## 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.