## TCS Screening Questions (18)

1. Do you have trouble holding your urine more than 10-15 minutes after the 1st urge to go?

Yes No

1. Do you urinate more than 10 times per day?

Yes No

1. Do you have urinary incontinence (Have you accidentally leaked urine)?

Yes No

1. Dribbling?

Yes No

1. Drenching?

Yes No

1. Do you go two or more times in succession before completely emptying your bladder?

Yes No

1. Do you have a history of recurring urinary bladder or kidney infections?

Yes No

1. Have you had urodynamic testing in the past?

Yes No

1. Have you had occasional incontinence for stools (fecal soiling)?

Yes No

1. Have you experienced a decrease or loss of sensation in your pelvic (or genital) area?

Yes No

1. Have you lost the ability to reach an orgasm, sustain an erection, or ejaculate properly?

Yes No

1. Do you have persistent or unexplained low back pain?

Yes No

1. Do you have leg pains?

Yes No

1. Do you have restless leg syndrome?

Yes No

1. Do you have numbness in the soles of your feet?

Yes No

1. Do you keep your knees bent at night to relieve back or leg discomfort?

Yes No

1. Do you have low back pain, leg pain, or urinary symptoms while walking up stairs?

Yes No

1. Did you have a history of severe growing pains during childhood and adolescence?

Yes No

1. Do you have constipation?

Yes No

1. Do you have lower extremities weakness?

Yes No

## Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*

Important note: None of the data elements included on this CRF are considered Core (i.e., strongly recommended for all studies to collect). These data elements are supplemental and should be collected on clinical trials and only if the research team considers them appropriate for their study.