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

Neuroimaging Data Collection CRF

For **SPS Pt.s** Research Coordinator completes on day of Neuroimaging scan at **Baseline Week 4** and **Months 6, 18, & 36** Clinic Visits.

RC also completes at **ATLASI** Visits **61 & 67** and **ATLASII** Visits **71 & 77**.

For **Neuroimaging Control Pts.** RC completes at **Screening/Eligibility Visit & Follow-up, Month 5 Visit.**

1. First Void completed?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If No , please explain: _____	
2. First Void Time:	____ : ____ HH MM
3. First Void Volume:	____ (cc)

4. Water ingestion completed?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If No , please explain: _____	
5. Water drink start time:	____ : ____ HH MM
6. Water drink end time:	____ : ____ HH MM
7. Volume of ingested water:	____ (cc)

8. 0-min Post Ingestion procedures completed?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If No , please explain: _____	
9. 0-min Post Ingestion Time:	____ : ____ HH MM
10. 0-min Post Ingestion Pain:	____ (0-10)
11. 0-min Post Ingestion Urgency:	____ (0-10)

12. 20-min Post Ingestion procedures completed?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If No , please explain: _____	
13. 20-min Post Ingestion Time:	____ : ____ HH MM
14. 20-min Post Ingestion Pain:	____ (0-10)
15. 20-min Post Ingestion Urgency:	____ (0-10)



Participant ID: _____

Pin # _____

Discovery Site: _____

Clinical Center _____

CRF Date: ___/___/_____

Visit #: _____

Neuroimaging Data Collection CRF

For **SPS Pt.s** Research Coordinator completes on day of Neuroimaging scan at **Baseline Week 4** and **Months 6, 18, & 36** Clinic Visits.

RC also completes at **ATLASI** Visits **61 & 67** and **ATLASII** Visits **71 & 77**.

For **Neuroimaging Control Pts.** RC completes at **Screening/Eligibility Visit & Follow-up, Month 5 Visit.**

16. RS1 procedures completed?

₁ Yes ₀ No

a. If **No**, please explain: _____

17. Pre-RS1 Time:

____ : ____
HH MM

18. Pre-RS1 Pain:

____ (0-10)

19. Pre-RS1 Urgency:

____ (0-10)

20. Post-RS1 Time:

____ : ____
HH MM

21. Post-RS1 Pain:

____ (0-10)

22. Post-RS1 Urgency:

____ (0-10)

23. Post-RS1: RS1 acquisition successful?

₁ Yes ₀ No

a. If **No**, please explain: _____

24. Post-RS1: Did the participant go to sleep:

₁ Yes ₀ No

25. Post-RS1 Void completed?

₁ Yes ₀ No

a. If **No**, please explain: _____

26. Post-RS1 Void Time:

____ : ____
HH MM

27. Post-RS1 Void Volume:

____ (cc)

28. RS2 procedures completed?

₁ Yes ₀ No

a. If **No**, please explain: _____

29. Pre-RS2 Time:


____ : ____
HH MM

30. Pre-RS2 Pain:

____ (0-10)

31. Pre-RS2 Urgency:

____ (0-10)

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

Neuroimaging Data Collection CRF

For **SPS Pt.s** Research Coordinator completes on day of Neuroimaging scan at **Baseline Week 4** and **Months 6, 18, & 36** Clinic Visits.

RC also completes at **ATLASI** Visits **61 & 67** and **ATLASII** Visits **71 & 77**.

For **Neuroimaging Control Pts.** RC completes at **Screening/Eligibility Visit & Follow-up, Month 5 Visit.**

32. Post-RS2 Time:	_____ : _____ HH MM
33. Post-RS2 Pain:	_____ (0-10)
34. Post-RS2 Urgency:	_____ (0-10)
35. Post-RS2: Did the participant go to sleep:	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
36. Post-RS2: RS2 acquisition successful?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If No , please explain: _____	

37. Post-T1 procedures completed?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If No , please explain: _____	
38. Post-T1 Time:	_____ : _____ HH MM
39. Post-T1 Pain:	_____ (0-10)
40. Post-T1 Urgency:	_____ (0-10)
41. Post-T1: T1 acquisition successful?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If No , please explain: _____	

42. Post-DTI procedures completed?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If No , please explain: _____	
43. Post-DTI Time:	_____ : _____ HH MM
44. Post-DTI Pain:	_____ (0-10)
45. Post-DTI Urgency:	_____ (0-10)
46. Post-DTI: DTI acquisition successful?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If No , please explain: _____	

47. Protocol Deviations?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
a. If Yes , please explain: _____	
