

Section A: General Study Information for Office Use Only:

A1. Study ID#:

Label

A2. Visit # 10 WEEKS VS05

SECTION B: Final Intervention Report

Important Note to Interventionists: Complete Sections A and B of this form on the patient's last day of Stage 1. Evaluation staff must have this information prior to the start of Visit 5.

B1. Did you complete any interim intervention visits with this patient since her last visit?

Yes 1 No 2 ➔SKIP TO B9

B2. Since her last study visit, has the patient's Detrol dosage changed, i.e. switched to 2 mg or stopped Detrol altogether?

Yes 1 No 2 ➔SKIP TO B5

For B3c and B3d, record the amount remaining and recovered at the time of the dosage change.

B3. Detrol LA 4mg	B3a.	B3b.	B3c.	B3d.	B3e.
Record the # of 4 mg capsules taken since the last Visit:	Start Date	Stop Date	# Remaining	# Recovered	# Dispensed
_____ (IF ZERO, SKIP TO B4)	____/____/____ MONTH DAY YEAR	____/____/____ MONTH DAY YEAR	____	____	____

B4. Detrol LA 2mg	B4a.	B4b.	B4c.	B4d.	B4e.
Record the # of 2 mg capsules taken since the last Visit:	Start Date	Stop Date	# Remaining	# Recovered	# Dispensed
_____ (IF ZERO, SKIP TO B5)	____/____/____ MONTH DAY YEAR	____/____/____ MONTH DAY YEAR	____	____	____

B5. Since her last study visit, did the patient report taking any of the "Need To Know" drugs?

Yes 1 No 2 ➔SKIP TO B6

B5a. List these medications here: _____

B6. Since her last study visit, have you initiated any interventions for any symptom listed on the BE-DRI Symptoms Checklist?

Yes 1 No 2 ➔SKIP TO B8

B7. Record the symptom name(s) and code(s) and the intervention(s) and code(s) for each bothersome symptom treated since her last visit. (See Symptom and Intervention Code Attachment).

	i. SYMPTOM NAME	ii. CODE	iii. INTERVENTION	iv. CODE
a.				
b.				

B8. How many minutes did you spend with the patient since her last visit? _____ minutes

(COUNT TIME SPENT WITH PATIENT IN PHONE CONTACTS OR IN-PERSON SINCE THE PATIENT'S LAST VISIT. DO NOT COUNT MINUTES SPENT MAKING OR RESCHEDULING APPOINTMENTS.)

B9. Date of last intervention contact: ___/___/___
Month Day Year
 (record date of last visit if that was last contact)

B10. Date Section B Completed: ___/___/___
Month Day Year
 (B10 should coincide with date of Visit 5)

B11. Interventionist's initials: _____
 (must be the Interventionist who completed the interim visit and Section B)

SECTION C: Final Drug Accounting by Visit 05 Evaluation Staff

Drug Adherence

C1. Detrol LA 4mg	C1b.	C1c.	C1d.
Record the # of 4 mg capsules taken since the last Visit:	Stop Date	# Remaining	# Recovered
_____ (IF ZERO, SKIP TO C2)	___/___/___ <small>MONTH DAY YEAR</small>	_____	_____

C2. Detrol LA 2mg	C2b.	C2c.	C2d.
Record the # of 2 mg capsules taken since the last Visit:	Stop Date	# Remaining	# Recovered
_____ (IF ZERO, SKIP TO C3)	___/___/___ <small>MONTH DAY YEAR</small>	_____	_____

C3. Does the patient report or is there any evidence that she had a UTI during the completion of any Visit 05 study measures?

Yes..... 1

No..... 2

C4. Date of Visit 5: ___/___/___
Month Day Year

C5. Date Section C Completed: ___/___/___
Month Day Year

C6. Evaluation Staff initials: _____
 (must be the Interviewer who completed Visit 5 and Section C)

SYMPTOM AND INTERVENTION CODE ATTACHMENT

SYMPTOM CODES	
01	pain or burning with urination
02	blood in your urine
03	difficulty emptying your bladder
04	difficulty starting your urine stream
05	skin rash
06	nausea
07	heartburn
08	dizziness
09	confusion or difficulty thinking clearly
10	sore throat
11	dry mouth
12	blurred vision
13	abdominal pain
14	constipation
15	diarrhea
16	pelvic muscle soreness
17	insomnia
18	fever
19	drowsiness
20	headache

INTERVENTION	
120	Dry mouth handout
121	Constipation handout
122	Decrease study drug dose to 2 mg
123	Stopped study drug
999	Other