

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

(This form is completed when the patient stops taking the study medication (if prior to week 24) and at the week 24 visit.)

**(Patient completes questions #1, 2, 3 and 4.)**  
**Check only one box for each question.**

1. As compared to when you started the study, how would you rate your overall symptoms now?

- |                                       |                                       |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> | <input type="checkbox"/> <sub>7</sub> |
| Markedly<br>Worsened                  | Moderately<br>Worsened                | Slightly<br>Worsened                  | No<br>Change                          | Slightly<br>Improved                  | Moderately<br>Improved                | Markedly<br>Improved                  |

2. Do you think the current status of your symptoms is related to the study medication?

- <sub>1</sub> Yes  
<sub>0</sub> No

3. Which medication do you think you were on?

- <sub>1</sub> Couldn't tell  
<sub>2</sub> Hydroxyzine  
<sub>3</sub> Elmiron®  
<sub>4</sub> Hydroxyzine/Elmiron®  
<sub>5</sub> Placebo

4. Refer to your answer to question #3. What made you think that?

- <sub>1</sub> IC was better  
<sub>2</sub> IC was worse  
<sub>3</sub> IC remained unchanged  
<sub>4</sub> appearance of capsules  
<sub>5</sub> taste of capsules  
<sub>6</sub> experienced side effects  
<sub>7</sub> did not experience side effects  
<sub>8</sub> other, specify: \_\_\_\_\_

**(Research Coordinator completes question #5.)**

5. Which medication does the Research Coordinator think the patient was on?

- <sub>1</sub> Couldn't tell
- <sub>2</sub> Hydroxyzine
- <sub>3</sub> Elmiron®
- <sub>4</sub> Hydroxyzine/Elmiron®
- <sub>5</sub> Placebo