	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

RICE – Bladder Symptom Impact Scale

Participant completes via online survey at **Week 4 Baseline** and **Months 6, 18, & 36 Clinic Contacts**

Sometimes medical conditions can make life difficult in a variety of ways and sometimes they don't make that much difference. Using any number from **1 to 7**, where **1 is having a very small negative or bad effect** and **7 is having a very large negative or bad effect**, please rate each of the following in terms of how negatively, if at all, your bladder symptoms affect this part of your life. **If there is no effect, rate it as zero.**

Please rate:

1. The effect of your bladder symptoms on your ability to carry out your home responsibilities?
(1 is a very small negative effect, 7 is a very large negative effect)

<i>Very small negative effect</i>				<i>Very large negative effect</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7

2. The effect of your bladder symptoms on your social life?
(1 is a very small negative effect, 7 is a very large negative effect)


<i>Very small negative effect</i>				<i>Very large negative effect</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7

3. The effect of your bladder symptoms on your feelings of self-worth?
(1 is a very small negative effect, 7 is a very large negative effect)

<i>Very small negative effect</i>				<i>Very large negative effect</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7

4. The effect of your bladder symptoms on your interest in life?
(1 is a very small negative effect, 7 is a very large negative effect)

<i>Very small negative effect</i>				<i>Very large negative effect</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7

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5. The effect of your bladder symptoms on your energy level?
 (1 is a very small negative effect, 7 is a very large negative effect)

<i>Very small negative effect</i>				<i>Very large negative effect</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7

6. The effect of your bladder symptoms on your moods?
 (1 is a very small negative effect, 7 is a very large negative effect)

<i>Very small negative effect</i>				<i>Very large negative effect</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7