		Participant ID:	Pin # Clinical Center Visit #:		
	Enrollment Confirmation Research Coordinator completes at Screening Week 0 Contact.				
1.	If question 1 is YES , please complete question 1a.				
	If question 1 is NO , please skip to question 2. a. Please record the date of the scheduled first run-in contact:		//	□ ₉₉ NA	
2.	Please select the primary reason the participant did not successfully enroll in the study:				
	□₁ Participant not interested in participating/following protocol				
	\square_2 Participant does not consider this study beneficial				
	□ ₃ Participant has concerns about the research processes				
	Participant has medical condition(s) unrelated to chronic pain that may interfere with participation				
	□₅ Participant prefers additional compensation				
	Participant has concerns about data privacy / protection of personal medical information				
	\Box_7 Participant not bothered enough by the symptoms to justify participation				
	□ ₈ Participant refused to	provide biomarker specimens			
	□ ₉ Participant refused co	onsent for the MAPP Pelvic Exam			
	□10 Participant refused consent for Quantitative Sensory Testing				
	□ ₁₁ Participant has been deferred				
3.	Research Coordinator I)		(4-digit ID)	