

IDNEW (ID number unrelated to original study ID number): \_\_\_\_\_

Cohort (1-4): \_\_\_\_\_

Note: Item numbers consist of a 3-character code that identifies the file (MHS) followed by the original label of the item (possibly with a zero inserted). Go to or skip statements use only the original label. Therefore, 'skip to B2' is equivalent to 'skip to MHSB02'.

## COORDINATOR TO COMPLETE WITH PATIENT:

## SECTION B: SOCIAL HISTORY

## TOBACCO USE

MHSB01. Are you a current smoker?

1. ☐ Yes2. ☐ No →SKIP to B2

MHSB01A. On average, how many cigarettes per day do you now smoke?

\_\_\_\_\_ Cigarettes/day

MHSB01B. How many years have you smoked?

\_\_\_\_\_ Years

MHSB02. If you are not a current smoker have you...

1. ☐ Never smoked2. ☐ Quit smoking less than six months ago3. ☐ Quit smoking six or more months ago

## CAFFEINE INTAKE

MHSB03. In the last three months, about how often did you drink a cup of coffee, tea, or caffeinated soft drink?

1. ☐ Never or less than once a month2. ☐ At least monthly, but not as often as every day3. ☐ One to three times per day4. ☐ More than three times per day

## ALCOHOL INTAKE

MHSB04. In the last three months, about how often did you drink an alcoholic beverage (one drink is equivalent to a medium glass of wine, a can of beer, or a shot of liquor)?

1. ☐ Never or less than once a month2. ☐ At least monthly, but not as often as every day3. ☐ One to three times per day4. ☐ More than three times per day

## SECTION C: OBSTETRICAL HISTORY

MHSC01. Have you ever been pregnant?

1. ☐ Yes2. ☐ No →SKIP to C2

MHSC01A. How many Cesarean deliveries have you had?

\_\_\_\_\_

MHSC01B. How many vaginal deliveries have you had (over 20 weeks)?

\_\_\_\_\_

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MHSC02. With regards to your menstrual cycle, are you currently...

1. ☐ Pre-menopausal      2. ☐ Post-menopausal      3. ☐ Not sure

MHSC03. Are you currently receiving estrogen replacement therapy (not birth control pills)?

1. ☐ Yes      2. ☐ No

#### SECTION D: INCONTINENCE HISTORY

MHSD01. Have you ever leaked urine involuntarily because you couldn't control it?

1. ☐ Yes      2. ☐ No →SKIP to D2

MHSD01A. At its worst, how often did the leaking occur?

1. ☐ Daily      2. ☐ One or more times a week but less than every day  
3. ☐ More than once a month but less than once a week      4. ☐ Less than once a month

MHSD01B. Think of the period when your leakage was at its worst. Would you say that:

1. ☐ It has improved since then      2. ☐ It is still at its worst, but not changing      3. ☐ It is continuing to get worse

MHSD02. Have you ever received any non-surgical treatment for your urinary incontinence?

1. ☐ Yes      2. ☐ No →SKIP to D3

Have you had any of the following treatments for urinary incontinence (check all that apply)?

- MHSD02A1. Medicine (drug treatment)? ☐
- MHSD02A2. Bladder training? ☐
- MHSD02A3. Pelvic muscle exercises (Kegel)? ☐
- MHSD02A4. Electrical stimulation? ☐
- MHSD02A5. Biofeedback? ☐
- MHSD02A6. Pessary? ☐
- MHSD02A7. Urethral insert? ☐
- MHSD02A8. Other ☐
- MHSD02A9. Don't Know ☐

Note: the specification has been deleted

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MHSD03. Have you ever had any surgery specifically for the treatment of urinary incontinence?

1. ☐ Yes      2. ☐ No →SKIP to D4

MHSD03A. How many times have you undergone surgery specifically to treat your urinary incontinence (excluding urethral dilations/stretching of the urethra)? \_\_\_\_\_

MHSD04. Have you ever had any surgery specifically for the treatment of pelvic organ prolapse?

1. ☐ Yes      2. ☐ No →SKIP to E1

MHSD04A. How many times have you undergone surgery specifically to treat your pelvic organ prolapse? \_\_\_\_\_

#### SECTION E: PELVIC AND ABDOMINAL SURGICAL HISTORY

MHSE01. Have you ever had any other abdominal or pelvic surgery, excluding cesarean deliveries?

1. ☐ Yes      2. ☐ No →SKIP to F1

MHSE01A. Have you ever had a hysterectomy?

1. ☐ Yes      2. ☐ No →SKIP to E1b

MHSE01A1. How was the hysterectomy performed (What was the surgical approach)?

1. ☐ Vaginal      2. ☐ Abdominal      3. ☐ Laparoscopic      8. ☐ Don't know

MHSE01A2. Was the reason for your hysterectomy related to incontinence or prolapse?

1. ☐ Yes      2. ☐ No      8. ☐ Don't know

Have you ever had:

	1. Yes	2. No	8. Don't know
MHSE01B1. Removal of both ovaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MHSE01B2. Anterior repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MHSE01B3. Posterior repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MHSE01B4. Colon resection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MHSE01B5. Gallbladder removal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## SECTION F: GENERAL MEDICAL HISTORY

MHSF01. Have you had 3 or more urinary tract infections (bladder or kidney) during the past year that required treatment?

1. ☐ Yes2. ☐ No

Have you ever had any of the following medical conditions? (obtain from patient or patient chart)

1. Yes

2. No

3. Don't know

MHSF02A. Diabetes..... ☐☐☐MHSF02B. Connective Tissue disease (SLE, Marfans, Sjogrens, Scleroderma). ☐☐☐

Indicate for each item the term that best describes the degree of impairment. For illnesses that cause impairment on more than one of the items, more than one item must be rated. When more than one illness occurs for a given item, it is the total impairment from these illnesses that is rated. Each system should be rated as follows:

0. None

1. Mild

2. Moderate

3. Severe

4. Extremely  
Severe**Cardiovascular-Respiratory System**MHSF03A. Cardiac (heart only) ☐☐☐☐☐MHSF03B. Vascular (blood, blood vessels and cells, marrow,  
spleen, lymphatics) ☐☐☐☐☐MHSF03C. Respiratory (lungs, bronchi, trachea below the larynx) ☐☐☐☐☐MHSF03D. EENT (eye, ear, nose, throat, larynx) ☐☐☐☐☐**Gastrointestinal System**MHSF03E. Upper GI (esophagus, stomach, duodenum, biliary  
and pancreatic tract) ☐☐☐☐☐☐MHSF03F. Lower GI (intestines, hernias) ☐☐☐☐☐☐MHSF03G. Hepatic (liver only) ☐☐☐☐☐☐**Genitourinary System**MHSF03H. Renal (kidneys only) ☐☐☐☐☐☐MHSF03I. Other GU (ureters, bladder, urethra, genitals) ☐☐☐☐☐☐**Musculo-Skeletal-Integumentary System**MHSF03J. MSI (muscles, bone, skin) ☐☐☐☐☐☐**Neuropsychiatric System**MHSF03K. Neurologic (brain, spinal cord, nerves) ☐☐☐☐☐☐MHSF03L. Psychiatric (mental) ☐☐☐☐☐☐**General System**MHSF03M. Endocrine-Metabolic (includes diffuse infections, poisonings) ☐☐☐☐☐☐