F205
SYMPTOMS CHECKLIST

PATIENT SELF ADMINISTERED SURVEY

Version: 06/01/04 (A)

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SECTION A: GENERAL STUDY INFORMATION FOR OFFICE USE ONLY:

A1. STUDY ID#: **LABEL**

A2. VISIT #

BASELINE SCREENING..........SCRN	RANDOMIZATION............. RAND
INTERVENTION 2 ....INT2	INTERVENTION 3 .... INT3
INTERVENTION 4 ....INT4	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)

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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.

	Yes	No			Code
EXAMPLE: Aching muscles	(1)	2	**Not at all Bothersome**	**Extremely Bothersome**	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
B1. …pain or burning with urination?	Yes 1	No 2	**Not at all Bothersome**	**Extremely Bothersome**	B1a
B2. …blood in your urine that you can see?	Yes 1	No 2	**Not at all Bothersome**	**Extremely Bothersome**	B2a
B3. …difficulty emptying your bladder?	Yes 1	No 2	**Not at all Bothersome**	**Extremely Bothersome**	B3a

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	Yes	No				
B4. …difficulty starting your urine stream?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B4a
B5. …skin rash?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B5a
B6. …nausea?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B6a
B7. …heartburn?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B7a
B8. …dizziness?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B8a

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B9. …confusion or difficulty thinking clearly?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B9a
B10. …sore throat?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B10a
B11. …dry mouth?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B11a
B12. …blurred vision?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B12a
B13. …abdominal pain?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B13a

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B14. …constipation?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B14a

Defined as any two of the following:

- straining, lumpy or hard stools
- a feeling of incomplete emptying
- a feeling of blockage
- less than 3 bowel movements per week

B15. …diarrhea	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B15a

Defined as loose or watery stools with no abdominal pain

B16. …pelvic muscle soreness?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B16a
B17. …insomnia?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B17a

B18. …fever?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B18a
B19. …drowsiness?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	B19a
B20. …headache?	Yes 1	No 2	**Not at all Bothersome**		**Extremely Bothersome**	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