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PROTOCOL #1

Baseline Symptoms
(Baseline 2 Visit)

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

(Patient Completed at Baseline 2)

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