

Control Assessment

A. Date & Demographics

1 | Date of Visit

 Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	Date		DATETIME		No range checks

2 | Date of DNA collection:

 Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	DNACollDate		DATETIME		No range checks

C. Functional Comorbidity Index

0 | Does the participant have (or has the participant had) any of the following comorbidities?

1 | Arthritis (rheumatoid and osteoarthritis):
 --
 No
 Yes
 Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	Arthritis	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Val</td> <td style="width: 30%;">Text</td> <td style="width: 60%;">Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

		2	Unknown			
--	--	---	---------	--	--	--

2

Osteoporosis:

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set			Type	Length	Range Checks
1	Osteoporosis	<i>Name: \$Edema SASFmt: \$Edema</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				
		2	Unknown				

3

Asthma:

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set			Type	Length	Range Checks
1	Asthma	<i>Name: \$Edema SASFmt: \$Edema</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				
		2	Unknown				

4

Chronic Obstructive Pulmonary Disease (COPD), Acquired Respiratory Distress Syndrome (ARDS), or

Emphysema:

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	COPD	<p><i>Name: \$Edema SASFmt: \$Edema</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

5

Angina:

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	Angina	<p><i>Name: \$Edema SASFmt: \$Edema</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

6

Congestive heart failure (or heart disease):

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	CHF	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

7

Heart attack (myocardial infarct):

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	HeartAttack	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

8

Neurological disease (such as multiple sclerosis or Parkinson's):

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks
1	NeuroDisease	<i>Name: \$Edema SASFmt: \$Edema</i>	SMALLINT		No range checks

		Val	Text	Culture Suppression	
		-1	--		
		0	No		
		1	Yes		
		2	Unknown		

9

Stroke or TIA:

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	Stroke	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

10

Peripheral vascular disease:

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	PeriVasDisease	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		SMALLINT		No range checks
Val	Text	Culture Suppression									
-1	--										

	0	No			
	1	Yes			
	2	Unknown			

11

Diabetes types I or II:

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	Diabetes	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

12

Upper gastrointestinal disease (ulcer, hernia, reflux):

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	UpGastroDisease	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

13

Depression:

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	Depression	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

14

Anxiety or panic disorders:

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	AnxPanDisord	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

15

Visual impairment (such as cataracts, glaucoma, macular degeneration):

-
- No

- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	VisuImpair	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

16

Hearing impairment (very hard of hearing, even with hearing aids):

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	HearImpair	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

17

Degenerative disc disease (back disease, spinal stenosis, or severe chronic back pain):

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range
---	------------	------------	------	--------	-------

							Checks
1	DegDiscDisease	<i>Name: \$Edema SASFmt: \$Edema</i>			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		0	No				
		1	Yes				
2	Unknown						

D. Clinic Testing

- Nitrites:
- - Positive
 - Negative

1

#	Field Name	Lookup Set			Type	Length	Range Checks
1	Nitrites	<i>Name: PositivNegativ SASFmt: PositivNegativ</i>			FLOAT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		1	Positive				
		2	Negative				

- Blood/Hemoglobin/Red Blood Cells:
- - Negative
 - Trace
 - 1+
 - 2+
 - 3+ or higher

2

#	Field Name	Lookup Set	Type	Length	Range
---	------------	------------	------	--------	-------

							Checks
1	RedBloodCells	<i>Name: PosNegTrace SASFmt:</i> PosNegTrace			FLOAT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		2	Negative				
		3	Trace				
		4	1+				
		5	2+				
6	3+ or higher						

3

White Blood Cells:

-
- Positive
- Negative

#	Field Name	Lookup Set			Type	Length	Range Checks
1	WhiteBloodCells	<i>Name: PositivNegativ SASFmt:</i> PositivNegativ			FLOAT		No range checks
		Val	Text	Culture Suppression			
		-1	--				
		1	Positive				
		2	Negative				

4

Glucose:

-
- Positive
- Negative

#	Field Name	Lookup Set			Type	Length	Range Checks

1	Glucose	<i>Name: PositivNegativ SASFmt:</i> PositivNegativ	FLOAT	No range checks												
		<table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Positive</td> <td></td> </tr> <tr> <td>2</td> <td>Negative</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	Positive		2	Negative			
Val	Text	Culture Suppression														
-1	--															
1	Positive															
2	Negative															

5 | Urine specific gravity:

#	Field Name	Lookup Set	Type	Length	Range Checks
1	UrineSpGrav		FLOAT		No range checks

6 | pH:

#	Field Name	Lookup Set	Type	Length	Range Checks
1	pH		FLOAT		No range checks

7 | Bacterial cultures:
 --
 Positive
 Negative

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	BacterialCult	<i>Name: PositivNegativ SASFmt:</i> PositivNegativ <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Positive</td> <td></td> </tr> <tr> <td>2</td> <td>Negative</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	Positive		2	Negative		FLOAT		No range checks
Val	Text	Culture Suppression															
-1	--																
1	Positive																
2	Negative																

8 | Post-void residual volume:

-
- mL
- Not Done

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	PostVoidVol	<i>Name: RESIDUNIT SASFmt:</i> RESIDUNIT <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>mL</td> <td></td> </tr> <tr> <td>99</td> <td>Not Done</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	mL		99	Not Done		FLOAT		No range checks
Val	Text	Culture Suppression															
-1	--																
1	mL																
99	Not Done																
2	PostVoidVolUnit	<i>Name: RESIDUNIT SASFmt:</i> RESIDUNIT <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>mL</td> <td></td> </tr> <tr> <td>99</td> <td>Not Done</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	mL		99	Not Done		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
1	mL																
99	Not Done																

Method of retrieving post-void residual:

- 9
- - Catheterization
 - Ultrasound
 - Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	PostVoidVolMeth	<i>Name: VOIDMETH SASFmt:</i> VOIDMETH <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		SMALLINT		No range checks
Val	Text	Culture Suppression									
-1	--										

		1	Catheterization			
		2	Ultrasound			
		97	Unknown			

E. General Clinical Information - Female/Urogyn Hx

- This section suppressed if database function al.fn_GetGender returns 1

1 Has the participant had more than two UTIs?

--
 No
 Yes
 Unknown

#	Field Name	Lookup Set			Type	Length	Range Checks															
1	PartTwoUTI	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																				
-1	--																					
0	No																					
1	Yes																					
2	Unknown																					

2 Does the participant have a history of pelvic/urologic pain?

--
 No
 Yes
 Unknown

#	Field Name	Lookup Set			Type	Length	Range Checks			
1	PartHistPelvPain	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture</th> </tr> </table>			Val	Text	Culture	SMALLINT		No range checks
Val	Text	Culture								

			Suppression		
	-1	--			
	0	No			
	1	Yes			
	2	Unknown			

3 If yes, date of diagnosis:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartHistPelvPainDate		DATETIME		No range checks

4 Is the participant post-menopausal?
 --
 No
 Yes
 Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartPostMeno	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

5 If yes, date of diagnosis:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartPostMenoDate		DATETIME		No range checks

6

If post-menopausal, is the participant currently on hormone replacement therapy?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartPostMenoHorm	<p><i>Name: \$Edema SASFmt:</i> \$Edema</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

7

If yes, type:

-
- Systemic (oral, patch, gel, etc.)
- Local (e.g. vaginal)

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	PartPostMenoHormType	<p><i>Name: TypeHormRpl SASFmt:</i> TypeHormRpl</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Systemic (oral, patch, gel, etc.)</td> <td></td> </tr> <tr> <td>2</td> <td>Local (e.g. vaginal)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Systemic (oral, patch, gel, etc.)		2	Local (e.g. vaginal)		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
1	Systemic (oral, patch, gel, etc.)																
2	Local (e.g. vaginal)																

8

Was the participant sexually active within the past month?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartSexActLastMonth	<p><i>Name: \$Edema SASFmt: \$Edema</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

F. General Clinical Information - Male urological Hx

- This section suppressed if database function al.fn_GetGender returns 2

1

Has the participant had a UTI?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	PartHadUTI	<p><i>Name: \$Edema SASFmt: \$Edema</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

		2	Unknown			
--	--	---	---------	--	--	--

2

If yes, date of diagnosis:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartHadUTIDate		DATETIME		No range checks

3

Has the participant had an STI?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartHadSTI	<p><i>Name: \$Edema SASFmt: \$Edema</i></p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

4

If yes, date of diagnosis:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartHadSTIDate		DATETIME		No range checks

5

Has the participant had a genital infection?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartGenInf	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

6 | If yes, date of diagnosis:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartGenInfDate		DATETIME		No range checks

7 | Does the participant have a history of hormone treatment/use?
 --
 No
 Yes
 Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartHxHormTx	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

8 | If yes, date of diagnosis:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartHxHormTxDate		DATETIME		No range checks

G. General Clinical Information - Medical Hx

Does the participant have a history of Hypertension?

1

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartHxHyper	<p><i>Name: \$Edema SASFmt: \$Edema</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

If yes, date of diagnosis:

2

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartHxHyperDate		DATETIME		No range checks

Does the participant have Hyperlipidemia?

3

-
- No
- Yes
- Unknown

--	--	--	--	--	--

#	Field Name	Lookup Set	Type	Length	Range Checks	
1	PartHyperlipidemia	<i>Name: \$Edema SASFmt: \$Edema</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			
		2	Unknown			

4 | If yes, date of diagnosis:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartHyperlipidemiaDate		DATETIME		No range checks

5 | Does the participant have Diabetes?
 --
 No
 Yes
 Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks	
1	PartDiabetes	<i>Name: \$Edema SASFmt: \$Edema</i>			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		-1	--			
		0	No			
		1	Yes			
		2	Unknown			

6 | If yes, date of diagnosis:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartDiabetesDate		DATETIME		No range checks

7

Does the participant have Sleep Apnea?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartSlpApnea	<p><i>Name: \$Edema SASFmt: \$Edema</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

8

If yes, date of diagnosis:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartSlpApneaDate		DATETIME		No range checks

9

Does the participant have a Psychiatric Diagnosis (depression, anxiety, PTSD, etc.)?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartPsychDx	<i>Name: \$Edema SASFmt: \$Edema</i>	SMALLINT		No range

					checks
Val	Text	Culture Suppression			
-1	--				
0	No				
1	Yes				
2	Unknown				

10

If yes, what types (select all that apply)?

--

- Depression
- Anxiety
- PTSD
- Bi-polar
- Schizophrenia
- Other (specify)

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	PartPsychDxType	<p><i>Name:</i> PsychDx <i>SASFmt:</i> PsychDx</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Depression</td> <td></td> </tr> <tr> <td>2</td> <td>Anxiety</td> <td></td> </tr> <tr> <td>3</td> <td>PTSD</td> <td></td> </tr> <tr> <td>4</td> <td>Bi-polar</td> <td></td> </tr> <tr> <td>5</td> <td>Schizophrenia</td> <td></td> </tr> <tr> <td>6</td> <td>Other (specify)</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	Depression		2	Anxiety		3	PTSD		4	Bi-polar		5	Schizophrenia		6	Other (specify)		NVARCHAR	200	No range checks
Val	Text	Culture Suppression																											
-1	--																												
1	Depression																												
2	Anxiety																												
3	PTSD																												
4	Bi-polar																												
5	Schizophrenia																												
6	Other (specify)																												

11

If yes, date of diagnosis:

Month Day Year

--	--	--	--	--	--

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartPsychDxDate		DATETIME		No range checks

12

Does the participant have Colorectal Disease?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartColoRecDis	<p>Name: \$Edema SASFmt: \$Edema</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

13

If yes, date of diagnosis:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartColoRecDisDate		DATETIME		No range checks

14

Number of culture-proven UTIs in the past 12 months:

#	Field Name	Lookup Set	Type	Length	Range Checks
1	CntCultPrvnSTI		INT		No range checks

15

Does the participant have other medical problems?

-
- No
- Yes (specify) _____
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartOthMedProb	<i>Name: NoYesSp SASFmt: NoYesSp</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes (specify)</td> <td></td> </tr> <tr> <td>97</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes (specify)		97	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes (specify)																			
97	Unknown																			
2	PartOthMedProbOther		NVARCHAR	200	No range checks															

16

Does the participant have a history of bladder or urethral trauma?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartHxBladTrauma	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

17

If yes, date of event:

--	--	--

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartHxBladTraumaDate		DATETIME		No range checks

18

What is the participant's primary diagnosis for LUTD?

--

- Benign prostatic hyperplasia (BPH)
- Nocturia
- Overactive bladder
- Incontinence
- Frequency (Not OAB)
- Other (specify)

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	PartPrimDxLUTD	<p><i>Name: PrimDxLUTD SASFmt:</i> PrimDxLUTD</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Benign prostatic hyperplasia (BPH)</td> <td></td> </tr> <tr> <td>2</td> <td>Nocturia</td> <td></td> </tr> <tr> <td>3</td> <td>Overactive bladder</td> <td></td> </tr> <tr> <td>4</td> <td>Incontinence</td> <td></td> </tr> <tr> <td>5</td> <td>Frequency (Not OAB)</td> <td></td> </tr> <tr> <td>6</td> <td>Other (specify)</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Benign prostatic hyperplasia (BPH)		2	Nocturia		3	Overactive bladder		4	Incontinence		5	Frequency (Not OAB)		6	Other (specify)		NVARCHAR	200	No range checks
Val	Text	Culture Suppression																											
-1	--																												
1	Benign prostatic hyperplasia (BPH)																												
2	Nocturia																												
3	Overactive bladder																												
4	Incontinence																												
5	Frequency (Not OAB)																												
6	Other (specify)																												

19

In the past year, how many alcoholic drinks has the participant had per week, when drinking (on average)?

-
- 0 to 3 drinks per week
- 4 to 7 drinks per week
- 8 to 14 drinks per week
- 14 or more drinks per week

- Has not had alcohol in the past year
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks																								
1	PartDrnkPerWeek	<i>Name:</i> NumDrnk <i>SASFmt:</i> NumDrnk <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>0 to 3 drinks per week</td> <td></td> </tr> <tr> <td>2</td> <td>4 to 7 drinks per week</td> <td></td> </tr> <tr> <td>3</td> <td>8 to 14 drinks per week</td> <td></td> </tr> <tr> <td>4</td> <td>14 or more drinks per week</td> <td></td> </tr> <tr> <td>5</td> <td>Has not had alcohol in the past year</td> <td></td> </tr> <tr> <td>97</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	0 to 3 drinks per week		2	4 to 7 drinks per week		3	8 to 14 drinks per week		4	14 or more drinks per week		5	Has not had alcohol in the past year		97	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																											
-1	--																												
1	0 to 3 drinks per week																												
2	4 to 7 drinks per week																												
3	8 to 14 drinks per week																												
4	14 or more drinks per week																												
5	Has not had alcohol in the past year																												
97	Unknown																												

H. General Clinical Information - Urinary Surgical Hx

Has the participant undergone any surgeries for the treatment of LUTS?

1

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	PartSurgLUTS	<i>Name:</i> \$Edema <i>SASFmt:</i> \$Edema <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		SMALLINT		No range checks
Val	Text	Culture Suppression									
-1	--										

0	No	
1	Yes	
2	Unknown	

If yes, then please enter the following information regarding the performed surgery:

Type of surgical procedure:	How many times has the participant had this surgical procedure?	Date of most recent procedure:

0

#	Field Name	Lookup Set	Type	Length	Range Checks																																	
1	TypeSurgCG	<p>Name: SurgProc SASFmt: SurgProc</p> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>TURP</td> <td></td> </tr> <tr> <td>3</td> <td>Microwave therapy</td> <td></td> </tr> <tr> <td>4</td> <td>Laser treatment</td> <td></td> </tr> <tr> <td>8</td> <td>TUIP</td> <td></td> </tr> <tr> <td>9</td> <td>UroLift</td> <td></td> </tr> <tr> <td>15</td> <td>TUNA (transurethrial needle ablation)</td> <td></td> </tr> <tr> <td>10</td> <td>Thermotherapy</td> <td></td> </tr> <tr> <td>16</td> <td>Interstim test procedure</td> <td></td> </tr> <tr> <td>17</td> <td>Placement of a interstim IPG battery</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		1	TURP		3	Microwave therapy		4	Laser treatment		8	TUIP		9	UroLift		15	TUNA (transurethrial needle ablation)		10	Thermotherapy		16	Interstim test procedure		17	Placement of a interstim IPG battery		SMALLINT		No range checks
Val	Text	Culture Suppression																																				
-1	--																																					
1	TURP																																					
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9	UroLift																																					
15	TUNA (transurethrial needle ablation)																																					
10	Thermotherapy																																					
16	Interstim test procedure																																					
17	Placement of a interstim IPG battery																																					

		18	Removal of an interstim IPG battery			
		5	Burch colposuspension			
		2	Placement of a sling			
		7	Urethral bulking injections			
		11	Urethrolysis			
		6	Intradetrusor Botox injection			
		12	Surgery for pelvic organ prolapse			
		13	Posterior tibial nerve stimulation			
		14	Other (specify)			
2	TimesSurgCG				INT	No range checks
3	DateSurgCG				DATETIME	No range checks

I. General Clinical Information - Other Surgical Hx

Has the participant had a Hysterectomy?

-
- No
- Yes
- Unknown

1

#	Field Name	Lookup Set	Type	Length	Range Checks									
1	PartHysterectomy	<i>Name: \$Edema SASFmt: \$Edema</i>	SMALLINT		No range checks									
		<table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--							
Val	Text	Culture Suppression												
-1	--													

	0	No			
	1	Yes			
	2	Unknown			

2 If yes, date of most recent procedure:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartHysterectomyDate		DATETIME		No range checks

3 Has the participant had a Cesarean section?
 --
 No
 Yes
 Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartCSection	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

4 If yes, date of most recent procedure:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartCSectionDate		DATETIME		No range checks

5 Has the participant had spinal or brain surgery?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartBrainSurg	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

If yes, date of most recent procedure:

6

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartBrainSurgDate		DATETIME		No range checks

Has the participant had rectal surgery (excluding colonoscopies)?

7

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	PartRectSurg	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

		2	Unknown			
--	--	---	---------	--	--	--

8

If yes, date of most recent procedure:

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartRectSurgDate		DATETIME		No range checks

9

Has the participant had any other surgical procedure done?

-
- No
- Yes (specify) _____
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartOthSurg	<p><i>Name: NoYesSp SASFmt: NoYesSp</i></p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes (specify)</td> <td></td> </tr> <tr> <td>97</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes (specify)		97	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes (specify)																			
97	Unknown																			
2	PartOthSurgOther		NVARCHAR	200	No range checks															

J. General Clinical Information - Obstetric Hx

- This section suppressed if database function al.fn_GetGender returns 1

1

How many times has the participant been pregnant?

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartTimesPreg		INT		No range checks

2

How many times has the participant had vaginal births?

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartVagBirth		INT		No range checks

K. General Clinical Information - Smoking Hx

1

Does the participant have a history of tobacco use (e.g. cigarettes, cigars, smokeless tobacco, etc.)?

-
- Current
- Former
- Never
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	PartHxSmoke	<p><i>Name:</i> CurrForm <i>SASFmt:</i> CurrForm</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Current</td> <td></td> </tr> <tr> <td>2</td> <td>Former</td> <td></td> </tr> <tr> <td>3</td> <td>Never</td> <td></td> </tr> <tr> <td>97</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Current		2	Former		3	Never		97	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
1	Current																						
2	Former																						
3	Never																						
97	Unknown																						

2

If current or former smoker: Number of pack-years (packs smoked per day x years smoked)

Pack(s) per Day Year(s)

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartPacksSmoke		FLOAT		No range checks
2	PartPacksSmokeUnit		FLOAT		No range checks

3

Has the participant used any recreational drugs (e.g. marijuana, narcotics, etc.)?

-
- Current
- Former
- Never
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	PartRecDrugs	<i>Name: CurrForm SASFmt: CurrForm</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Current</td> <td></td> </tr> <tr> <td>2</td> <td>Former</td> <td></td> </tr> <tr> <td>3</td> <td>Never</td> <td></td> </tr> <tr> <td>97</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Current		2	Former		3	Never		97	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																					
-1	--																						
1	Current																						
2	Former																						
3	Never																						
97	Unknown																						

L. General Clinical Information - Meds and Other Tx

1

Is the participant currently on any medications (Rx and OTC)?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	PatTakingRXYN	<i>Name: \$Edema SASFmt: \$Edema</i> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression															
-1	--																
0	No																
1	Yes																

	2	Unknown			
--	---	---------	--	--	--

If yes, then please enter the following about medications in the table below:

2

Medication Name	Medication Start Date	Medication Stop Date

Begin typing and select one of the medicines available. Do not type the name of a medicine that is not displayed.

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartMedsPrescribed		NVARCHAR	100	No range checks
2	MedsText		NVARCHAR	200	No range checks
3	MedStartDT		DATETIME		No range checks
4	MedStopDT		DATETIME		No range checks

3

Has the participant had any antibiotic use within the past 3 months?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartAntiBioUse	Name: \$Edema SASFmt: \$Edema <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

Enter date that medication list has been reviewed, confirming that medications without Stop Dates are still active.

4

Month Day Year

#	Field Name	Lookup Set	Type	Length	Range Checks
1	RxOTCMedsReviewDT		DATETIME		No range checks

Has the participant had any antifungal use within the past 3 months?

5

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartAntiFungUse	<p><i>Name:</i> \$Edema <i>SASFmt:</i> \$Edema</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT		No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

Approximate time period of prior medical treatment for LUTD?

6

-
- No prior treatment
- Less than 1 year
- 1-5 years
- More than 5 years
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks						
1	TimePeriodTxLUTD	<p><i>Name:</i> TimeTxLUTD <i>SASFmt:</i> TimeTxLUTD</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression				SMALLINT		No range checks
Val	Text	Culture Suppression									

	-1	--	
	1	No prior treatment	
	2	Less than 1 year	
	3	1-5 years	
	4	More than 5 years	
	97	Unknown	

7a

Has the participant had any of the following non-traditional or non-medicinal treatment for LUTD?

-
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartOthTxLUTDYN	<i>Name: \$Edema SASFmt:</i> \$Edema <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>0</td> <td>No</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> <tr> <td>2</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		0	No		1	Yes		2	Unknown		SMALLINT	1000	No range checks
Val	Text	Culture Suppression																		
-1	--																			
0	No																			
1	Yes																			
2	Unknown																			

7b

Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had.

-
- Nutraceutical / Herbal remedy
 - Pelvic floor physical therapy
 - Kegel exercises (other than physical therapy)
 - Acupuncture
 - Yoga
 - Meditation
 - Counseling/talk therapy
 - Hypnosis
 - Biofeedback

- Behavioral Modification
- Intermittent Catheterization
- Indwelling Catheterization
- Bladder reflex training
- Bladder expression
- Weight Loss
- Reduced Fluid Consumption
- Increased Fluid Consumption
- Absorbent pads or undergarments
- Pessary
- Urethral Insert
- Other (specify)

#	Field Name	Lookup Set	Type	Length	Range Checks																																							
1	PartOthTxLUTD	<i>Name:</i> NonMedTx <i>SASFmt:</i> NonMedTx <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Nutraceutical / Herbal remedy</td> <td></td> </tr> <tr> <td>2</td> <td>Pelvic floor physical therapy</td> <td></td> </tr> <tr> <td>3</td> <td>Kegel exercises (other than physical therapy)</td> <td></td> </tr> <tr> <td>4</td> <td>Acupuncture</td> <td></td> </tr> <tr> <td>5</td> <td>Yoga</td> <td></td> </tr> <tr> <td>6</td> <td>Meditation</td> <td></td> </tr> <tr> <td>7</td> <td>Counseling/talk therapy</td> <td></td> </tr> <tr> <td>8</td> <td>Hypnosis</td> <td></td> </tr> <tr> <td>9</td> <td>Biofeedback</td> <td></td> </tr> <tr> <td>10</td> <td>Behavioral Modification</td> <td></td> </tr> <tr> <td>11</td> <td>Intermittent Catheterization</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Nutraceutical / Herbal remedy		2	Pelvic floor physical therapy		3	Kegel exercises (other than physical therapy)		4	Acupuncture		5	Yoga		6	Meditation		7	Counseling/talk therapy		8	Hypnosis		9	Biofeedback		10	Behavioral Modification		11	Intermittent Catheterization		NVARCHAR	1000	No range checks
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13	Bladder reflex training	
14	Bladder expression	
15	Weight Loss	
16	Reduced Fluid Consumption	
17	Increased Fluid Consumption	
18	Absorbent pads or undergarments	
19	Pessary	
20	Urethral Insert	
21	Other (specify)	

M. General Clinical Information - LUTS Family Hx

Please enter the family information for each first-degree relative (parents, siblings, children) who has been diagnosed with or treated for LUTD:

What is their relation to the participant?	What was the diagnosis for this relative's LUTD?	What type of therapy did this relative receive for their LUTD?

0

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PartRelLUTD		NVARCHAR	100	No range

				checks																											
2	PartRelative	<p><i>Name:</i> Relation <i>SASFmt:</i> Relation</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Mother</td> <td></td> </tr> <tr> <td>2</td> <td>Father</td> <td></td> </tr> <tr> <td>3</td> <td>Brother</td> <td></td> </tr> <tr> <td>4</td> <td>Sister</td> <td></td> </tr> <tr> <td>5</td> <td>Son</td> <td></td> </tr> <tr> <td>6</td> <td>Daughter</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Mother		2	Father		3	Brother		4	Sister		5	Son		6	Daughter		SMALLINT	No range checks			
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1	Mother																														
2	Father																														
3	Brother																														
4	Sister																														
5	Son																														
6	Daughter																														
3	RelativeDxLUTD	<p><i>Name:</i> DxReiLUTD <i>SASFmt:</i> DxReiLUTD</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Benign prostatic hyperplasia (BPH)</td> <td></td> </tr> <tr> <td>2</td> <td>Nocturia</td> <td></td> </tr> <tr> <td>3</td> <td>Overactive bladder</td> <td></td> </tr> <tr> <td>4</td> <td>Incontinence</td> <td></td> </tr> <tr> <td>5</td> <td>Frequency (Not OAB)</td> <td></td> </tr> <tr> <td>6</td> <td>Other (specify)</td> <td></td> </tr> <tr> <td>97</td> <td>Unknown</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	-1	--		1	Benign prostatic hyperplasia (BPH)		2	Nocturia		3	Overactive bladder		4	Incontinence		5	Frequency (Not OAB)		6	Other (specify)		97	Unknown		SMALLINT	No range checks
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4	RelativeTherpLUTD	<p><i>Name:</i> TherapyLUTD <i>SASFmt:</i> TherapyLUTD</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture</th> </tr> </thead> <tbody> </tbody> </table>	Val	Text	Culture	SMALLINT	No range checks																								
Val	Text	Culture																													

		Suppression		
-1	--			
1	Medicine			
2	Surgery			
3	Non-traditional/ non-medicinal treatments			
4	Other (specify)			
5	None			
97	Unknown			

O. Questionnaire Complete

O1 Questionnaire Complete
 --
 Yes

#	Field Name	Lookup Set			Type	Length	Range Checks									
1	CenterComplete	<i>Name:</i> QuestComp <i>SASFmt:</i> QuestComp <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>-1</td> <td>--</td> <td></td> </tr> <tr> <td>1</td> <td>Yes</td> <td></td> </tr> </table>			Val	Text	Culture Suppression	-1	--		1	Yes		SMALLINT		No range checks
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1	Yes															