ICCTG PROTOCOL #1	Medical History	Patient ID: ___ ___ ___ ___ ___ Patient Initials: ___ ___ ___ Clinical Center: ___ Contact Week: 0 Date: __ __ / __ __ / __ __ month day year RC ID: ___ ___ ___ ___

(Patient Interview completed at Baseline 1 visit)

I'm going to ask you some questions . . .

1. How old were you when your urinary symptoms first began?

_____ age

❑8 unknown

2. How old were you when your interstitial cystitis (IC) was diagnosed by a doctor?

_____ age

❑8 unknown

3. Have you ever received treatment for IC? ❑1 Yes ❑0 No

a. If **YES**, have you had any of the following treatments?

Drug	❑1 Yes	❑0 No
Behavioral	❑1 Yes	❑0 No
Dietary	❑1 Yes	❑0 No
Surgical	❑1 Yes	❑0 No
Intravesical	❑1 Yes	❑0 No

I am going to ask you some questions about some medical disorders and conditions.

Have you ever been *diagnosed* as having . . .?

Genito-Urinary Disorders: (Both Women and Men)

4.	Urinary Incontinence	❑1 Yes	❑0 No	❑8 Unknown	
5.	Kidney Stones or Urinary Stones	❑1 Yes	❑0 No	❑8 Unknown	
6.	Any sexually transmitted disease	❑1 Yes	❑0 No	❑8 Unknown	
7.	Childhood bladder problems	❑1 Yes	❑0 No	❑8 Unknown	
8.	Urinary tract infection	❑1 Yes	❑0 No	❑8 Unknown	

Women Only

9.	Pelvic Inflammatory Disease (PID)	❑1 Yes	❑0 No	❑8 Unknown	❑9 n/a
10.	Endometriosis	❑1 Yes	❑0 No	❑8 Unknown	❑9 n/a
11.	Vulvodynia	❑1 Yes	❑0 No	❑8 Unknown	❑9 n/a

Men Only

12.	Benign Prostatic Hyperplasia (BPH)	❑1 Yes	❑0 No	❑8 Unknown	❑9 n/a
13.	Prostatitis	❑1 Yes	❑0 No	❑8 Unknown	❑9 n/a

Respiratory Tract Disorders/Allergies: (Both Women and Men)

14.	Asthma	❑1 Yes	❑0 No	❑8 Unknown
15.	Drug allergies	❑1 Yes	❑0 No	❑8 Unknown
16.	Food allergies	❑1 Yes	❑0 No	❑8 Unknown

17.	Skin allergies (contact dermatitis)	❑1 Yes	❑0 No	❑8 Unknown
18.	Sinusitis	❑1 Yes	❑0 No	❑8 Unknown
19.	Hayfever, allergic rhinitis	❑1 Yes	❑0 No	❑8 Unknown
20.	Latex allergies	❑1 Yes	❑0 No	❑8 Unknown

Other Disorders: (Both Women and Men)

21.	Diabetes	❑1 Yes	❑0 No	❑8 Unknown
22.	Fibromyalgia or Fibromyositis	❑1 Yes	❑0 No	❑8 Unknown
23.	Chronic Fatigue Syndrome	❑1 Yes	❑0 No	❑8 Unknown
24.	Irritable Bowel Syndrome	❑1 Yes	❑0 No	❑8 Unknown
25.	Autoimmune Disorders (for example, Lupus, Rheumatoid Arthritis, Sjogren's, Scleraderma)	❑1 Yes	❑0 No	❑8 Unknown
26.	Lumbosacral/Vertebral Disc Disease	❑1 Yes	❑0 No	❑8 Unknown
27.	Migraine Headaches	❑1 Yes	❑0 No	❑8 Unknown

Now I am going to ask some questions about some surgeries that you may have had.

Have you ever had . . . ?

Bladder/Urinary Tract Surgeries, such as . . . (Both Women and Men)

28.	Cystoscopy/Hydrodistention	❑1 Yes	❑0 No	❑8 Unknown

29. Incontinence surgery ❑1 Yes ❑0 No ❑8 Unknown

30. Other bladder surgery (such as diverticulectomy) ❑1 Yes ❑0 No ❑8 Unknown

Gynecologic Surgeries - <u>Women Only</u>

31. Cystocele repair (bladder hernia) ❑1 Yes ❑0 No ❑8 Unknown ❑9 n/a

32. Rectocele repair (rectal hernia) ❑1 Yes ❑0 No ❑8 Unknown ❑9 n/a

33. Enterocele repair (intestinal hernia) ❑1 Yes ❑0 No ❑8 Unknown ❑9 n/a

34. Laparoscopy ❑1 Yes ❑0 No ❑8 Unknown ❑9 n/a

35. D&C/D&E ❑1 Yes ❑0 No ❑8 Unknown ❑9 n/a

36. Hysterectomy ❑1 Yes ❑0 No ❑8 Unknown ❑9 n/a

37. Tubal Ligation ❑1 Yes ❑0 No ❑8 Unknown ❑9 n/a

38. Removal of one or both ovaries ❑1 Yes ❑0 No ❑8 Unknown ❑9 n/a

Other Surgeries: (Both Women and Men)

39. Inguinal hernia repair ❑1 Yes ❑0 No ❑8 Unknown

40. Other abdominal or pelvic surgery ❑1 Yes ❑0 No ❑8 Unknown

41. Back Surgery ❑1 Yes ❑0 No ❑8 Unknown

<u>Men Only</u>

42. Prostate surgery (for benign disease) ❑1 Yes ❑0 No ❑8 Unknown ❑9 n/a