

The following questions concern the occurrence of common urinary symptoms, as well as some questions related to your general health. These questions are a follow-up to the information that you provided for us in 1994-1995. Please complete the questionnaire even if you do not currently have any urinary symptoms.

Please copy your ID from page 2 to here.

ID:

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

1. During the past month, please indicate how frequently you had these urinary symptoms and how large of a problem they were to you:	% OF TIME EXPERIENCED SYMPTOMS						HOW LARGE A PROBLEM?					1	
	0%	10%	25%	50%	75%	Almost 100%	None	Very Small	Small	Medium	Big		
Sensation of incomplete bladder emptying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	a	b
Having to urinate again after less than 2 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Stopping and starting several times during urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Found it difficult to postpone urinating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Weak urinary stream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Had to push to begin urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					

2. a. Over the past month, how many times per night did you typically get up to urinate?
 0 1 2 3 4 5 6 or more times per night

b. How large of a problem was this to you?
 None Very small Small Medium Big

3. Over the past month, how much physical discomfort did any urinary problems cause you?
 None Only a little Some A lot

4. Over the past month, how much did you worry about your health because of urinary problems?
 None Only a little Some A lot

5. Overall, how bothersome has any trouble with urination been during the past month?
 Not at all bothersome Bothers me a little Bothers me some Bothers me a lot

6. Over the past month, how much of the time has any urinary problem kept you from doing the kinds of things you would usually do?
 None of the time A little of the time Some of the time Most of the time All of the time

7. In general would you say your health is: Excellent Very good Good Fair Poor

8. Since January 1, 1994, have you had an enlarged prostate detected by rectal exam?
 No Yes If yes, year of diagnosis? 1994 1995 1996

cf. # 9

9. Since January 1, 1994, has a physician told you that you have benign prostatic hyperplasia (BPH)?
 No Yes If yes, year of diagnosis? 1994 1995 1996

cf. # 10

10. Since January 1, 1994, have you had an episode of acute urinary retention requiring catheterization?
 No Yes If yes, year of episode? 1994 1995 1996

cf. # 11

11. Do you currently use the following medications regularly for prostate problems?
 Hytrin (terazosin) Please specify dose and frequency: _____ mg _____ times per day
 Minipress (prazosin) Please specify dose and frequency: _____ mg _____ times per day
 Cardura (doxazosin) Please specify dose and frequency: _____ mg _____ times per day

cf. # 15

12. During the past month, how often have your urinary problems interfered in the following activities? (Mark one response on each line.)

	None of the Time	A Little of the Time	Some of the Time	Most of the Time	All of the Time	12
Drinking fluids before you travel	<input type="radio"/>	a				
Drinking fluids before you go to bed	<input type="radio"/>	b				
Driving for two hours without stopping	<input type="radio"/>	c				
Getting enough sleep at night	<input type="radio"/>	d				
Going to places that may not have a toilet	<input type="radio"/>	e				
Playing sports outdoors such as golf	<input type="radio"/>	f				
Going to movies, shows, church, etc.	<input type="radio"/>	g				

cf. # 13

13. These questions are about how you feel and how things have been with you *during the past 4 weeks*. For each question, please give the one answer that comes closest to the way you have been feeling.

f. # 14

How much of your time during the *past 4 weeks* . . .
(Mark one response on each line.)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
Did you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt so down in the dumps nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. During the *past 4 weeks*, how much of the time have your *physical health or emotional problems* interfered with your social activities (like visiting with friends, relatives, etc.)?

f. # 16

All of the time Most of the time Some of the time A little of the time None of the time

15. Please choose the answer that best describes how true or false each of the following statements is for you. (Mark one response on each line.)

f. 17

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
Over the past 4 weeks, I have felt about the same as I have felt during the past year.	<input type="radio"/>				
I seem to get sick a little easier than other people.	<input type="radio"/>				
I am as healthy as anybody I know.	<input type="radio"/>				
I expect my health to get worse.	<input type="radio"/>				
My health is excellent.	<input type="radio"/>				

16. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of any *emotional problems* (such as feeling depressed or anxious)? (Mark one response on each line.)

f. 18

- a) Cut down the amount of time you spent on work or other activities Yes No
- b) Accomplished less than you would like Yes No
- c) Didn't do work or other activities as carefully as usual Yes No

17. During the *past 4 weeks*, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

f. 19

Not at all Slightly Moderately Quite a bit Extremely

18. How much *bodily pain* have you had during the *past 4 weeks*?

f. 20

None Very mild Mild Moderate Severe Very severe

19. During the *past 4 weeks*, how much did *bodily pain* interfere with your normal work (including both work outside the home and housework)?

f. 21

Not at all A little bit Moderately Quite a bit Extremely

20. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of your *physical health*? (Mark one response on each line.)

f. 22

- a) Cut down the amount of time you spent on work or other activities Yes No
- b) Accomplished less than you would like Yes No
- c) Were limited in the kind of work or other activities Yes No
- d) Had difficulty performing the work or other activities (for example, it took extra effort) Yes No

21. Do you have an unreasonable fear of being in enclosed spaces such as stores, elevators, etc.?

Often Sometimes Never

22. Do you find yourself worrying about getting some incurable illness?

Often Sometimes Never

23. Are you scared of heights? Very Moderately Not at all

24. Do you feel panicky in crowds? Always Sometimes Never

25. Do you worry unduly when relatives are late coming home? Yes No

26. Do you feel more relaxed indoors? Definitely Sometimes Not particularly

27. Do you dislike going out alone? Yes No

28. Do you feel uneasy traveling on buses or trains, even if they are not crowded?

Very A little Not at all

Thank You Very Much!