



Interstitial Cystitis Data Base

Patient ID: _____

Reviewer ID: _____

Date: ____ / ____ / ____
month day year

Background Information

1. What is the **postal (zip) code** of the town/city where you live **now**?

(Zip code)

2. What **religion** do you currently practice? (Please put an **X** in the correct box)

- ₁ Catholic
- ₂ Jewish
- ₃ Protestant
- ₀ Not currently practicing any religion
- Other _____
(Please specify)

3. What is your current **marital status**? (Please put an **X** in the correct box)

- ₁ Married
- ₂ Living with a partner
- ₃ Separated
- ₄ Divorced
- ₅ Widowed
- ₆ Never married

4. What is the highest level of **education** that you have completed?

(Please put an **X** in the correct box)

- ₁ less than high school
- ₂ some high school
- ₃ completed high school (or GED)
- ₄ completed college or currently a college student
- ₅ completed graduate school or currently a graduate student

5. How are you currently **employed**? (Please put an **X** in the correct box)

- ₁ Employed outside my home, full-time

- ₂ Employed outside my home, part-time
- ₃ Employed in my home (for money), full-time
- ₄ Employed in my home (for money), part-time
- ₅ Homemaker
- ₆ Not employed, currently laid off
- ₇ Not employed, currently disabled
- ₈ Not employed, currently retired
- ₉ Not employed, I am currently a student
- Other _____
(Please specify)

6. Have your urinary symptoms forced you to leave or change you job **within the last two years**?

- ₁ yes
- ₀ no

7. Including income provided by you and any other person living in your household, which range of figures listed below comes closest to your total household income before taxes for the last calendar year? *(Put an X in the correct box ☒)*

- ₁ less than \$30,000
- ₂ \$30,000 or more