

## Organ Based Pilot Study Telephone Screening CRF

### Telephone Script Questions

1. Are you over the age of 18?  
Yes **No: exclude**
2. How many times during waking hours do you urinate?  
**> 8: exclude**
3. During a typical night in the past month, how many times did you wake up because you needed to urinate?  
**> 1: exclude**
4. Do you have a sudden need to rush to urinate more than rarely?  
**Yes: exclude** No
5. Do you leak urine in connection with a sudden need to rush to urinate more than rarely?  
**Yes: exclude** No
6. Do you leak urine more than rarely?  
**Yes: exclude** No
7. Have you ever been told you have prolapse (falling) of your pelvic organs?  
**Yes: exclude** No
8. Do you have a current urinary tract infection?  
**Yes: exclude** No
9. Do you have a neurologic condition such as myasthenia gravis, multiple sclerosis, Parkinson's Disease, or a stroke in the past 6 months?  
**Yes: exclude** No
10. Have you ever been diagnosed with "painful bladder syndrome," or interstitial cystitis?  
**Yes: exclude** No
11. Are you taking medications for urinary incontinence (loss of urine)?  
**Yes: exclude** No
12. Are you pregnant, breastfeeding, or ≤6 months postpartum?  
**Yes: exclude** No
13. Are you willing to give up caffeine for 6 hours and alcohol for 24 hours prior to the study visit?  
Yes **No: exclude**
14. Are you willing to abstain from nicotine use for 2 hours prior to the study visit?  
Yes **No: exclude**

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15. Are you willing to stop taking medications that have anticholinergic activity (such as Benadryl and allergy medications) for one week prior to the study visit?

Yes

**No: exclude**

16. Are you willing to stop taking medications such as NSAIDS, acetaminophen, and muscle relaxants for 24 hours prior to the study visit?

Yes

**No: exclude**