Organ based Pilot study: Screening CRF and Demographics / Medical History

1.	Dat	te of written consent: $\Box\Box/\Box\Box/\Box\Box$		
2.	What is your date of birth? \Box \Box / \Box			
3.	What do you consider your race to be?			
		American Indian or Alaska Native		
		Asian/Asian American		
		Black or African American		
		Native Hawaiian or other Pacific Islander		
		White		
		Other		
		Unknown		
4.	Ethnicity			
		Not Hispanic or Latino		
		Hispanic or Latino		
		Unknown		
5.	Education			
		Less than High School Diploma/GED		
		HS Diploma/GED		
		Some college or tech school, no degree		
		Associate's degree		
		Bachelor's degree		
		Graduate degree		
		Unknown		
6.	Marital Status			
		Married/Civil Union		
		Living with a partner		
		Separated or divorced		
		Widowed		
		Single, never married		
		Unknown		

Inc	lusion/Exclusion Criteria:				
7.	Any Lower Urinary tract symptoms as defined by the specific questions and responses on the LUTS tool?				
	☐ Yes ☐ No				
8.	Does the subject have minimal to mild LUTS as described by the AUA symptom index (AUA <7)?				
	☐ Yes ☐ No				
9.	Is the Post-void residual (PVR) over 150ml?				
	☐ Yes ☐ No				
10.	Pregnancy or ≤ 6 weeks postpartum or if breastfeeding				
	☐ Yes ☐ No				
11.	Any condition making conduct of the extended urodynamic test sequence impractical or impossible, including but not limited to:				
	11a. Prior surgery to bladder, urethra, or vagina	☐ Yes ☐ No			
	11b. Prior rectal surgery	☐ Yes ☐ No			
	11c. Inability to stand for prolonged periods	☐ Yes ☐ No			
	11d. Other explain:				
12.	Any Neurological impairment of any type, regardless of whether impairment is known or suspected to affect bladder function such as Multiple sclerosis, myasthenia gravis, Parkinson's Disease, or stroke within the past 6 months				
	☐ Yes ☐ No				
13.	Lidocaine allergy or contraindication. Lidocaine is contraindicated in patients with: hypovolemia, heart block or other conduction disturbances hepatic impairment (may lead to increased plasma levels) known drug sensitivity to amide-type local anesthetics				
	☐ Yes ☐ No				
14.	Pelvic organ prolapse past the hymen, determined at time of catheter placement during urodynamics				
	☐ Yes ☐ No				

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	Positive urine dip (>+1 nitrites, >1+ LE, or >1+ blood) and urinary symptoms at the time of consent/UDS							
	☐ Yes ☐ No							
16.	iagnosis of Interstitial cystitis / Bladder Pain Syndrome							
	☐ Yes ☐ No							
17.	Results of Pregnancy test:							
	☐ Negative							
	☐ Positive							
	☐ Not done (Reason:)							
18.	Medications:							
Name		Dose	Frequency					