all) 1 2 3 4 5 6 7	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio 0 1 2 3 4 5 6 7 8	o, Required 0 (not at all) 1 2 3 4 5 6 7 8 9 10 (a great deal)	
123	8[gse_ui2_6mo_t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio 0 1 2 3 4 5 6 7 8 9 10 99	o, Required 0 (not at all) 1 2 3 4 5 6 7 8 9 10 (a great deal)	
	8[gse_ui2_6mo_t] 9[bladderseekhx_6mo_ t]	deal), how confident are you that you can prevent urine loss without relying on pads or	radio 0 1 2 3 4 5 6 7 8 9 10 99 Cust	o, Required 0 (not at all) 1 2 3 4 5 6 7 8 9 10 (a great deal) Choose not to answer	

		about your bladder health?	1	Yes, but it was not very helpful
			2	Yes, and it was helpful
			99	Choose not to answer
			Cus	tom alignment: LH
124	O[fvq_bmconst_6mo_t]	Section Header: 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	radi	o, Required
			1	Never
		In the past month, how often have you been	2	Occasionally
		constipated?	3	Sometimes
			4	Most of the time
			5	All the time
			99	Choose not to answer
124	1[fvq_bmdiarr_6mo_t]	In the past month, how often have you had	radio, Required	
		diarrhea?	1	Never
			2	Occasionally
			3	Sometimes
			4	Most of the time
			5	All the time
			99	Choose not to answer
124	2[fvq_bmconsist_6mo_	What has been the usual consistency of your	radi	o, Required
	t]	bowel movements (poop) in the last 4 weeks?	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
			Cus	tom alignment: LV
124	43[smis_solid_6mo_t]	Section Header: Thinking about the last 4 weeks, please	radi	o (Matrix), Required
		indicate how your bowel symptoms impact your life. How often do you have accidental leakage of	1	Never (less than once per

	solid stool (poop)	mont	h)
		2 Rarely	y (about once a month)
		3 Some	etimes (2-3 times a month)
		4 Week	sly
		5 Daily	
		99 Choo	se not to answer
1244[smis_liquid_6mo_t]	How often do you have accidental leakage of	radio (Mat	rix), Required
	liquid stool (poop)?	1 Neve	r (less than once per h)
		2 Rarel	y (about once a month)
		3 Some	etimes (2-3 times a month)
		4 Week	kly
		5 Daily	
		99 Choo	se not to answer
1245[smis_gas_6mo_t]	How often do you lose control of gas?	radio (Mat	rix), Required
		1 Neve	r (less than once per :h)
		2 Rarel	y (about once a month)
		3 Some	etimes (2-3 times a month)
		4 Week	kly
		5 Daily	
		99 Choo	se not to answer
1246[sis_lifestyle_6mo_	How often do your bowel symptoms affect	radio (Matrix), Required	
t]	your lifestyle?	1 Neve	r (less than once per :h)
		2 Rarel	y (about once a month)
		3 Some	etimes (2-3 times a month)
		4 Week	dy
		5 Daily	
		99 Choo	se not to answer
1247[smis_padplug_6mo_	Do you use a pad or plug for accidental	radio, Req	uired
t]	bowel leakage?	1 Yes	
		2 No	
		99 Choo	se not to answer
1248[smis_meds_6mo_t]	Do you take medications to make you	radio, Req	uired
	constipated?	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	radio, Required		
	you have an urge to go for a bowel movement (poop)?	1 Yes		
	The state of the s	2 No		
		99 Choose not to answer		
1250[gse_abl1_6mo_t]	mo_t] Section Header:	radio, Required		
	On a scale from 0 (not at all) to 10 (a great	0 0 (not at all)		
	deal), how confident are you that you can hold in your stool (poop) when you want to?	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		
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	radio, Required		
		0 0 (not at all)		
		o o (not at an)		
	prevent accidental bowel leakage without relying on pads or protection when you are	1 1		
	prevent accidental bowel leakage without			
	prevent accidental bowel leakage without relying on pads or protection when you are	1 1		
	prevent accidental bowel leakage without relying on pads or protection when you are	1 1 2 2		
	prevent accidental bowel leakage without relying on pads or protection when you are	1 1 2 2 3 3		
	prevent accidental bowel leakage without relying on pads or protection when you are	1 1 2 2 3 3 4 4		
	prevent accidental bowel leakage without relying on pads or protection when you are	1 1 2 2 3 3 4 4 5 5		
	prevent accidental bowel leakage without relying on pads or protection when you are	1 1 2 2 3 3 4 4 4 5 5 6 6 6		
	prevent accidental bowel leakage without relying on pads or protection when you are	1 1 2 2 3 3 4 4 4 5 5 5 6 6 6 7 7		
	prevent accidental bowel leakage without relying on pads or protection when you are	1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8		
	prevent accidental bowel leakage without relying on pads or protection when you are	1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9		
	prevent accidental bowel leakage without relying on pads or protection when you are	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		
1252[bowelseekhx_6mo_t]	prevent accidental bowel leakage without relying on pads or protection when you are	1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 (a great deal)		

		a health professional, like a doctor or nurse,	1 Yes, but it was not very helpful
		about your bowel health?	2 Yes, and it was helpful
			99 Choose not to answer
			Custom alignment: LH
125	3[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
125	4[month_6_survey_t_c omplete]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	trument: \$25 paid ((paid_c_cad7)	
125	5[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
125	6[pr_non_res_alien_p 4]	Are you a non-resident alien? [bl_arm_2] [pr_non_res_alien]	descriptive Field Annotation: @READONLY
125	7[pr_first_name_p4]	First name: [bl_arm_2][pr_first_name]	descriptive, Identifier Field Annotation: @READONLY
125	8[pr_last_name_p4]	Last name: [bl_arm_2][pr_last_name]	descriptive, Identifier Field Annotation: @READONLY
125	9[pr_email_address_p	Email address: [bl_arm_2][pr_email_address]	descriptive, Identifier Field Annotation: @READONLY
126	0[paid_baseline_v2_c 19279_v2]	\$25 compensation sent	radio, Required 1 Yes 2 No
126	<pre>1[datepaid_baseline_ v2_e32647_v2]</pre>	Date \$25 sent	text
	2[paid_c_cad7_comple te]	Section Header: Form Status Complete? Complete Section Header: Form Status	dropdown 0 Incomplete 1 Unverified 2 Complete
insi	trument: \$25 paid 1	(paid_t_ce95) 🛂 Enabled as survey	

126	3[pr_uw_employ_p4_tailored6mo]	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
126	4[pr_non_res_alien_p 4_tailored6mo]	Are you a non-resident alien? [bl_arm_3] [pr_non_res_alien_basicinfot]	descriptive Field Annotation: @READONLY
126	5[pr_first_name_p4_t ailored6mo]	First name: [bl_arm_3] [pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
126	6[pr_last_name_p4_ta ilored6mo]	Last name: [bl_arm_3] [pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
126	7[pr_email_address_p 4_tailored6mo]	Email address: [bl_arm_3] [pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY
126	8[paid_baseline_v2_c 19279_v2_tailored6m o]	\$25 compensation sent	radio, Required 1 Yes 2 No
126	9[datepaid_baseline_ v2_e32647_v2_tailor ed6mo]	Date \$25 sent	text
127	O[paid_t_ce95_comple te]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: Interview	(interview)	
127	1[selected_intervie w]	Participant selected for interview?	radio, Required 1 Yes 2 No
127	2[interview_agreed]	Participant agreed to participate in interview?	radio 1 Yes 2 No 3 Not applicable
127	3[interview_date]	Date interview conducted	text, Identifier
127	4[interview_complet e]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Inst	rument: \$25 paid ((paid_c_bbc1)	
127	5[pr_uw_employ_p5]	Are you a University of Wisconsin-Madison or University of Wisconsin School of Medicine and Public Health employee?	descriptive Field Annotation: @READONLY

		[bl_arm_2][pr_uw_employ]		
127	6[pr_non_res_alien_p 5]	Are you a non-resident alien? [bl_arm_2] [pr_non_res_alien]	descriptive Field Annotation: @READONLY	
127	7[pr_first_name_p5]	First name: [bl_arm_2][pr_first_name]	descriptive, ldentifier Field Annotation: @READONLY	
127	8[pr_last_name_p5]	Last name: [bl_arm_2][pr_last_name]	descriptive, ldentifier Field Annotation: @READONLY	
127	9[pr_email_address_p 5]	Email address: [bl_arm_2][pr_email_address]	descriptive, ldentifier Field Annotation: @READONLY	
128	O[paid_baseline_v2_c 19279_v2_v2]	\$25 compensation sent	radio, Required 1 Yes 2 No	
128	1[datepaid_baseline_ v2_e32647_v2_v2]	Date \$25 sent	text	
128	2[paid_c_bbc1_comple te]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete	
Inst	rument: \$25 paid T	(paid_t_81d9) 🛂 Enabled as survey		
128	3[pr_uw_employ_p5_ta iloredinter]	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	
128	4[pr_non_res_alien_p 5_tailoredinter]	Are you a non-resident alien? [bl_arm_3] [pr_non_res_alien_basicinfot]	descriptive Field Annotation: @READONLY	
128	5[pr_first_name_p5_t ailoredinter]	First name: [bl_arm_3] [pr_first_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY	
128	6[pr_last_name_p5_ta iloredinter]	Last name: [bl_arm_3] [pr_last_name_basicinfot]	descriptive, Identifier Field Annotation: @READONLY	
128	7[pr_email_address_p 5_tailoredinter]	Email address: [bl_arm_3] [pr_email_address_basicinfot]	descriptive, Identifier Field Annotation: @READONLY	
128	8[paid_baseline_v2_c 19279_v2_v2_tailore dinter]	\$25 compensation sent	radio, Required 1 Yes 2 No	
128	9[datepaid_baseline_ v2_e32647_v2_v2_tai loredinter]	Date \$25 sent	text	
129	O[paid_t_81d9_comple te]	Section Header: Form Status Complete?	dropdown 0 Incomplete 1 Unverified	

			2	Complete		
Inst	Instrument: WotG Study Waitlist (wotg_study_waitlist)					
129	<pre>1[first_name_waitlis t]</pre>	First name	tex	t, Identifier		
129	2[last_name_waitlis t]	Last name	tex	t, Identifier		
129	3[email_address_wait list]	Email address	tex	t, Identifier		
129	4[wotg_study_waitlis	Section Header: Form Status	dro	ppdown		
	t_complete]	Complete?	0	Incomplete		
			1	Unverified		
			2	Complete		