

Incontinence (INC)

INC001 Many people have accidental leakage of urine or stool. The next few questions ask about accidental urine leakage.

Enter **1** to continue.

<1> **CONTINUE**

INC005 Have you ever experienced accidental urinary leakage?

Enter **1** for **yes**, **2** for **no**.

<1> **YES** (GO TO INC010)
<2> **NO** (SKIP TO INC035)

<d> **DON'T KNOW** (SKIP TO INC035)

<r> **REFUSED** (SKIP TO INC035)

<q> REPLAY QUESTION

<h> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)

<s> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

INC005

FMIT_YES_NO.

INC010 How often do you experience urinary leakage?

Would you say less than once a month, a few times a month, a few times a week, or every day or every night?

Enter **1** for **less than once a month**, **2** for **a few times a month**, **3** for **a few times a week** or **4** for **every day or every night**

<1> **LESS THAN ONCE A MONTH**

<2> **A FEW TIMES A MONTH**

<3> **A FEW TIMES A WEEK**

<4> **EVERY DAY OR EVERY NIGHT**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> REPLAY QUESTION

<h> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)

<s> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

INC010

FMT_INC010_.

INC020 How much urine do you lose each time? Drops, small splashes, or more?

Please enter **1** for **drops**, **2** for **small splashes** or **3** for **more**.

<1> **DROPS**

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<2> **SMALL SPLASHES**
<3> **MORE**

INC020

FMT_INC020_.

<d> **DON'T KNOW** <r> **REFUSED**
<q> REPLAY QUESTION <h> REPLAY RESPONSES
<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
<s> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

INC030

Have you ever talked to a health care provider, such as a doctor, nurse practitioner or physician's assistant, about your urine leakage?

Please enter **1** for **yes**, or **2** for **no**.

<1> **YES**
<2> **NO**

INC030

FMT_YES_NO.

<d> **DON'T KNOW** <r> **REFUSED**
<q> REPLAY QUESTION <h> REPLAY RESPONSES
<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
<s> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

INC035

Next, we'd like to ask you about accidental bowel leakage. Accidental bowel leakage refers to the loss of any amount of loose or liquid, or formed or solid, stool that is beyond your control.

Enter **1** to continue.

<1> **CONTINUE**

INC037

Have you ever experienced accidental bowel leakage?

Enter **1** for **yes**, **2** for **no**.

INC037

FMT_YES_NO.

<1> **YES (GO TO INC040)**
<2> **NO (SKIP TO INC075)**
<d> **DON'T KNOW (SKIP TO INC075)**
<r> **REFUSED (SKIP TO INC075)**
<q> REPLAY QUESTION
<h> REPLAY RESPONSES
<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)
<s> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

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INC040

How often do you experience accidental bowel leakage?

Would you say rarely or less than once a month, sometimes or more than once per month but less than once per week, weekly, or daily?

Enter **1** for **rarely or less than once a month**, **2** for **sometimes or more than once per month but less than once per week**, **3** for **weekly** or **4** for **daily**.

<1> **RARELY (LESS THAN ONCE PER MONTH)**

<2> **SOMETIMES (MORE THAN ONCE PER MONTH BUT LESS THAN ONCE PER WEEK)**

<3> **WEEKLY**

<4> **DAILY**

INC040

FMT_INC040_.

<d> **DON'T KNOW**

<r> **REFUSED**

<q> **REPLAY QUESTION**

<h> **REPLAY RESPONSES**

<y> **TURN QUESTION AUDIO OFF (SOUND IS NOW ON)**

<s> **TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)**

INC050

When you experience accidental bowel leakage, how much stool do you usually lose?

Would you say gas only, a small amount of stool, only enough to stain your underwear or about the size of a quarter, a moderate amount of stool, often requiring a change of underwear, or a large bowel movement of liquid stool, often requiring a complete change of clothes?

Please enter **1** for **gas only**, **2** for **a small amount of stool**, **3** for **a moderate amount of stool**, or **4** for **a large bowel movement of liquid stool**.

<1> **GAS ONLY**

<2> **A SMALL AMOUNT OF STOOL (ONLY ENOUGH TO STAIN YOUR UNDERWEAR, ABOUT THE SIZE OF A QUARTER)**

<3> **MODERATE AMOUNT OF STOOL (OFTEN REQUIRING A CHANGE OF UNDERWEAR)**

<4> **LARGE BOWEL MOVEMENT OF LIQUID STOOL (OFTEN REQUIRING A COMPLETE CHANGE OF CLOTHES)**

<d> **DON'T KNOW**

<r> **REFUSED**

<q> **REPLAY QUESTION**

<h> **REPLAY RESPONSES**

<y> **TURN QUESTION AUDIO OFF (SOUND IS NOW ON)**

<s> **TURN RESPONSE AUDIO OFF (SOUND IS NOW ON)**

INC050

FMT_INC050_.

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INC070

Have you ever talked to a health care provider, such as a doctor, nurse practitioner, or physician's assistant, about your accidental bowel leakage?

Please enter **1** for **YES**, or **2** for **NO**.

<1> YES

<2> NO

<d> DON'T KNOW

<r> REFUSED

<q> REPLAY QUESTION

<h> REPLAY RESPONSES

<y> TURN QUESTION AUDIO OFF (SOUND IS NOW **ON**)

<s> TURN RESPONSE AUDIO OFF (SOUND IS NOW **ON**)

INC070

FMT_YES_NO.

[END OF QUESTIONNAIRE]