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## Demographics

Patient ID:						
Patient Initials:						
Clinical Center:						
Contact Week: 0						
Date: / /						
month day year						
RC ID:						

(Patient Completed at Baseline 2)

1.	What is your date of birth?	Date:	/ / /		
Please check only ONE box for each question.					
2.	What is your gender?	$\square_{\scriptscriptstyle 0}$	Female		
			Male		
3.	How do you describe yourself?	$\square_1$	Asian or Pacific Islander		
			Black/African-American (not Latino/Hispanic)		
		$\square_3$	Latino/Hispanic/Mexican-American		
		$\square_{\scriptscriptstyle 4}$	Native American		
		$\square_{5}$	White/Caucasian (not Latino/Hispanic)		
		$\square_{6}$	Multiracial		
		$\square_{7}$	Other		
4.	What is the highest educa-				
٦.	tional level you have attained?		Less than high school		
		$\square_2$	High school or GED		
		$\square_3$	Some college		
		$\square_4$	Graduated from college		
		$\square_5$	Graduate or professional school after college		

## Demographics Contact Week: 0 5. What is your current employment status? $\square_{\scriptscriptstyle 1}$ **Employed** Unemployed Retired $\square_3$ Full-time homemaker Disabled 6. What is your annual family income? $\square_{\bullet}$ \$10,000 or less \$10,001 to \$25,000 \$25,001 to \$50,000 $\square_3$ \$50,001 to \$100,000 More that \$100,000 7. Have any family members ever been ☐₁ Yes $\square_0$ No ☐<sub>8</sub> Unknown diagnosed with chronic pelvic pain? 8. Have any family members ever been **□**₁ Yes $\square_0$ No $\square_8$ Unknown diagnosed with interstitial cystitis (IC)? 9. Are you living with a spouse or partner? $\square_0$ No **□**₁ Yes 10. Are you sexually active? □<sub>0</sub> No **□**₁ Yes If **NO**, is it because of: IC symptoms Lack of partner Other: 11. Do you have pain associated with sexual **□**₁ Yes $\square_0$ No $\square_9$ Not applicable intercourse? Form Page 2 of 2 **DEMO** Demo\_version\_1.0\_031299

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