

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

**RICE Case Definition Questionnaire
for Screening & Eligibility Confirmation**

Research Coordinator completes at **Screening Week 0** Contact.

Please Note: RICE_Screening Q.#1 below is *Eligibility Criteria* per ELIG form, Q.#5.
Also, RICE_Screening Q.#1 must be Yes if the answer to SYM-Q Q.#1 is Yes.

- | | |
|---|--|
| 1. In the <u>past 3 months</u> , have you <u>ever</u> had a feeling of <u>pain, pressure, or discomfort</u> in your lower abdomen or pelvic area -- that is, the part of your body that is above your legs and below your belly button? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No |
| 2. In the <u>past 3 months</u> , have you had a feeling of a strong urge or feeling that you had to urinate or "pee" that made it difficult for you to wait to go to the bathroom? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No [go to Q4] |
| 3. Would you say this <u>urge</u> to urinate is mainly because of <u>pain, pressure or discomfort</u> or mainly because you are afraid you will not make it to the toilet in time to avoid wetting? | <input type="checkbox"/> ₁ Pain, pressure, discomfort
<input type="checkbox"/> ₂ Fear of wetting |
| 4. In the <u>past 3 months</u> , <u>before you urinate, as your bladder starts to fill</u> , does your feeling of pain, pressure, or discomfort usually: | <input type="checkbox"/> ₁ Get worse
<input type="checkbox"/> ₂ Get better
<input type="checkbox"/> ₃ Stay the same |
| 5. In the <u>past 3 months</u> (when you were having symptoms), how many times on average have you had to go to the bathroom to urinate during the day when you are awake? (Enter number of times) | _____ |