

20. During the past year, how often have you leaked or lost control of your urine?

- Never Less than once/month Once/month 2-3 times/month About once/week Almost every day

When you lose your urine, how much usually leaks?

- A few drops Enough to wet your underwear Enough to wet your outer clothing Enough to wet the floor

When you lose urine, what is the usual cause?

- a) Coughing, sneezing, laughing or doing physical activity c) Both a) and b) equally
b) A sudden urgent need to go to the bathroom d) In other circumstances

21. How many hours each week do you participate in any groups such as a social or work group, church-connected group, self-help group, charity, public service or community group?

- None 1-2 hours 3-5 hours 6-10 hours 11-15 hours 16 or more hours

22. Apart from your children, how many relatives do you have with whom you feel close?

- | None | 1-2 | 3-5 | 6-9 | 10 or more |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |

23. How many close friends do you have?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

24. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?

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

25. How many people can you count on to provide you with emotional support?

- None 1 2 3 or more

26. With whom do you live? (Fill in all that apply.)

- Alone With spouse/partner With 1 or more children
 With 1 or more parents With other family With 1 or more friends

27. Outside of your employment, how many hours per week do you provide regular care to any of the following?

- | | Zero hours | 1-8 hours | 9-20 hours | 21-35 hours | 36-72 hours | 73+ hours |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Your disabled child or grandchild | <input type="radio"/> |
| b. Your other children or grandchildren | <input type="radio"/> |
| c. Disabled or ill spouse/partner | <input type="radio"/> |
| d. Disabled or ill parent or other person | <input type="radio"/> |

28. How stressful would you say your caretaking responsibilities are?

- | Not applicable | Not at all | Just a little bit | Moderately | Extremely |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |

29. How rewarding would you say your caretaking responsibilities are?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
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	Excellent	Very Good	Good	Fair	Poor						
30. In general, would you say your health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
31. In general, would you say your quality of life is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
32. In general, how would you rate your physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
33. In general, how would you rate your mental health, including your mood and your ability to think?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
34. In general, how would you rate your satisfaction with your social activities and relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
35. In general, please rate how well you carry out your usual social activities and roles. (At home, at work, your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
36. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	Completely <input type="radio"/>	Mostly <input type="radio"/>	Moderately <input type="radio"/>	A little <input type="radio"/>	Not at all <input type="radio"/>						
37. In the <u>past 7 days</u> , how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Often <input type="radio"/>	Always <input type="radio"/>						
38. In the <u>past 7 days</u> , how would you rate your fatigue on average?	None <input type="radio"/>	Mild <input type="radio"/>	Moderate <input type="radio"/>	Severe <input type="radio"/>	Very severe <input type="radio"/>						
39. In the <u>past 7 days</u> , how would you rate your pain on average?	No pain <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Worst imaginable pain <input type="radio"/>	
	0	1	2	3	4	5	6	7	8	9	10

40. Please answer the following questions about your eating habits over the past year:

	Definitely true	Mostly true	Mostly false	Definitely false
a. When I feel anxious, blue or lonely, I find myself eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sometimes when I start eating, I just can't seem to stop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I consciously hold back at meals in order not to gain weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How often do you feel hungry?	<input type="radio"/> Only at meal time <input type="radio"/> Sometimes between meals <input type="radio"/> Often between meals <input type="radio"/> Almost always			

