Questionnaire Number

You and Your Body
Aged 19+

This questionnaire is for the study young women

20/07/2011

31020

FILLING IN THE QUESTIONNAIRE

Please use **black** pen. To answer questions simply put a cross in the box which is most accurate in your opinion, like this:

If you make a mistake, shade the box in like this:

then cross the correct box.

If you are answering questions which ask you to give further details, please make sure you write inside the boxes.

If you do not want to answer a question or if it does not apply to you, leave it blank. There are no right or wrong answers. Just tell us what is true for you.

THANK YOU FOR YOUR HELP

Section A: About your health

Many people experience bladder or urinary symptoms some of the time. We are trying to find out how many people experience bladder/urinary symptoms and how much they bother them. We would be grateful if you could answer the following questions, thinking about how you have been, on average over the PAST FOUR WEEKS.

A1. a) How often do you pass urine during the day?

1-6 times	1 ☐
7-8 times	2 ☐
9-10 times	3 ☐
11-12 times	4 ☐
13 or more times	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A2 a) During the night, how many times do you have to get up to urinate, on average?

none	1 ☐
one	2 ☐
two	3 ☐
three	4 ☐
four or more	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A3. a) Does urine leak when you are physically active, exert yourself, cough or sneeze?

never	1 ☐
occasionally	2 ☐
sometimes	3 ☐
most of the time	4 ☐
all of the time	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A4. a) Do you have a sudden need to rush to the toilet to urinate?

never	1 ☐
occasionally	2 ☐
sometimes	3 ☐
most of the time	4 ☐
all of the time	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A5. a) Does urine leak before you can get to the toilet?

never	1 ☐
occasionally	2 ☐
sometimes	3 ☐
most of the time	4 ☐
all of the time	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A6. a) Do you ever leak urine for no obvious reason and without feeling that you want to go?

never	1 ☐
occasionally	2 ☐
sometimes	3 ☐
most of the time	4 ☐
all of the time	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A7. How much urinary leakage occurs?

no leakage	1 ☐
drops/pants damp	2 ☐
dribble/pants wet	3 ☐
floods, soaking through to outer clothing	4 ☐
floods, running down legs or onto floor	5 ☐

A8. a) Is there a delay before you can start to urinate?

never	1 ☐
occasionally	2 ☐
sometimes	3 ☐
most of the time	4 ☐
all of the time	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A9. a) Do you have to strain to urinate?

never	1 ☐
occasionally	2 ☐
sometimes	3 ☐
most of the time	4 ☐
all of the time	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A10.a) Do you stop and start more than once while you urinate?

never	1 ☐
occasionally	2 ☐
sometimes	3 ☐
most of the time	4 ☐
all of the time	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A11.a) Would you say that the strength of your urinary stream is ..

not reduced	1 ☐
reduced a little	2 ☐
quite reduced	3 ☐
reduced a great deal	4 ☐
no stream	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A12.a) How often do you leak urine?

never	1 ☐
once or less per week	2 ☐
two to three times per week	3 ☐
once per day	4 ☐
several times per day	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A13.a) Do you leak urine when you are asleep?

never	1 ☐
occasionally	2 ☐
sometimes	3 ☐
most of the time	4 ☐
all of the time	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A14. Have you ever blocked up completely so that you could not urinate at all and had to have a catheter to drain the bladder?

no	1 ☐
yes, once	2 ☐
yes, twice	3 ☐
yes, more than twice	4 ☐

A15.a) Do you have a burning feeling when you urinate?

never	1 ☐
occasionally	2 ☐
sometimes	3 ☐
most of the time	4 ☐
all of the time	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A16.a) How often do you feel that your bladder has not emptied properly after you have urinated?

never	1 ☐
occasionally	2 ☐
sometimes	3 ☐
most of the time	4 ☐
all of the time	5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A17. Can you stop the flow of urine if you try while you are urinating?

yes, easily	1 ☐
yes, with difficulty	2 ☐
no, cannot stop it flowing	3 ☐

A18. If you had to spend the rest of your life with any urinary symptoms that you may have now, how would you feel?

No particular symptoms	1 ☐
Perfectly happy	2 ☐
Pleased	3 ☐
Mostly satisfied	4 ☐
Mixed feelings	5 ☐
Mostly dissatisfied	6 ☐
Very unhappy	7 ☐
Desperate	8 ☐

A19. Did you or any of your family have a problem of bedwetting or daytime wetting? (when older than 5 yrs)

	Yes, bed wetting	**Yes, daytime wetting**	**No not at all**	**Don't know**
a) you	1 ☐	2 ☐	3 ☐	4 ☐
b) brother or sister	1 ☐	2 ☐	3 ☐	4 ☐
c) mother	1 ☐	2 ☐	3 ☐	4 ☐
d) father	1 ☐	2 ☐	3 ☐	4 ☐

A20. Have you had a wetting accident yourself in the past year, either during the night or day?

Yes 1 ☐ **No** 2 ☐ → **If no, go to A22 below**

A21. Could you please indicate how many nights or days this has occurred within the past month.

i) during the night: ☐☐

ii) during the day ☐☐

A22.a) Do you have pain in your bladder?

never 1 ☐

occasionally 2 ☐

sometimes 3 ☐

most of the time 4 ☐

all of the time 5 ☐

b) How much does this bother you?

Please cross a box numbered between 0 (not at all) and 10 (a great deal)

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

not at all **a great deal**

A23. In the past month, how often have you had a urinary/bladder infection:

Almost all the time	Sometimes	Not at all
1 ☐	2 ☐	3 ☐

A24. Many of us have accidents sometimes. How often do the following happen to you?

	Never	Occasionally but less than once a week	About once a week	2-5 times a week	Nearly every day	More than once a day
a) wet yourself during the day	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b) wet the bed at night	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c) dirty your pants during the day	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
d) dirty yourself at night	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

Section B: About you

We want to examine the relationship between the levels of certain hormones in young women and heart disease risk in the future. These hormone levels are linked to how regular your periods are and how much body hair you have.

B1. Are you currently using:

		Yes	No
a)	the oral contraceptive pill	1 ☐	2 ☐
b)	the contraceptive injection (e.g. Depo-provera)?	1 ☐	2 ☐
c)	a contraceptive implant under your skin (e.g. Implanon)?	1 ☐	2 ☐
d)	a contraceptive coil with hormone (e.g. Mirena)?	1 ☐	2 ☐
e)	a contraceptive patch?	1 ☐	2 ☐

The next question is going to ask you about how regular and long your menstrual cycles are. What we mean when we ask about length is the number of days between the first day of one period and the first day of the next period. So, for example, if the first day that you started bleeding on your last period was 7th May and the one before that was 10th April, the length of that cycle was 27 days.

B2. Are your periods regular?

Yes occur every 23 days or less	1 ☐
Yes occur between 24 and 35 days	2 ☐
Yes occur more than every 35 days	3 ☐
No	4 ☐

B3. What was the date of your last period?

(If you cannot remember the exact date please fill in as much detail as you can)

Day		Month		Year			
				2	0		

B4. a) Have you ever been given the pill by a doctor in order to regulate your periods?

Yes 1 ☐ No 2 ☐

b) **If yes,** at what age ☐☐

B5. a) Are you a parent?

Yes 1 ☐ No 2 ☐ → **If no, go to B6a below**

b) **If yes**, when did you become a parent

Day ☐☐ / Month ☐☐ / Year **2 0** ☐☐

B6. a) Are you currently pregnant?

Yes 1 ☐ No 2 ☐ → **If no, go to B7 on page 16**

b) **If yes**, what is your expected date of delivery? (expected date that your baby will be born - if you do not know the exact date please enter the month and year)

Day ☐☐ / Month ☐☐ / Year **2 0** ☐☐

Some women consider any amount of body hair as unwanted, so when answering the following questions, please think what you would consider an abnormal amount.

B7. Do you have unwanted/excess hair in the following areas?
(not including arm pit or pubic hair)

a) The upper lip Yes 1 ☐ No 2 ☐

b) If **yes,** please mark the most relevant diagram.

1 ☐

2 ☐

3 ☐

4 ☐

B8. a) The chin Yes 1 ☐ No 2 ☐

b) If **yes,** please mark the most relevant diagram.

1 ☐

2 ☐

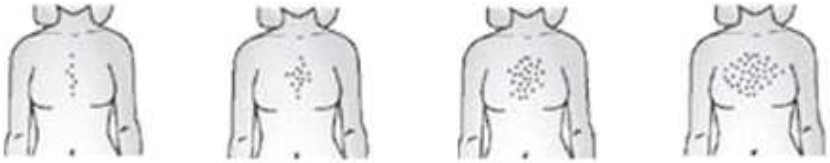
3 ☐

4 ☐

B9. a) Do you have hair around the nipples? Yes 1 ☐ No 2 ☐

b) Between the breasts Yes 1 ☐ No 2 ☐

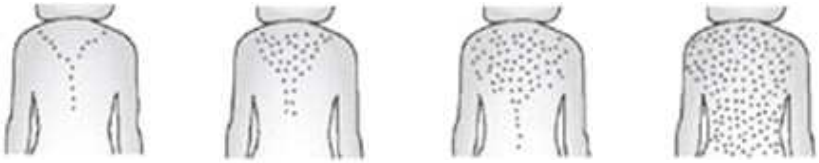
c) If **yes,** please mark the most relevant diagram.



1 ☐ 2 ☐ 3 ☐ 4 ☐

B10. a) The upper back Yes 1 ☐ No 2 ☐

b) If **yes,** please mark the most relevant diagram.



1 ☐ 2 ☐ 3 ☐ 4 ☐

B11. a) Lower back Yes 1 ☐ No 2 ☐

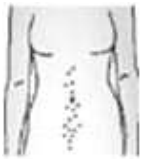
b) If **yes,** please mark the most relevant diagram.

1 ☐ 2 ☐ 3 ☐ 4 ☐

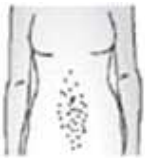
B12. a) Upper abdomen (above the belly button) Yes 1 ☐ No 2 ☐

b) If **yes,** please mark the most relevant diagram.

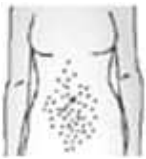
1 ☐



2 ☐



3 ☐

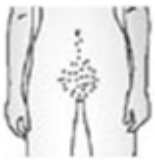


4 ☐

B13. a) The lower abdomen (below the belly button) Yes 1 ☐ No 2 ☐

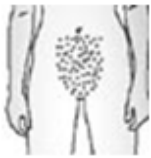
b) If **yes,** please mark the most relevant diagram.

1 ☐



2 ☐

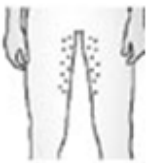
3 ☐



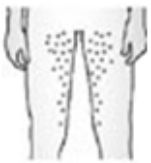
4 ☐

B14. a) Legs (thighs) Yes 1 ☐ No 2 ☐

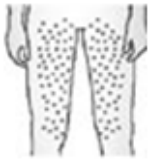
b) If **yes,** please mark the most relevant diagram.



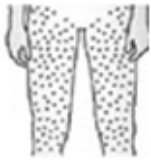
1 ☐



2 ☐



3 ☐

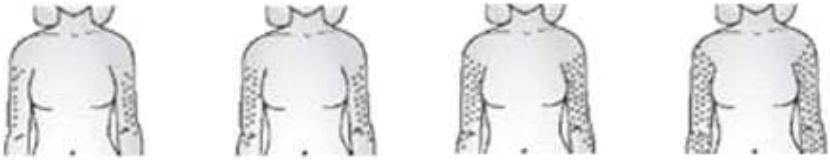


4 ☐

B15. Do you have hair on your legs below the knee? Yes 1 ☐ No 2 ☐

B16. a) Arms Yes 1 ☐ No 2 ☐

b) If **yes,** please mark the most relevant diagram.



1 ☐ 2 ☐ 3 ☐ 4 ☐

B17. Do you have hair on your arms below the elbow? Yes 1 ☐ No 2 ☐

Now please complete section C on the back page.

SECTION C:

C1. Did you have any help to fill this in?

No 1 ☐ Yes 2 ☐

If **yes**, please say who helped you:

a) A parent helped 1 ☐

b) Someone else helped 1 ☐

C2. What is your date of birth? Day ☐☐ / Month ☐☐ / Year 1 9 9 ☐

C3. What is today's date? Day ☐☐ / Month ☐☐ / Year 2 0 1 ☐

Thank you VERY much for your help

Space for any additional comments you would like to make

N.B: Please remember we cannot reply to any comment unless you sign it

When completed, please send this back to:

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Office use only ☐

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