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Baseline Symptoms (Baseline 1 Visit)

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

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(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			Λ	/loderate	Severe			
0	1	2	3	4	5	6	7	8	

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 <u>urgency</u>.)

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.)

 \square_1 6 times or less \square_2 7-10 times \square_3 11 – 14 times \square_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.)

 \square_1 less than 24 weeks \square_2 24 to 52 weeks \square_3 more than 52 weeks