

(Patient Completed at Baseline 2)

1. What is your date of birth? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

***Please check only ONE box for each question.***

2. What is your gender?

☐\_0 Female

☐\_1 Male

3. How do you describe yourself?

☐\_1 Asian or Pacific Islander

☐\_2 Black/African-American  
(not Latino/Hispanic)

☐\_3 Latino/Hispanic/Mexican-American

☐\_4 Native American

☐\_5 White/Caucasian (not Latino/Hispanic)

☐\_6 Multiracial

☐\_7 Other

4. What is the highest educational level you have attained?

☐\_1 Less than high school

☐\_2 High school or GED

☐\_3 Some college

☐\_4 Graduated from college

☐\_5 Graduate or professional school after college

## Demographics

Patient ID: \_\_\_\_\_

Contact Week: 0

5. What is your current employment status?

- ☐<sub>1</sub> Employed  
☐<sub>2</sub> Unemployed  
☐<sub>3</sub> Retired  
☐<sub>4</sub> Full-time homemaker  
☐<sub>5</sub> Disabled

6. What is your annual family income?

- ☐<sub>1</sub> \$10,000 or less  
☐<sub>2</sub> \$10,001 to \$25,000  
☐<sub>3</sub> \$25,001 to \$50,000  
☐<sub>4</sub> \$50,001 to \$100,000  
☐<sub>5</sub> More that \$100,000

7. Have any family members ever been diagnosed with chronic pelvic pain?

- ☐<sub>1</sub> Yes ☐<sub>0</sub> No ☐<sub>8</sub> Unknown

8. Have any family members ever been diagnosed with interstitial cystitis (IC)?

- ☐<sub>1</sub> Yes ☐<sub>0</sub> No ☐<sub>8</sub> Unknown

9. Are you living with a spouse or partner?

- ☐<sub>1</sub> Yes ☐<sub>0</sub> No

10. Are you sexually active?

- ☐<sub>1</sub> Yes ☐<sub>0</sub> No

If **NO**, is it because of:

- ☐<sub>1</sub> IC symptoms  
☐<sub>2</sub> Lack of partner  
☐<sub>3</sub> Other: \_\_\_\_\_

11. Do you have pain associated with sexual intercourse?

- ☐<sub>1</sub> Yes ☐<sub>0</sub> No ☐<sub>9</sub> Not applicable