

**Interim Assessment**

**A. Interval Treatments**

- 1 Has the participant undergone any surgeries for the treatment of LUTS since the last visit?
- - No
  - Yes
  - Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartSurg	<i>Name: \$Edema SASFmt: \$Edema</i> <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																			

- 2 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: |
|-----------------------------|-----------------------------------------------------------------|--------------------------------|
|                             |                                                                 |                                |
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#	Field Name	Lookup Set	Type	Length	Range Checks																																	
1	TypeSurgCG	<i>Name: SurgProc SASFmt: SurgProc</i> <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> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Val	Text	Culture Suppression																															SMALLINT		No range
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Val	Text	Culture Suppression		checks
-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			
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
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3

Has the participant started taking or stopped taking any medications (Rx and OTC) since the last study visit?

- 
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartNewMeds	<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
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0	No																			
1	Yes																			
2	Unknown																			

4

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

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

5

Has the participant had any antibiotic use since the last visit?

- 
- No
- Yes
- Unknown

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

6

Has the participant had any antifungal use since the last visit?

- 
- No
- Yes
- Unknown

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

7a

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

- 
- No
- Yes
- Unknown

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	PartNonMedTxYN	<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
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Please specify the non-traditional or non-medicinal treatment for LUTD the patient has had since the last visit.

- 
- 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)

7b

#	Field Name	Lookup Set	Type	Length	Range
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					<b>Checks</b>																																																									
1	PartNonMedTx	<i>Name:</i> NonMedTx <i>SASFmt:</i> NonMedTx <table border="1" data-bbox="516 268 1049 2018"> <thead> <tr> <th data-bbox="516 268 586 369">Val</th> <th data-bbox="586 268 862 369">Text</th> <th data-bbox="862 268 1049 369">Culture Suppression</th> </tr> </thead> <tbody> <tr> <td data-bbox="516 369 586 436">-1</td> <td data-bbox="586 369 862 436">--</td> <td data-bbox="862 369 1049 436"></td> </tr> <tr> <td data-bbox="516 436 586 541">1</td> <td data-bbox="586 436 862 541">Nutraceutical / Herbal remedy</td> <td data-bbox="862 436 1049 541"></td> </tr> <tr> <td data-bbox="516 541 586 646">2</td> <td data-bbox="586 541 862 646">Pelvic floor physical therapy</td> <td data-bbox="862 541 1049 646"></td> </tr> <tr> <td data-bbox="516 646 586 793">3</td> <td data-bbox="586 646 862 793">Kegel exercises (other than physical therapy)</td> <td data-bbox="862 646 1049 793"></td> </tr> <tr> <td data-bbox="516 793 586 856">4</td> <td data-bbox="586 793 862 856">Acupuncture</td> <td data-bbox="862 793 1049 856"></td> </tr> <tr> <td data-bbox="516 856 586 919">5</td> <td data-bbox="586 856 862 919">Yoga</td> <td data-bbox="862 856 1049 919"></td> </tr> <tr> <td data-bbox="516 919 586 982">6</td> <td data-bbox="586 919 862 982">Meditation</td> <td data-bbox="862 919 1049 982"></td> </tr> <tr> <td data-bbox="516 982 586 1087">7</td> <td data-bbox="586 982 862 1087">Counseling/talk therapy</td> <td data-bbox="862 982 1049 1087"></td> </tr> <tr> <td data-bbox="516 1087 586 1150">8</td> <td data-bbox="586 1087 862 1150">Hypnosis</td> <td data-bbox="862 1087 1049 1150"></td> </tr> <tr> <td data-bbox="516 1150 586 1213">9</td> <td data-bbox="586 1150 862 1213">Biofeedback</td> <td data-bbox="862 1150 1049 1213"></td> </tr> <tr> <td data-bbox="516 1213 586 1318">10</td> <td data-bbox="586 1213 862 1318">Behavioral Modification</td> <td data-bbox="862 1213 1049 1318"></td> </tr> <tr> <td data-bbox="516 1318 586 1423">11</td> <td data-bbox="586 1318 862 1423">Intermittent Catheterization</td> <td data-bbox="862 1318 1049 1423"></td> </tr> <tr> <td data-bbox="516 1423 586 1528">12</td> <td data-bbox="586 1423 862 1528">Indwelling Catheterization</td> <td data-bbox="862 1423 1049 1528"></td> </tr> <tr> <td data-bbox="516 1528 586 1633">13</td> <td data-bbox="586 1528 862 1633">Bladder reflex training</td> <td data-bbox="862 1528 1049 1633"></td> </tr> <tr> <td data-bbox="516 1633 586 1738">14</td> <td data-bbox="586 1633 862 1738">Bladder expression</td> <td data-bbox="862 1633 1049 1738"></td> </tr> <tr> <td data-bbox="516 1738 586 1801">15</td> <td data-bbox="586 1738 862 1801">Weight Loss</td> <td data-bbox="862 1738 1049 1801"></td> </tr> <tr> <td data-bbox="516 1801 586 1906">16</td> <td data-bbox="586 1801 862 1906">Reduced Fluid Consumption</td> <td data-bbox="862 1801 1049 1906"></td> </tr> <tr> <td data-bbox="516 1906 586 2018">17</td> <td data-bbox="586 1906 862 2018">Increased Fluid Consumption</td> <td data-bbox="862 1906 1049 2018"></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		12	Indwelling Catheterization		13	Bladder reflex training		14	Bladder expression		15	Weight Loss		16	Reduced Fluid Consumption		17	Increased Fluid Consumption		NVARCHAR	1000	No range checks
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		20	Urethral Insert			
		21	Other (specify)			

B. Questionnaire Complete

B1 | Questionnaire Complete

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 Yes

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