ARV	The following questions concern the occurrence of	r comr	mon ı	ırınar	y syn	npton	is, as							
	related to your general health. These questions are 1994–1995. <i>Please complete the questionnaire even if y</i>	e a foll	low-u	ip to t	he int	forma	tion t	hat	you p	provi	ded f	or us	in	
	1994-1993. Theuse complete the question nutre even if y	100 00 1	ποι ει	irrenii	y nuo	e uny	urinai	y syi	mpio	ms.				
	Please copy your ID from page 2 to here.	4 5 6	6)7)	8 9 6	0000	23	4 5	60	89	000	000	34	56	7
ID:														
													~~~	<u> </u>
	During the past month, please indicate how	% OF 1	TIME E	XPERI	ENCED	SYMP	TOMS		HOV	N LAR	GE A F	PROBLE	EM?	
	frequently you had these urinary symptoms and how large of a problem they were to you:	0%	10%	25%	50%	75%	Almost 100%		None	Very Small	Small	Medium	Big	
	Sensation of incomplete bladder emptying	0	0	0	0	0	0		0	$\bigcirc$	0	0	0	
and the second se	Having to urinate again after less than 2 hours	Õ	Õ	Õ	ŏ	ŏ	Õ	1.11.11.11.11.11	ŏ	ŏ	Õ	Ŏ	10	
S	Stopping and starting several times during urination	Õ	Õ	Õ	Ŏ	Õ	Õ		ŏ	Ŏ	Ŏ	Ŏ	Ŏ	
-	Found it difficult to postpone urinating	0	0	0	0	0	0		0	0	0	0	0	
-	Weak urinary stream	0	0	0	0	0	0		0	0	0	0	0	
F	Had to push to begin urination	0	0	$\bigcirc$	0	0	$\bigcirc$		0	0	0	0	$  \bigcirc$	
2 .	a. Over the past month, how many <u>times per night</u> did yo		a alla a		A									
nim n C		<b>ou typ</b> i () 6 or i												
b	b. How large of a problem was this to you?				soring	price.								
	○ None ○ Very small ○ Small ○ Medium	ОВ	lig											
3.0	Over the past month, how much physical discomfort did	any uri	inary	proble	ems ca	use y	ou?							
(	◯ None   ◯ Only a little   ◯ Some   ◯ A lot													
//														
-	Over the past month, how much did you worry about you	ur heal [.]	th be	cause	of urin	iary pi	oblen	าร?						
C	None Only a little Some A lot						oblen	าร?						
C	None Only a little Some A lot Overall, how bothersome has any trouble with urination I	been d	luring	the pa	ast mo	onth?		ns?						
5. C	None         Only a little         Some         A lot           Overall, how bothersome has any trouble with urination I         Not at all bothersome         Bothers me a little         Bothers	<b>been d</b> hers me	<b>luring</b> e some	<b>the pa</b>	a <b>st mo</b> ) Both	onth?	e a lot		de					
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A 10			ROFES		LS FOL	LOW-U	P STU	D
13.	These questions are about how you feel and how things have been with you For each question, please give the one answer that comes closest to the wa	ı <i>during t</i> y you hav	t <i>he past 4</i> ve been fe	<i>weeks</i> . eling.	Y	2.#	14	(1:
	How much of your time during the <i>past 4 weeks</i> (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?							C
	Have you been a very nervous person?	ĬŎ	1 O	Õ	Õ	õ	1 O	2
	Have you felt so down in the dumps nothing could cheer you up?	Ŏ	1 Õ	ŏ	õ	õ	1 õ	
	Have you felt calm and peaceful?	ŏ	Ŏ	$\overline{\bigcirc}$	0	0	0	
	Did you have a lot of energy?	ŏ		õ	0	ő	1 õ	
	Have you felt downhearted and blue?			0	0	0		
	Did you feel worn out?	Ŏ	0	0	0	ŏ	1 O	
	Have you been a happy person?			0	0	0		-
	Did you feel tired?	1 õ	1 õ	Ő	ŏ	ŏ	1 Å	
14.	During the past 4 weeks, how much of the time have your physical health or activities (like visiting with friends, relatives, etc.)?         O All of the time       O Most of the time       O Some of the time       O A little	r <b>emotior</b> le of the ti		<b>ms interfe</b> None dfi	ered with	your so - [ 6	cial	
15.	Please choose the answer that best describes how true or false each of the following statements is for you (Mark and response on each line)		Definitely True	Mostly True	Not Sure	Mostly False	Definitely False	
	following statements is for you. (Mark one response on each line.) Over the past 4 weeks, I have felt about the same as I have felt during the past year							
1	I seem to get sick a little easier than other people.	ar.		0	0	0	0	
١١,	I am as healthy as anybody I know.			0	No.		0	
	I expect my health to get worse.			0	0	2		-
Į.	My health is excellent.							
8	<ul> <li>a) Cut down the <u>amount of time</u> you spent on work or other activities</li> <li>b) <u>Accomplished less</u> than you would like</li> <li>c) Didn't do work or other activities as <u>carefully</u> as usual</li> </ul>	es ON	0	h line.)				
8 7. 9	b) Accomplished less than you would like	es ON es ON nal proble	0		ı your noi	rmal soc	ial	
9	b) Accomplished less than you would like       Ye         c) Didn't do work or other activities as carefully as usual       Ye         During the past 4 weeks, to what extent has your physical health or emotion activities with family, friends, neighbors, or groups?       Ye         Not at all       Slightly       Moderately       Quite a bit       Extreme         How much bodily pain have you had during the past 4 weeks?       None       Very mild       Mild       Moderate       Severe       Vert	es No es No nal proble	ems interf	ered with				
9	<ul> <li>b) Accomplished less than you would like</li> <li>c) Didn't do work or other activities as carefully as usual</li> <li>C) Didn't do work or other activities as carefully as usual</li> <li>C) During the past 4 weeks, to what extent has your physical health or emotion activities with family, friends, neighbors, or groups?</li> <li>O Not at all</li> <li>O Slightly</li> <li>O Moderately</li> <li>O Quite a bit</li> <li>Extreme</li> <li>How much bodily pain have you had during the past 4 weeks?</li> </ul>	es No as No nal proble ly ery severe nal work	ems interf	ered with				
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Thank You Very Much!