



Interstitial Cystitis Data Base

Patient ID: _____

Interviewer ID: _____

Date: ____ / ____ / ____
month day year

Pregnancy History

1. Have you reached menopause (either surgical or natural)?

☐₁ yes

☐₀ no

2. Including live births, stillbirths, miscarriages, abortions, tubal and other ectopic pregnancies, how many times have you been pregnant? If you are currently pregnant, be sure to count this pregnancy as well.

☐₀ never **L** (*Please STOP here.*)

☐ at least 1 time _____
(# of pregnancies)

Please indicate below the number of each type of pregnancy:

Result of Pregnancy	Number of Each
Live single birth	
Live multiple birth	
Stillbirth	
Miscarriage	
Abortion	
Ectopic/Tubal	
Currently Pregnant due date: ____ / ____ / ____ month day year	

3. Did your urinary symptoms begin **before** your first pregnancy?

☐₁ yes **L** (Please go to question 6.)

☐₀ no

4. Did your urinary symptoms begin **during** any pregnancy?

☐₁ yes **L** (Please go to question 6.)

☐₀ no

5. Did your urinary symptoms begin **within 6 months or less** of the delivery of any pregnancy?

☐₁ yes

☐₀ no

6. Did your urinary symptoms **improve** during any pregnancy?

☐₁ yes

☐₀ no

L If any of your pregnancies resulted in live births(s) or stillbirth(s), please continue.
Otherwise, **stop here.**

7. During any pregnancy, did you ever develop bacterial cystitis (diagnosed by a positive urine culture)?

☐₁ yes

☐₀ no

☐₈ don't know

8. Please indicate the number of children delivered by caesarian section (c-section): _____