

Patient ID: _____

Interviewer ID: _____

Date: ____ / ____ / ____
 month day year

Inclusion Checklist

1. Did the patient sign and date the Informed Consent form?

₁ yes

₀ no **L** (Please stop here. Informed consent must be signed before the patient can continue.)

2. Are you 18 years of age or older?

₁ yes

₀ no **L** (Please stop here. Patient is ineligible for the study at this time.)

3. On **average**, over the **last month**, how many times did you urinate in a 24 hour period?

(Please put an **X** in the correct box)

₁ 6 times or less **L** (Go to question 5.)

₂ 7-10 times

₃ 11-14 times

₄ 15 or more times

Less than 6
months

(0)

More than 6
months

(1)

4. How long have you been urinating this often?

L Please have the patient complete the pain and urgency scales form.

L Please go to the next page.

└ Please review the completed pain and urgency scales form.

5. Did the patient score 1 or higher on question 1 (bladder pain)?

₁ yes

₀ no └ (Go to question 7.)

Less than 6
months
(0)

More than 6
months
(1)

6. How long have you had **pain/discomfort** associated with your bladder?

7. Did the patient score 1 or higher on question 2 (urgency)?

₁ yes

₀ no └ (Go to the shaded box at the bottom of the page.)

Less than 6
months
(0)

More than 6
months
(1)

8. How long have you had **urgency**?

Inclusion Eligibility Check

└ Are any shaded boxes checked? (questions 4, 6 or 8)

₁ yes └ Please continue with the screening process.

₀ no └ Patient is not eligible for the study at this time.

Please indicate approximate date patient will be eligible: ____ / ____ / ____
