



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

Brief Clinical Diagnostics for Baseline and Follow-up
Research Coordinator completes at Baseline Week 4 and ALL in-clinic Follow-up Visits.

1. Height:	
a. Feet	_____
b. Inches	_____
2. Weight:	_____ lbs.
3. Umbilical waist circumference:	_____ cm.
4. Blood Pressure:	
a. Systolic (mmHg)	_____
b. Diastolic (mmHg)	_____

5. Participant currently has a midstream urine culture ($\geq 100,000$ CFU/ml), with a single uropathogen.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
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6. Participant reports currently experiencing a flare of urologic or pelvic pain symptoms per SYM-Q, Question 12 in Participant Survey. If Yes , please confirm collection of a Flare urine specimen below. If No , please record 99 N/A.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. Flare urine specimen collected.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No <input type="checkbox"/> ₉₉ N/A
Please refer to the MOP for guidelines regarding the Flare urine specimen collection and shipment procedures.	

7. Research Coordinator confirms Female Participant is not currently pregnant. Please record 99 – N/A for males & females who are surgically sterile or postmenopausal.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No <input type="checkbox"/> ₉₉ N/A
*Please note: If a Female Participant is confirmed pregnant at any time during the study, the Participant must be withdrawn. Please see the MOP for guidelines.	

8. Did the Participant withdraw consent for the use of DNA for genetics studies as of this visit? (If Yes, please complete a Withdrawal of Consent CONWTHDR form)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
9. Did the Participant agree to be contacted for future studies as of this visit?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No

11. Please confirm which arm was used for the blood specimen collection.

₁ Non-dominant arm

₂ Dominant arm

10. MAPP Clinician or RC ID _____ (4-digit ID)