

Patient ID: \_\_\_\_\_

Reviewer ID: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          month    day    year

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## Background Information

1. What is your **date of birth**?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          month    day    year

2. What is your **sex**? (Please put an **X** in the correct box )

<sub>1</sub> Male

<sub>2</sub> Female

3. In what **state** and **country** were you **born**? (Please put an **X** in the correct box )

\_\_\_\_\_  
(State/Province)

### Country

<sub>1</sub> United States

<sub>2</sub> Canada

<sub>3</sub> Mexico

Other (Please specify) \_\_\_\_\_  
(Country)

4. What is the **postal (zip) code** of the town/city where you live **now**?

\_\_\_\_\_  
(Zip code)

**L** Please go to the next page.

5. Which of the following groups best represents **your race**?

(Please put an X in the correct box )

<sub>1</sub> Aleut, Eskimo or American Indian

<sub>2</sub> Asian or Pacific Islander

<sub>3</sub> Black

<sub>4</sub> White

Other \_\_\_\_\_

(Please specify)

6. Is your mother **or** father of **Latino or Hispanic** origin? (Please put an X in the correct box )

<sub>1</sub> yes

<sub>0</sub> no

7. What **religion** do you currently practice? (Please put an X in the correct box )

<sub>1</sub> Catholic

<sub>2</sub> Jewish

<sub>3</sub> Protestant

<sub>0</sub> Not currently practicing any religion

Other \_\_\_\_\_

(Please specify)

8. What is your current **marital status**? (Please put an X in the correct box )

<sub>1</sub> Married

<sub>2</sub> Living with a partner

<sub>3</sub> Separated

<sub>4</sub> Divorced

<sub>5</sub> Widowed

<sub>6</sub> Never married

9. What is the highest level of **education** that you have completed?

(Please put an X in the correct box )

<sub>1</sub> less than high school

<sub>2</sub> some high school

<sub>3</sub> completed high school (or GED)

<sub>4</sub> completed college or currently a college student

<sub>5</sub> completed graduate school or currently a graduate student

10. How are you currently **employed**? (Please put an **X** in the correct box )

- <sub>1</sub> Employed outside my home, full-time
- <sub>2</sub> Employed outside my home, part-time
- <sub>3</sub> Employed in my home (for money), full-time
- <sub>4</sub> Employed in my home (for money), part-time
- <sub>5</sub> Homemaker
- <sub>6</sub> Not employed, currently laid off
- <sub>7</sub> Not employed, currently disabled
- <sub>8</sub> Not employed, currently retired
- <sub>9</sub> Not employed, currently a student
- Other \_\_\_\_\_  
(Please specify)

11. Have your urinary symptoms forced you to leave or change your job **within the last two years**?

- <sub>1</sub> yes
- <sub>0</sub> no

12. Including income provided by you and any other person living in your household, which range of figures listed below comes closest to your total household income before taxes for the last calendar year? (Put an **X** in the correct box )

- <sub>1</sub> less than \$30,000
- <sub>2</sub> \$30,000 or more