**Questionnaire**

1. Name (last name, first name):
2. Date of Birth:
3. Address:
4. Telephone numbers (home, work, and cellphone):
5. Email address:
6. Name of practice from which you received treatment (Urological Solutions of Michigan and/or Women’s Health Care Specialists):
7. Time period in which you received treatment from Urological Solutions of Michigan and/or Women’s Health Care Specialists:
8. Were you treated for urinary incontinence?
9. Were you treated for fecal incontinence?
10. Did you receive pelvic muscle rehabilitation (“PMR”) therapy (involves a series of exercises with a staff member, while probes or sensors are placed into the rectum and/or vagina)?
11. Did you receive anorectal manometry at Women’s Health Care Specialists (involves an initial diagnostic test where a catheter is inserted into the rectum)?
12. If you were a Medicare beneficiary and received PMR therapy, did you ever pay a copay to Urological Solutions of Michigan or Women’s Health Care Specialists (in Kalamazoo)?
13. While you were a patient at Urological Solutions of Michigan or Women’s Health Care Specialists, did you ever develop a bacterial, fungal or viral infection (e.g., urinary tract infection, Salmonella, Gonorrhea, HIV, etc.)?
14. If you did develop an infection (see Question 13), did you continue to receive PMR therapy treatment during the course of your infection?
15. Do you have any other concerns about your treatment or billing of the services you received?
16. Why do you believe that you are a victim in this matter?

Please return this form to the following email or business address:

Victim/Witness

U.S. Attorney’s Office

P.O. Box 208

Grand Rapids, MI 49501-0208

Kathy.schuette@usdoj.gov

616-808-2034