

## Bladder Control v3 HRA Questions



Questions	Potential Answers
Age	
Sex	Male Female
Height	
Weight	
Ethnicity	White African American Hispanic or Latino Asian or Pacific Islander American Indian or Alaska Native Other Unknown/no answer
Smoking	Never smoked Quit smoking (more than 1 yr) Quit smoking (less than 1 yr) Smoked within 30 days
Primary care physician	I do not have a primary care physician I have a primary care physician (not answered) My last check-up was less than 1 year ago My last check-up was 1 to 2 years ago My last check-up was more than 2 years ago (not applicable: conditional for primaryCarePhysician_has = '1')
During the past 3 months, have you leaked urine (even a small amount)?	Yes No
Indicate when you leaked urine in the past 3 months. (check all that apply)	While performing some physical activity like sneezing, laughing, lifting, or exercising With an urge to empty bladder but couldn't get to the toilet in time Without physical activity or a sense of urgency
Do you have any of these urinary symptoms? (Check all that apply)	Visible blood in the urine Pain with passing urine (peeing) Pain of discomfort in the lower abdominal or genital area Trouble emptying the bladder None of these
Do you take any medications that may affect your urine control?	Yes No
Check any health history that applies to you.	I have given birth vaginally I am post-menopause Neither of these
Do you typically use the bathroom more than 8 times per day?	Yes No
Do you typically use the bathroom more than once during the night?	Yes No
How much are you bothered by the frequency of your bathroom visits? (day and night)	Not at all Slightly Moderately Greatly (not applicable: conditional for [hasFrequentUrination] = 'yes')
How much are you bothered by leaks that happen with a sense of urgency?	Not at all Slightly Moderately Greatly (not applicable: conditional for [reportedLeakType_urgency = '1'])
Which of these bladder irritants do you regularly eat or drink?	Spicy foods Acidic foods or fruit juices Carbonated drinks Coffee or tea Beer, wine, or spirits

	None of these
How much are you bothered by leaks while performing some physical activity like sneezing, laughing, lifting, or exercising?	Not at all  Slightly Moderately Greatly (not applicable: conditional for [reportedLeakType_activity = '1'])
Indicate your history of risk factors. (Check all that apply)	Surgery to pelvic area Chronic cough or sneezing High-impact activities, like jumping or running, over many years None of these