## Form 01.V01 Demographics

## CAPS

IDNEW (4-digit ID	D number unrelated to	original study ID number): _		Site:				
Note: Item numbers consist of a 3-character code that identifies the file (DMG) followed by the original label of the item.								
SECTION B: DE	MOGRAPHICS							
DMGB2. What is	your marital status?							
1.[	☐ Single	2. Married	3. Living as Married	4. Separated				
5.	Divorced	6. Widowed	9. Refused					
DMGB3. Do you consider your ethnicity to be Hispanic or Latino?								
1.[	Yes	2. No	9. Refused					
DMGB4. For this question on racial background, you may select one or more choices. Do you consider yourself to be(check all that apply):								
DMGB4A.	White/Caucasian							
DMGB4B.	Black/African Ameri	can						
DMGB4C.	Asian							
DMGB4D.	Native Hawaiian/Pac	ific Islander						
DMGB4E.	American Indian/Ala	askan Native						
DMGB4F.	Other			DMGB4FO. Specifiy:				
DMGB4G.	Refused							
DMGB4H. If more than one response for B04a-B04g was m (choose only one) 1. White/Caucasian		marked, ask: Which do you consi	der to be your <u>primary</u> racial background?					
2.	Black/African Amer	ican						
3.	Asian							
4. Native Hawaiian/Pacific Islander								
5. American Indian/Alaskan Native								
8.	Other							
	e indicate your highest	completed level of education	on:					
2.	☐ High school gradua	te or equivalent						
3.	□ Some college							
4.	College degree							
5.	Graduate degree							
6.	Refused							

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Pelvic Floor Disorder Network

IDNEW (4-digit ID number unrelated to original study ID number): \_\_\_\_\_ Site: \_\_\_\_

Section E: URINE LOSS (NOT an exclusion)							
DMGE1. During your pregnancy, how often did you experience any amount of accidental urine loss?							
1. Never	2. Rarely	3. Sometimes	4. Often				
DMGE2. Before you became pregnant, how often did you experience any amount of accidental urine loss?							
1. Never	2. Rarely	3. Sometimes	4. Often				