

Patient ID: \_\_\_\_\_  
 Patient Initials: \_\_\_\_\_  
 Clinical Center: \_\_\_\_\_  
 Contact Week: 0  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year  
 RC ID: \_\_\_\_\_

(Research Coordinator Completed at the Baseline 1 and 2 visits)

1. Is the patient 18 years of age or older? ☐<sub>1</sub> Yes ☐<sub>0</sub> No
2. Has the patient signed and dated the informed consent? ☐<sub>1</sub> Yes ☐<sub>0</sub> No
3. Has the patient (male and female) agreed to use an effective method of birth control? ☐<sub>1</sub> Yes ☐<sub>0</sub> No
4. Does the patient's response on the Likert Scale indicate a pain/discomfort score of 4 or higher on the ordinal pain scale?  
(See Question #1 of Baseline Symptoms 1 & 2) ☐<sub>1</sub> Yes ☐<sub>0</sub> No
5. Does the patient's response on frequency indicate urination at least 11 times **within 24 hours**?  
(See Question #3 of Baseline Symptoms 1 & 2) ☐<sub>1</sub> Yes ☐<sub>0</sub> No
6. Have these urinary symptoms been present for at least the previous 24 weeks?  
(See Question #4 of Baseline Symptoms 1) ☐<sub>1</sub> Yes ☐<sub>0</sub> No

**If a "NO" response is checked for any question,  
the patient is NOT eligible.  
If eligible, continue with the screening process.**

Use this table to record the scores from the Baseline Symptoms form given at both the Baseline 1 and the Baseline 2 visits. (This will help you answer Question #3 on the Eligibility Confirmation and Randomization form.)

Record Scores from Baseline Symptom form:		Baseline 1 Visit (See BSYM1)	Baseline 2 Visit (See BSYM2)
Question #1	Pain/Discomfort		
Question #3	Frequency		