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_	PROTOCOL #1
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## **Patient Close-out**

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.				
As compared to when you start	red the study, how wou	uld you rate yo	our overall symp	otoms now?
☐ <sub>1</sub> ☐ <sub>2</sub> Markedly Moderately SI  Worsened Worsened Wo	□ <sub>3</sub> □ <sub>4</sub> lightly No rsened Change	☐₅ Slightly Improved	☐ <sub>6</sub> Moderately Improved	☐ <sub>7</sub> Markedly Improved
Do you think the current status	of your symptoms is r $\Box_1$	elated to the s Yes No	study medicatio	n?
Which medication do you think	you were on?	$\Box_1$ $\Box_2$ $\Box_3$ $\Box_4$ $\Box_5$	Couldn't tell Hydroxyzine Elmiron® Hydroxyzine/E	Elmiron®
Refer to your answer to questio	$ \Box_{1} $ $ \Box_{2} $ $ \Box_{3} $ $ \Box_{4} $ $ \Box_{5} $ $ \Box_{6} $ $ \Box_{7} $	IC was bette IC was wors IC remained appearance taste of caps experienced did not expe	e unchanged of capsules sules side effects rience side effe	
	As compared to when you start  As compared to when you start  Markedly Moderately Someoned Worsened Worsened Worsened Worsened Wow  Do you think the current status  Which medication do you think	Check only one box for each question.  As compared to when you started the study, how would be a compared to when you started the study, how would be a compared to when you started the study, how work the compared by the study of the study of the study of the study, how work the study of th	Check only one box for each question.  As compared to when you started the study, how would you rate you have a compared to when you started the study, how would you rate you have a compared to when you started the study, how would you rate you have you have you started to worsened worsened worsened worsened Change Slightly Improved  Do you think the current status of your symptoms is related to the start of the start	Check only one box for each question.  As compared to when you started the study, how would you rate your overall symple. The state of your symptoms is related to the study medication.  Which medication do you think you were on?  Change Improved

## Patient Close-out

Patient ID:	
Contact Week:	

## (Research Coordinator completes question #5.)

5	Which medication	does the Research	Coordinator think the	patient was on?
J.	VVIIICII IIICAICAIICI	i acce ti ic i teccai ci i		pationit was on.

$\square$	Couldn't tell
رً ا	Hydroxyzine
رً ا	Elmiron®
 	Hydroxyzine/Elmiron®
_ ا	Placebo