

Baseline Symptoms (Baseline 1 Visit)

Patient ID: _____
 Patient Initials: _____
 Clinical Center: _____
 Contact Week: 0
 Date: ____ / ____ / ____
 month day year
 RC ID: _____

(Patient Completed at Baseline 1)

1. Think about the pain/discomfort associated with your bladder.
On average, how would you rate this **pain/discomfort** during the past 4 weeks?

(Please circle the number that best describes this pain/discomfort.)

None Mild Moderate Severe
 0 1 2 3 4 5 6 7 8 9

2. Urgency is defined as the urge or pressure to urinate.
On average, how would you rate the **urgency** that you have felt during the past 4 weeks?

(Please circle the number that best describes this urgency.)

None Mild Moderate Severe
 0 1 2 3 4 5 6 7 8 9

3. **On average**, during the past 4 weeks, how many times did you urinate in a 24-hour period?
(Please check the option that best describes your answer.)

☐₁ 6 times or less ☐₂ 7-10 times ☐₃ 11 – 14 times ☐₄ 15 times or more

4. How long have these urinary symptoms described in Questions #1, 2, and 3 been present?
(Please check the option that best describes your answer.)

☐₁ less than 24 weeks ☐₂ 24 to 52 weeks ☐₃ more than 52 weeks