

Patient ID: \_\_\_\_\_

Interviewer ID: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          month    day    year

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**Medical Events and Patient Treatment Evaluation Form**

1. Are you currently seeing another doctor (outside of this clinic) for your urinary symptoms?

<sub>1</sub> yes

<sub>0</sub> no

2. Have you been admitted to the hospital since your last contact with this clinic?

<sub>1</sub> yes

<sub>0</sub> no

3. Have you had any surgery since your last contact with this clinic?

<sub>1</sub> yes

<sub>0</sub> no **L** (Please go to question 5.)

4. Have you had any urinary tract surgery since your last contact with this clinic?

<sub>1</sub> yes

<sub>0</sub> no

5. How would you rate your overall health? (Please put an **X** in the correct box ☒)

<sub>5</sub> Excellent

<sub>4</sub> Very good

<sub>3</sub> Good

<sub>2</sub> Fair

<sub>1</sub> Poor

6. Are you currently receiving treatment for your urinary symptoms?

<sub>1</sub> yes

<sub>0</sub> no **L** (Men stop here. Women go to question 7.)

a. If **yes**, how effective do you think your current treatment is? (Please put an **X** in the correct box ☒)

<sub>2</sub> Very effective

<sub>1</sub> Somewhat effective

<sub>0</sub> Not at all effective

**L** The following questions are for women only. **&**

**L** Men stop here. **%**

7. Have you stopped menstruating (stopped having a period)?

<sub>1</sub> yes **L** (Please stop here.)

<sub>0</sub> no

8. Do you and your partner **currently** use any birth control methods?

<sub>1</sub> yes

<sub>0</sub> no **L** (Please go to question 9.)

**If yes**, which of the following methods do you and your partner use?

	yes (1)	no (0)	unknown (8)
a. birth control pill			
b. condom			
c. iud, coil or loop			
d. diaphragm			
e. cervical cap			
f. sponge			
g. spermicide			
h. douche, alone			
i. tubal ligation			
j. vasectomy (your partner)			
k. Norplant			
l. Depo-Provera			

9. What is the date of the 1st day of your last menstrual period?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

**L** *If last period was more than 2 months ago, go to the next question. Otherwise stop here.*

10. Are you currently pregnant?

<sub>1</sub> yes

<sub>0</sub> no **L** (Please stop here.)

11. What is your due date?

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year