



BE-DRI

F205

SYMPTOMS CHECKLIST

PATIENT SELF ADMINISTERED SURVEY

Version: 06/01/04 (A)

SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

A1. STUDY ID#:

LABEL

A2. VISIT # BASELINE SCREENING.....SCRN RANDOMIZATION..... RAND

INTERVENTION 2INT2 INTERVENTION 3 INT3

INTERVENTION 4INT4 VISIT 05 VS05

VISIT 06 VS06 VISIT 07 VS07

VISIT 08 VS08 VISIT 09 VS09

VISIT 10 VS10 VISIT 11 VS11

A3. DATE FORM COMPLETED:

____ / ____ / ____
MONTH DAY YEAR

A4. CODER'S INITIALS: _____

(must be certified Symptoms Checklist Coder)

The UITN is supported by cooperative agreements from
the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
in collaboration with
the National Institute of Child Health and Human Development (NICHD)

Section B: Symptoms Checklist

GENERAL INSTRUCTIONS: Please read the first column of each section and indicate a “Yes” or “No” answer to each question by circling 1 (Yes) or 2 (No). Then, for each question marked by a “Yes” answer, work across the page and place a mark on the line to indicate how bothersome that symptom is for you. A mark closer to the left indicates that the symptom is less bothersome; a mark closer to the right indicates that the symptom is more bothersome. Do not write anything in the “code” box.

EXAMPLE: Aching muscles Yes 1 No 2	Not at all Bothersome <div style="display: inline-block; width: 200px; height: 10px; border: 1px solid black; position: relative;"> <div style="position: absolute; left: 0; top: -5px; width: 100%; height: 1px; background: black;"></div> <div style="position: absolute; left: 0; top: 5px; width: 100%; height: 1px; background: black;"></div> </div> Extremely Bothersome	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> Example
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Do you currently experience...	IF YES, please place a mark on the line to indicate how bothersome this symptom is for you.	Code
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B1. ...pain or burning with urination? Yes 1 No 2	Not at all Bothersome <div style="display: inline-block; width: 200px; height: 10px; border: 1px solid black; position: relative;"> <div style="position: absolute; left: 0; top: -5px; width: 100%; height: 1px; background: black;"></div> <div style="position: absolute; left: 0; top: 5px; width: 100%; height: 1px; background: black;"></div> </div> Extremely Bothersome	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> B1a
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B2. ...blood in your urine that you can see? Yes 1 No 2	Not at all Bothersome <div style="display: inline-block; width: 200px; height: 10px; border: 1px solid black; position: relative;"> <div style="position: absolute; left: 0; top: -5px; width: 100%; height: 1px; background: black;"></div> <div style="position: absolute; left: 0; top: 5px; width: 100%; height: 1px; background: black;"></div> </div> Extremely Bothersome	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> B2a
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B3. ...difficulty emptying your bladder? Yes 1 No 2	Not at all Bothersome <div style="display: inline-block; width: 200px; height: 10px; border: 1px solid black; position: relative;"> <div style="position: absolute; left: 0; top: -5px; width: 100%; height: 1px; background: black;"></div> <div style="position: absolute; left: 0; top: 5px; width: 100%; height: 1px; background: black;"></div> </div> Extremely Bothersome	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> B3a
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B4. ...difficulty starting your urine stream? <div> Yes 1 </div> <div> No 2 </div>	<div> Not at all Bothersome </div> <div></div> <div> Extremely Bothersome </div>	<div></div> <div>B4a</div>
B5. ...skin rash? <div> Yes 1 </div> <div> No 2 </div>	<div> Not at all Bothersome </div> <div></div> <div> Extremely Bothersome </div>	<div></div> <div>B5a</div>
B6. ...nausea? <div> Yes 1 </div> <div> No 2 </div>	<div> Not at all Bothersome </div> <div></div> <div> Extremely Bothersome </div>	<div></div> <div>B6a</div>
B7. ...heartburn? <div> Yes 1 </div> <div> No 2 </div>	<div> Not at all Bothersome </div> <div></div> <div> Extremely Bothersome </div>	<div></div> <div>B7a</div>
B8. ...dizziness? <div> Yes 1 </div> <div> No 2 </div>	<div> Not at all Bothersome </div> <div></div> <div> Extremely Bothersome </div>	<div></div> <div>B8a</div>

B9. ...confusion or difficulty thinking clearly?	Yes 1	No 2	Not at all Bothersome		Extremely Bothersome	<input type="checkbox"/> B9a
B10. ...sore throat?	Yes 1	No 2	Not at all Bothersome		Extremely Bothersome	<input type="checkbox"/> B10a
B11. ...dry mouth?	Yes 1	No 2	Not at all Bothersome		Extremely Bothersome	<input type="checkbox"/> B11a
B12. ...blurred vision?	Yes 1	No 2	Not at all Bothersome		Extremely Bothersome	<input type="checkbox"/> B12a
B13. ...abdominal pain?	Yes 1	No 2	Not at all Bothersome		Extremely Bothersome	<input type="checkbox"/> B13a

B14. ...constipation? <div> Yes 1 </div> <div> No 2 </div>	<div> Not at all Bothersome </div> <div></div> <div> Extremely Bothersome </div>	<div></div> <div>B14a</div>
Defined as any two of the following: <ul style="list-style-type: none"> • straining, lumpy or hard stools • a feeling of incomplete emptying • a feeling of blockage • less than 3 bowel movements per week 		
B15. ...diarrhea <div> Yes 1 </div> <div> No 2 </div>	<div> Not at all Bothersome </div> <div></div> <div> Extremely Bothersome </div>	<div></div> <div>B15a</div>
Defined as loose or watery stools with no abdominal pain		
B16. ...pelvic muscle soreness? <div> Yes 1 </div> <div> No 2 </div>	<div> Not at all Bothersome </div> <div></div> <div> Extremely Bothersome </div>	<div></div> <div>B16a</div>
B17. ...insomnia? <div> Yes 1 </div> <div> No 2 </div>	<div> Not at all Bothersome </div> <div></div> <div> Extremely Bothersome </div>	<div></div> <div>B17a</div>

B18. ...fever?	Yes 1	No 2	Not at all Bothersome	<input type="text"/>	Extremely Bothersome	<input type="text"/> B18a
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B19. ...drowsiness?	Yes 1	No 2	Not at all Bothersome	<input type="text"/>	Extremely Bothersome	<input type="text"/> B19a
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B20. ...headache?	Yes 1	No 2	Not at all Bothersome	<input type="text"/>	Extremely Bothersome	<input type="text"/> B20a
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Section C: Everyday Memory

GENERAL INSTRUCTIONS: The following is a series of questions about everyday memory. Please circle one response.

Compared to a few weeks ago...	No, Not much worse	Yes, A bit worse	Yes, A lot worse
C1. ...do you have more trouble remembering things that have happened recently?	0	1	2
C2. ...are you worse at remembering where belongings are kept?	0	1	2
C3. ...do you have trouble recalling conversations a few days later?	0	1	2
C4. ...do you have more trouble remembering appointments and social arrangements?	0	1	2

END OF FORM