

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

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

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

## Patient Medical History

### I. Menstrual History **L** *This section is for women only & For men %go to Section II.*

I have some questions about your menstrual history.

1. At what age did you have your first menstrual period?

\_\_\_\_\_  
(age)

2. Have you typically had regular menstrual periods?

<sub>1</sub> yes

<sub>0</sub> no

3. Have you ever used tampons?

<sub>1</sub> yes

<sub>0</sub> no

4. Did you have a pap smear in the last year?

<sub>1</sub> yes

<sub>0</sub> no **L** *(Please see the shaded box at the bottom of this page, go to question 6)*

5. Was it normal or abnormal?

<sub>0</sub> Normal **L** *(Go to question 6.)*

<sub>1</sub> Abnormal **L** *(Please see the shaded box at the bottom of this page, go to question 6)*

Did you recommend that this patient see her gynecologist for an annual pap smear?

<sub>1</sub> yes

<sub>0</sub> no

II. Disease History

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

Have you ever been diagnosed as having...?			IF YES, did you first have this problem before, at the same time as, or after your urinary symptoms started?			
Yes	No	Don't know	Before	Same Time	After	Don't know
(1)	(0)	(8)	(1)	(2)	(3)	(8)

Gastrointestinal Disorders							
6. Gastric (peptic) or intestinal ulcer							
7. Gastritis or Reflux esophagitis							
8. Ileitis or Crohn's disease							
9. Irritable bowel syndrome or spastic colon							
Genito-Urinary System Disorders							
10. Incontinence							
11. Kidney stones							
12. Any sexually transmitted disease							
<i>Women only &amp;</i> 13. Pelvic inflammatory disease (PID)							
<i>Women only &amp;</i> 14. Endometriosis							
<i>Men only %</i> 15. Benign prostatic hyperplasia (BPH)							
<i>Men only %</i> 16. Bacterial prostatitis							
Respiratory Tract Disorders/Allergies							
17. Asthma							
18. Drug allergies							
19. Food allergies							
20. Skin allergies (contact dermatitis)							
21. Sinusitis							
22. Hayfever, allergic rhinitis							

Have you ever been diagnosed as having...?			IF YES, did you first have this problem before, at the same time as, or after your urinary symptoms started?			
Yes	No	Don't know	Before	Same Time	After	Don't know
(1)	(0)	(8)	(1)	(2)	(3)	(8)

Other Disorders						
23. Arthritis, not rheumatoid						
24. Arthritis, rheumatoid						
25. Chronic fatigue syndrome or Epstein Barr virus or Mononucleosis						
26. Clinical depression						
27. Diabetes						
28. Fibromyalgia or fibromyositis						
29. Lumbosacral disc disease						
30. Lupus						
31. Lyme disease						
32. Migraine headaches						
33. Raynoud's phenomenon						
34. Reiter's syndrome						
35. Sjögren's syndrome						

36. How many positive cultures for bladder infections have you had in the **past 12 months**?

- <sub>0</sub> none
- <sub>1</sub> 1
- <sub>2</sub> 2-3
- <sub>3</sub> 4 or more

37. How many respiratory infections have you had in the **past 12 months**?

- <sub>0</sub> none
- <sub>1</sub> 1
- <sub>2</sub> 2-3
- <sub>3</sub> 4 or more

III. Prior Surgeries

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

	Have you ever had...?			IF YES, did you first have this surgery before, at the same time as or after your urinary symptoms started?			
	Yes (1)	No (0)	Don't know (8)	Before (1)	Same Time (2)	After (3)	Don't know (8)
<b>Bladder/Urinary Tract Surgeries</b>							
38. Incontinence surgery							
39. Laparoscopy							
40. Cystocele (bladder hernia) repair							
41. Other bladder surgery							
<b>Gynecologic Surgeries (<i>Women only</i> ♀)</b>							
42. D&C/D&E							
43. Hysterectomy							
44. Tubal ligation							
45. Removal of both ovaries							
<b>Other Surgeries</b>							
46. Back surgery							
47. Rectocele (rectal hernia) repair							
48. Enterocoele (intestinal hernia) repair							
49. Inguinal hernia repair							
50. Other abdominal or pelvic surgery							
<b>Men only %</b>							
51. Prostate surgery (for benign disease)							
<b>Men only %</b>							
52. Vasectomy							

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**IV. Health Habits**

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Now I'd like to ask you a few questions about tobacco and alcohol use.

53. Have you smoked at least 100 cigarettes (approximately 5 packs) during your entire life?

<sub>1</sub> yes

<sub>0</sub> no **■** (Please go to question 55.)

54. Do you smoke cigarettes now?

<sub>1</sub> yes

<sub>0</sub> no

55. Do you now use, or have you ever used, any tobacco products **other than cigarettes** regularly?

<sub>1</sub> yes

<sub>0</sub> no

56. How many drinks of any kind of alcoholic beverages (includes beer, ale, wine, wine coolers, liquor, cocktails and mixed drinks containing liquor) do you consume?

<sub>0</sub> 0-12 drinks per year

<sub>1</sub> more than 1 per month

<sub>2</sub> more than 1 per week

<sub>3</sub> more than 1 per day

57. Did you ever drink more in the past?

<sub>1</sub> yes

<sub>0</sub> no **■** *Stop Here.*

a. If **yes**, did you change your drinking habits due to your urinary symptoms?

<sub>1</sub> yes

<sub>0</sub> no