



**Interstitial Cystitis Data Base**

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

Interviewer ID: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
          *month*    *day*     *year*

**Family History**

I am going to ask you some questions about the medical history of your blood relatives. A blood relative includes any one of the following: your parents, grandparents, aunts, uncles, brothers, sisters, or children.

Now, do or did any of your blood relatives suffer from:

	Yes (1)	No (0)	Unknown (8)
1. Bladder cancer			
2. Interstitial cystitis			
3. Recurrent urinary tract infections			
4. Ileitis or Crohn's disease			
5. Irritable bowel syndrome or spastic colon			
6. Skin allergies (contact dermatitis)			
7. Hayfever, allergic rhinitis			
8. Food allergies			
9. Fibromyalgia or fibromyositis			
10. Diabetes			
11. Kidney stones			
12. Lupus			
13. Migraine headaches			
14. Rheumatoid arthritis			