Bladder Control HRA Questions

Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text,
Email Address		Optional - can toggle off email capture. Can also customize the page introduction text on this page.
Sex at Birth	Male Female	Required & Not Customizeable
Height		Required & Not Customizeable
Weight		Required - can customize whether you want BMI calculation shown on screen or not to participant
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment:'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizeable
In a typical week, what types of physical activity do you engage in? Check all that	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizeable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking, active yoga, dancing, recreational
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'
Do you have a (specialist name)? Default: urologist	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Physician Name	Optional additional question
During the past 3 months, have you leaked urine (even a small amount)?	Yes No (not answered)	Required and not customizeable
Indicate when you leaked urine in the past 3 months. (check all that apply)	While performing some physical activity like sneezing, laughing, lifting, or exercising With an urge to empty bladder but couldn't get to the toilet in time Without physical activity or a sense of urgency	Required and not customizeable
Do you have any of these urinary symptoms? (Check all that apply)	Visible blood in the urine Pain with passing urine (peeing) Pain or discomfort in the lower abdominal or genital area Trouble emptying the bladder None of these	Required and not customizeable
Do you take any medications that may affect your urine control?	Yes No (not answered)	Required and not customizeable
Check any health history that applies to you.	I have given birth vaginally I am post-menopause Neither of these	Required and not customizeable
Do you typically use the bathroom more than 8 times per day?	Yes No (not answered)	Required and not customizeable
Do you typically use the bathroom more than once during the night?	Yes No (not answered)	Required and not customizeable
How much are you bothered by the frequency of your bathroom visits? (day and night)	Not at all Slightly Moderately Greatly (not applicable: conditional for [hasFrequentUrination] = 'yes')	Required and not customizeable

	(not answered)	
How much are you bothered by leaks that happen with a sense of urgency?	Not at all Slightly Moderately Greatly (not applicable: conditional for [reportedLeakType_urgency = '1']) (not answered)	Required and not customizeable
Which of these bladder irritants do you regularly eat or drink?	Spicy foods Acidic foods or fruit juices Carbonated drinks Coffee or tea Beer, wine, or spirits None of these (not answered)	Required and not customizeable
How much are you bothered by leaks while performing some physical activity like	Not at all Slightly Moderately Greatly (not applicable: conditional for [reportedLeakType_activity = '1']) (not answered)	Required and not customizeable
Indicate your history of risk factors. (Check all that apply)	Surgery to pelvic area Chronic cough or sneezing High-impact activities, like jumping or running, over many years None of these (not answered)	Required and not customizeable