۸	Patient	Inform	nation
Α.	Paneni	Intorn	nauon

## PATIENT INFORMATION

	Patient Nan	ne		
1	First Name		Last Name	

#	Field Name	<b>Lookup Set</b>	Type	Length	Range Checks
1	PatientFirstName		NVARCHAR	50	No range checks
2	PatientLastName		NVARCHAR	50	No range checks

Has this patient participated in LURN?

O No

2 Yes

Not Sure

#	Field Name		Loc	okup Set	Туре	Length	Range Checks
	YN		e: YNNots otSure	Sure SASFmt:			
1		Val	Text	Culture Suppression	CMALLIBIT		No range
		0	No		SMALLINT		checks
		1	Yes				
		2	Not Sure				

If yes,	what is	the	patient's	StudyID?
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Please format as XX-XXX where the first digits are the facility number followed by the StudyID.

#	Field Name	<b>Lookup Set</b>	Type	Length	Range Checks
1	LURN_Facility		VARCHAR	25	No range checks

Date screened:

Month Day Year

#	Field Name	<b>Lookup Set</b>	Type	Length	Range Checks
1	DateScreen		DATETIME		No range checks

Sex:

5

Male

Female

#	Field Name	Lookup Set			Туре	Length	Range Checks
1	Gender	Gend	-	Culture Suppression	SMALLINT		No range checks
		1	Male				
		2	Female				

Date of Birth:

Month Day Year

#	Field Name	<b>Lookup Set</b>	Type	Length	Range Checks
]	DateOfBirth		DATETIME		No range checks

7 MRN or other identifier (optional)

#	Field Name	<b>Lookup Set</b>	Type	Length	Range Checks
1	MRN		VARCHAR	50	No range checks

No

O Yes

Unknown

#	Field Name		Loo	kup Set	Туре	Length	Range Checks
			e: YesNoUn IoUnk	k <i>SASFmt</i> :			
1	PatDiffEng	Val	Text	Culture Suppression	SMALLINT		No range checks
		0	No				CHECKS
		1	Yes				
		2	Unknown				

Does the patient suffer from dementia or any other cognitive impairment that would interfere with study participation?

O No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	PtCognitive	Nam	e: Yesl	No SASFmt: YesNo			
1		Val	Text	Culture Suppression	SMALLINT		No range checks
		0	No				
		1	Yes				

Has the patient had a known pregnancy or delivery within the last six months?

 $\bigcirc$  No

Yes

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PtPregnancy	Name: YesNo SASFmt: YesNo	SMALLINT		No range checks
		Val Text Culture Suppression			

8

0	No		
1	Yes		

Is there any planned change in medications or treatments for LUTS during the study timeframe?

 $\bigcirc$  No

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	PtLUTSMeds	Nam	e: Yesl	No SASFmt: YesNo			No range checks
1		Val	Text	Culture Suppression	SMALLINT		
		0	No				3
		1	Yes				

Is the patient receiving any active treatment for any malignancy, including maintenance medications?

12

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	1 PtMalignancy			No SASFmt: YesNo  Culture Suppression	CMALLINE		N 1 1
		0	No		SMALLINT		No range checks
		1	Yes				

Has the patient received surgery with general or spinal/epidural anesthesia in the past 3 months, or have surgery planned during the study timeframe?

13

O No

O Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
1	PtSurgery	Name	e: Yesl	No SASFmt: YesNo	SMALLINT		No range checks
		Val Text		Culture Suppression			
		0	No				

1 Yes	$\overline{}$	$\overline{}$	 1	
1 Yes				
	1	Ves		
	1 1	105		

Has the patient received any lower urinary tract instrumentation (e.g. self-catheterization or cytoscopy) in the past 3 months, or is any planned during the study timeframe?

O No

14

Yes

#	Field Name		I	Lookup Set	Type	Length	Range Checks
	PtInstrument	Nam	e: Yesl	No SASFmt: YesNo			No range checks
1		Val	Text	Culture Suppression	SMALLINT		
		0	No				
		1	Yes				

Has the patient had a prostate biopsy in the past 3 months, or is one planned during the study timeframe?

O No

15

Yes

#	Field Name	Lookup Set	Type	Length	Range Checks
1	PtProstate	Name: YesNo SASFmt: YesNo  Val Text Culture Suppression  0 No	SMALLINT		No range checks
		1 Yes			

## B. Consent & Contact Information

- This section suppressed if question A8 has a value of "Yes"
- This section suppressed if question A9 has a value of "Yes"
- This section suppressed if question A8 has a value of "Unknown"
- This section suppressed if question A10 has a value of "Yes"
- This section suppressed if question A11 has a value of "Yes"
- This section suppressed if question A12 has a value of "Yes"
- This section suppressed if question A13 has a value of "Yes"
- This section suppressed if question A14 has a value of "Yes"
- This section suppressed if question A15 has a value of "Yes"

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Was the patient approached for inclusion in this study?

O No

O Yes

#	Field Name		Lo	okup Set	Туре	Length	Range Checks
1	patapproachedIncCrYN	YesN		Culture Suppression	SMALLINT		No range checks

	If the patient was not approached, indicate reason(s) why. Select all that apply.
17	☐ Suspected non-compliance issues
	☐ Suspected lack of severe or bothersome symptoms
	☐ Does not meet symptom(s) category needed
	Other Specify

#	Field Name		Lookup	Set	Туре	Length	Range Checks
1	patNOTapproachedIncCr		e: PatNotAPP otAPPR	R SASFmt:	SMALLINT		No range checks
		Val	Text	Culture Suppression			
		1	Suspected non- compliance issues				
		2	Suspected lack of severe or bothersome symptoms				
		3	Does not meet				

	symptom(s) category needed		
4	Other Specify		

Date consented or refused consent:

Month Day Year

#	Field Name	<b>Lookup Set</b>	Type	Length	Range Checks
1	ConsentDate		DATETIME		No range checks

Did the patient consent to the study?

O No 19

18

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Yes

#	Field Name		Lookup Set	Type	Length	Range Checks
		Name: Yes	sNo SASFmt: YesNo			
1	Consent	Val Text	Culture Suppression	SMALLINT		No range checks
		0 No				S
		1 Yes				

If the patient didn't consent to participate, indicate reasons why. Select all that apply. Not interested

☐ Too much effort

■ Work-related issues

☐ Internet connectivity issues

■ Sleep schedule issues

Would not be available for entire study period

■ Not approached

Not approached, suspected non-compliance issues

Other (specify)

#	Field Name Lookup Set		Туре	Length	Range Checks
1	NoConsentReasons	Name: NoConsentReason SASFmt:	NVARCHAR	500	No

NoC	onsentReason		ran	
Val	Text	Culture Suppression		
1	Not interested			
2	Too much effort			
5	Work-related issues			
14	Internet connectivity issues			
15	Sleep schedule issues			
17	Would not be available for entire study period			
12	Not approached			
16	Not approached, suspected non- compliance issues			
13	Other (specify)			

## **CONTACT INFORMATION**

E-mail Address:

#	Field Name	<b>Lookup Set</b>	Type	Length	Range Checks
1	Email		NVARCHAR	500	No range checks

Primary	Phone 1	Num	ber:

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#	Field Name	<b>Lookup Set</b>	Type	Length	Range Checks
1	PrimPhone		NVARCHAR	50	No range checks

Secondary Phone Number:

#	Field Name	<b>Lookup Set</b>	Type	Length	Range Checks
1	SecPhone		NVARCHAR	50	No range checks

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