

**Clinic Visit**  
**Contact Checklist**  
**(Administrative)**

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

(Research Coordinator completed at Clinic visits - weeks 3, 10, 17, 24 and post treatment f/u)

	<u>Completed</u>	<b>If <i>No</i>, Comment:</b>
<u>Complete the following at weeks 3, 10, 17 and 24:</u>		
1. Collect and review completed Voiding Diary (VOID)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. Collect and review Patient Medication Diaries (PTDIARY) Complete Medication Diary Record (DIARYREC) (To be completed after visit)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. Administer Standard Visit Inventory form (STVISIT) and Adverse Event/ Serious Adverse Event form (AESAE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. Distribute study medication and complete Study Medication Tracking Log (MEDTRAC) (at weeks 3, 10, 17)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. Participant to complete the following forms: Follow-up Symptoms form (FUSYM)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
IC Symptom and Problem Index (SYMPROB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
University of Wisconsin Symptom Survey (UNIVWIS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. Obtain blood sample for pregnancy test or laboratory values, if indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. Distribute and discuss: Patient Medication Diaries (PTDIARY)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Voiding Diary (VOID) (Both be sent home with participant at weeks 3, 10, 17) (Voiding Diary to be sent home at week 24, if continuing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. Discuss follow-up visit schedule and schedule next clinic visit (at weeks 3, 10,17 and week 24, if continuing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

# Clinic Visit Checklist (Administrative)

Clinical Center: \_\_\_\_  
RC I.D.: \_\_\_\_

In addition, complete the following at week 24:

- |  | <u>Completed</u>             |                             | If <b>No</b> , Comment: |
|--|------------------------------|-----------------------------|-------------------------|
| 9. Health Status Questionnaire form (SF36)                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                   |
| 10. MOS Sexual Functioning Scale (MOS)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                   |
| 11. Symptom Ranking Cards (CARDS)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                   |
| 12. Collect blood sample<br>Complete Lab Results form (LAB)                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                   |
| 13. Collect urine sample for banking<br>Complete Urine Sample Tracking (UTRAC) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                   |
| 14. P.I. to perform physical examination (EXAM)                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                   |
| 15. Complete Clinical Center Stop Point (STOP)                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                   |

Complete the following during post treatment follow-up only (weeks 36, 48, etc.):

- |   |                              |                             |       |
|---|------------------------------|-----------------------------|-------|
| 1. Collect and review completed<br>Voiding Diary (VOID)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2. Administer Standard Visit Inventory<br>form (STVISIT) and Adverse Event/<br>Serious Adverse Event form (AESAE) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3. Distribute study medication and complete<br>Study Medication Tracking Log (MEDTRAC)                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4. Participant to complete the following forms:<br>Follow-up Symptoms form (FUSYM)                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| IC Symptom and Problem Index (SYMPROB)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| University of Wisconsin Symptom Survey<br>(UNIVWIS)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |