



Interstitial Cystitis Data Base

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

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

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

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### Patient Medical History Update

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

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I have some questions about your menstrual history.

1. Have you typically had regular menstrual periods within the last 24 months?

- <sub>1</sub> yes
- <sub>0</sub> no
- <sub>9</sub> does not apply

2. 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 4.)*

3. Was it normal or abnormal?

- <sub>0</sub> Normal **L** *(Go to question 4.)*
- <sub>1</sub> Abnormal **L** *(Please see the shaded box at the bottom of this page, go to question 4.)*

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 that you may have been diagnosed with in the last 24 months.

In the last 24 months, have you been diagnosed as having...?			
Yes (1)	No (0)	Don't know (8)	
<b>Gastrointestinal Disorders</b>			
4. Gastric (peptic) or intestinal ulcer			
5. Gastritis or Reflux esophagitis			
6. Ileitis or Crohn's disease			
7. Irritable bowel syndrome or spastic colon			
<b>Genito-Urinary System Disorders</b>			
8. Incontinence			
9. Kidney stones			
10. Any sexually transmitted disease			
<b>Women only &amp;</b> 11. Pelvic inflammatory disease (PID)			
<b>Women only &amp;</b> 12. Endometriosis			
<b>Men only %</b> 13. Benign prostatic hyperplasia (BPH)			
<b>Men only %</b> 14. Bacterial prostatitis			
<b>Respiratory Tract Disorders/Allergies</b>			
15. Asthma			
16. Drug allergies			
17. Food allergies			
18. Skin allergies (contact dermatitis)			
19. Sinusitis			
20. Hayfever, allergic rhinitis			

In the last 24 months, have you been diagnosed as having...?		
Yes (1)	No (0)	Don't know (8)

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

34. 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

35. 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 in the last 24 months.

	In the last 24 months, have you had...?		
	Yes (1)	No (0)	Don't know (8)
<b>Bladder/Urinary Tract Surgeries</b>			
36. Incontinence surgery			
37. Laparoscopy			
38. Cystocele (bladder hernia) repair			
39. Other bladder surgery			
<b>Gynecologic Surgeries (<i>Women only</i>)</b>			
40. D&C/D&E			
41. Hysterectomy			
42. Tubal ligation			
43. Removal of both ovaries			
<b>Other Surgeries</b>			
44. Back surgery			
45. Rectocele (rectal hernia) repair			
46. Enterocele (intestinal hernia) repair			
47. Inguinal hernia repair			
48. Other abdominal or pelvic surgery			
<b>Men only %</b>			
49. Prostate surgery (for benign disease)			
<b>Men only %</b>			
50. Vasectomy			

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**IV. Health Habits**

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

51. Do you smoke cigarettes now?

<sub>1</sub> yes

<sub>0</sub> no

52. Do you now use any tobacco products **other than cigarettes** regularly?

<sub>1</sub> yes

<sub>0</sub> no

53. 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