

Patient Screening

A. Participant Information

A1

Are you able to reliably complete self-reported questionnaires online during specified times, typically 6pm to 2am local time, for the duration of the study?

- No
 Yes

#	Field Name	Lookup Set	Type	Length	Range Checks									
1	InclCompliance	<i>Name: YesNo SASFmt: YesNo</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Val</td> <td style="width: 20%;">Text</td> <td style="width: 70%;">Culture Suppression</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	0	No		1	Yes		SMALLINT		No range checks
Val	Text	Culture Suppression												
0	No													
1	Yes													

A2

What time zone will you be in for the duration of the study?

- Atlantic (UTC-4:00; Halifax, Puerto Rico)
 Eastern (UTC-5:00; New York, Detroit)
 Central (UTC-6:00; Chicago, Dallas)
 Mountain (UTC-7:00; Denver, Phoenix)
 Pacific (UTC-8:00; Los Angeles, Seattle)
 Alaska (UTC-9:00; Anchorage, Juneau)
 Hawaii-Aleutian (UTC-10:00; Honolulu, Adak Island)

#	Field Name	Lookup Set	Type	Length	Range Checks												
1	Timezone	<i>Name: NATimezones SASFmt: NATimezones</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Val</td> <td style="width: 40%;">Text</td> <td style="width: 50%;">Culture Suppression</td> </tr> <tr> <td>1</td> <td>Atlantic (UTC-4:00; Halifax, Puerto Rico)</td> <td></td> </tr> <tr> <td>2</td> <td>Eastern (UTC-5:00; New York, Detroit)</td> <td></td> </tr> <tr> <td>3</td> <td>Central (UTC-6:00;</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	1	Atlantic (UTC-4:00; Halifax, Puerto Rico)		2	Eastern (UTC-5:00; New York, Detroit)		3	Central (UTC-6:00;		SMALLINT		No range checks
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		Chicago, Dallas)			
4		Mountain (UTC-7:00; Denver, Phoenix)			
5		Pacific (UTC-8:00; Los Angeles, Seattle)			
6		Alaska (UTC-9:00; Anchorage, Juneau)			
7		Hawaii-Aleutian (UTC- 10:00; Honolulu, Adak Island)			

URINARY SYMPTOMS OVER TWO WEEKS

For each symptom below, please tell us how often you have experienced it in the past **two weeks**,
For any symptom that you *have* experienced, then tell us how much it bothers you.

During a typical day in the **past 2 weeks**, how many times did you urinate during waking hours?

- 1-6 times a day
- 7-8 times a day
- 9-10 times a day
- 11-12 times a day
- 13 or more times a day

How much does this bother you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

A3

#	Field Name	Lookup Set	Type	Length	Range Checks															
1	UrWakeHrs	<i>Name:</i> TwoWeekWaking <i>SASFmt:</i> TwoWeekWaking <table border="1" data-bbox="555 1648 1066 1984"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>0</td> <td>1-6 times a day</td> <td></td> </tr> <tr> <td>1</td> <td>7-8 times a day</td> <td></td> </tr> <tr> <td>2</td> <td>9-10 times a day</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Val	Text	Culture Suppression	0	1-6 times a day		1	7-8 times a day		2	9-10 times a day					SMALLINT		No range checks
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1	7-8 times a day																			
2	9-10 times a day																			

		3	11-12 times a day			
		4	13 or more times a day			
2	UrWakeHrsBother	<i>Name: LTSBTHR SASFmt:</i> LTSBTHR			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		0	Not at all			
		1	A little bit			
		2	Somewhat			
		3	Quite a bit			
		4	A great deal			

A4

During a typical night in the **past 2 weeks**, If "1 time a night" or more, how much does how many times did you wake up because you this bother you? needed to urinate?

- None
- 1 time a night
- 2 times a night
- 3 times a night
- 4 or more times a night
- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

#	Field Name	Lookup Set			Type	Length	Range Checks
1	UrNightFreq	<i>Name: URNOVRNGHT SASFmt:</i> URNOVRNGHT			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		0	None				
		1	1 time a night				
		2	2 times a night				
		3	3 times a night				

		4	4 or more times a night			
2	UrNightFreqBother	<i>Name: LTSBTHR SASFmt:</i> LTSBTHR			SMALLINT	No range checks
		Val	Text	Culture Suppression		
		0	Not at all			
		1	A little bit			
		2	Somewhat			
		3	Quite a bit			
		4	A great deal			

A5

During the **past 2 weeks**, how often have you had a trickle or dribble at the end of your urine you?

flow?

- Never
- Rarely
- Sometimes
- Often
- Almost always
- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

#	Field Name	Lookup Set			Type	Length	Range Checks
1	UrTrickle	<i>Name: UrineFreq SASFmt:</i> UrineFreq			SMALLINT		No range checks
		Val	Text	Culture Suppression			
		0	Never				
		1	Rarely				
		2	Sometimes				
		3	Often				
		4	Almost always				

2	UrTrickleBother	<i>Name: LTSBTHR SASFmt:</i> LTSBTHR	SMALLINT	No range checks																		
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A6

During the **past 2 weeks**, how often have you had a sudden need to rush to urinate? If "rarely" or more, how much does this bother you?

- | | |
|-------------------------------------|------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Not at all |
| <input type="radio"/> Rarely | <input type="radio"/> A little bit |
| <input type="radio"/> Sometimes | <input type="radio"/> Somewhat |
| <input type="radio"/> Often | <input type="radio"/> Quite a bit |
| <input type="radio"/> Almost always | <input type="radio"/> A great deal |

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UrSudden	<i>Name: UrineFreq SASFmt:</i> UrineFreq <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	0	Never		1	Rarely		2	Sometimes		3	Often		4	Almost always		SMALLINT		No range checks
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2	UrSuddenBother	<i>Name: LTSBTHR SASFmt:</i> LTSBTHR	SMALLINT		No range checks																		

	Val	Text	Culture Suppression			
	0	Not at all				
	1	A little bit				
	2	Somewhat				
	3	Quite a bit				
	4	A great deal				

A7

During the **past 2 weeks**, how often have you had a weak urine stream? If "rarely" or more, how much does this bother you?

- | | |
|-------------------------------------|------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Not at all |
| <input type="radio"/> Rarely | <input type="radio"/> A little bit |
| <input type="radio"/> Sometimes | <input type="radio"/> Somewhat |
| <input type="radio"/> Often | <input type="radio"/> Quite a bit |
| <input type="radio"/> Almost always | <input type="radio"/> A great deal |

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UrWeakStream	<i>Name: UrineFreq SASFmt:</i> UrineFreq <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	0	Never		1	Rarely		2	Sometimes		3	Often		4	Almost always		SMALLINT		No range checks
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2	UrWeakStreamBother	<i>Name: LTSBTHR SASFmt:</i> LTSBTHR <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	0	Not at all		SMALLINT		No range checks												
Val	Text	Culture Suppression																					
0	Not at all																						

		1	A little bit	
		2	Somewhat	
		3	Quite a bit	
		4	A great deal	

A8

During the **past 2 weeks**, how often did you leak urine?

- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UrLeak	<i>Name: UrineFreq SASFmt: UrineFreq</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	0	Never		1	Rarely		2	Sometimes		3	Often		4	Almost always		SMALLINT		No range checks
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2	UrLeakBother	<i>Name: LTSBTHR SASFmt: LTSBTHR</i> <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	0	Not at all		1	A little bit		2	Somewhat		3	Quite a bit		SMALLINT		No range checks			
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1	A little bit																						
2	Somewhat																						
3	Quite a bit																						

		4	A great deal			
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A9

During the **past 2 weeks**, how often have you had the feeling your bladder was not empty after urinating? If "rarely" or more, how much does this bother you?

- Never
- Rarely
- Sometimes
- Often
- Almost always
- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UrBldNotEmpty	<i>Name: UrineFreq SASFmt:</i> UrineFreq <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	0	Never		1	Rarely		2	Sometimes		3	Often		4	Almost always		SMALLINT		No range checks
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2	UrBldNotEmptyBother	<i>Name: LTSBTHR SASFmt:</i> LTSBTHR <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	0	Not at all		1	A little bit		2	Somewhat		3	Quite a bit		4	A great deal		SMALLINT		No range checks
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1	A little bit																						
2	Somewhat																						
3	Quite a bit																						
4	A great deal																						

URINARY SYMPTOMS OVER THREE MONTHS

For each symptom below, please tell us how often you have experienced it in the past **three months**,
For any symptom that you *have* experienced, then tell us how much it bothers you.

During a typical day in the **past 3 months**,
how many times did you urinate during
waking hours?

- 1-6 times a day
- 7-8 times a day
- 9-10 times a day
- 11-12 times a day
- 13 or more times a day

How much does this bother you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

A10

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UrWakeHrs3M	<p><i>Name:</i> TwoWeekWaking <i>SASFmt:</i> TwoWeekWaking</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1-6 times a day</td> <td></td> </tr> <tr> <td>1</td> <td>7-8 times a day</td> <td></td> </tr> <tr> <td>2</td> <td>9-10 times a day</td> <td></td> </tr> <tr> <td>3</td> <td>11-12 times a day</td> <td></td> </tr> <tr> <td>4</td> <td>13 or more times a day</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	0	1-6 times a day		1	7-8 times a day		2	9-10 times a day		3	11-12 times a day		4	13 or more times a day		SMALLINT		No range checks
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2	UrWakeHrsBother3M	<p><i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR</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																					

		0	Not at all			
		1	A little bit			
		2	Somewhat			
		3	Quite a bit			
		4	A great deal			

A11

During a typical night in the **past 3 months**, If "1 time a night" or more, how much does how many times did you wake up because you this bother you?
needed to urinate?

- None
- 1 time a night
- 2 times a night
- 3 times a night
- 4 or more times a night
- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UrNightFreq3M	<i>Name:</i> URNOVRNGHT <i>SASFmt:</i> URNOVRNGHT <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>0</td> <td>None</td> <td></td> </tr> <tr> <td>1</td> <td>1 time a night</td> <td></td> </tr> <tr> <td>2</td> <td>2 times a night</td> <td></td> </tr> <tr> <td>3</td> <td>3 times a night</td> <td></td> </tr> <tr> <td>4</td> <td>4 or more times a night</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	0	None		1	1 time a night		2	2 times a night		3	3 times a night		4	4 or more times a night		SMALLINT		No range checks
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Val	Text	Culture																					

		Suppression		
0	Not at all			
1	A little bit			
2	Somewhat			
3	Quite a bit			
4	A great deal			

A12

During the **past 3 months**, how often have you had a trickle or dribble at the end of your urine flow? If "rarely" or more, how much does this bother you?

- Never
- Rarely
- Sometimes
- Often
- Almost always
- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UrTrickle3M	<i>Name: UrineFreq SASFmt:</i> UrineFreq <table border="1"> <tr> <td>Val</td> <td>Text</td> <td>Culture Suppression</td> </tr> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	0	Never		1	Rarely		2	Sometimes		3	Often		4	Almost always		SMALLINT		No range checks
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0	Not at all																						

		1	A little bit			
		2	Somewhat			
		3	Quite a bit			
		4	A great deal			

A13

During the **past 3 months**, how often have you had a sudden need to rush to urinate?

- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UrSudden3M	<p><i>Name:</i> UrineFreq <i>SASFmt:</i> UrineFreq</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	0	Never		1	Rarely		2	Sometimes		3	Often		4	Almost always		SMALLINT		No range checks
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1	A little bit																						
2	Somewhat																						

		3	Quite a bit			
		4	A great deal			

A14

During the **past 3 months**, how often have you had a weak urine stream?

- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

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2	UrWeakStreamBother3M	<i>Name:</i> LTSBTHR <i>SASFmt:</i> LTSBTHR <table border="1"> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> <tr> <td>0</td> <td>Not at all</td> <td></td> </tr> <tr> <td>1</td> <td>A little bit</td> <td></td> </tr> <tr> <td>2</td> <td>Somewhat</td> <td></td> </tr> <tr> <td>3</td> <td>Quite a bit</td> <td></td> </tr> <tr> <td>4</td> <td>A great deal</td> <td></td> </tr> </table>	Val	Text	Culture Suppression	0	Not at all		1	A little bit		2	Somewhat		3	Quite a bit		4	A great deal		SMALLINT		No range checks
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A15

During the **past 3 months**, how often did you leak urine? If "rarely" or more, how much does this bother you?

- | | |
|-------------------------------------|------------------------------------|
| <input type="radio"/> Never | <input type="radio"/> Not at all |
| <input type="radio"/> Rarely | <input type="radio"/> A little bit |
| <input type="radio"/> Sometimes | <input type="radio"/> Somewhat |
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A16

During the **past 3 months**, how often have you had the feeling your bladder was not empty after urinating?

- Never
- Rarely
- Sometimes
- Often
- Almost always

If "rarely" or more, how much does this bother you?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- A great deal

#	Field Name	Lookup Set	Type	Length	Range Checks																		
1	UrBldNotEmpty3M	<p><i>Name:</i> UrineFreq <i>SASFmt:</i> UrineFreq</p> <table border="1"> <thead> <tr> <th>Val</th> <th>Text</th> <th>Culture Suppression</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>Never</td> <td></td> </tr> <tr> <td>1</td> <td>Rarely</td> <td></td> </tr> <tr> <td>2</td> <td>Sometimes</td> <td></td> </tr> <tr> <td>3</td> <td>Often</td> <td></td> </tr> <tr> <td>4</td> <td>Almost always</td> <td></td> </tr> </tbody> </table>	Val	Text	Culture Suppression	0	Never		1	Rarely		2	Sometimes		3	Often		4	Almost always		SMALLINT		No range checks
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