

Patient ID: _____

Interviewer ID: _____

Date: ____ / ____ / ____
month day year

Prior Diagnoses and Treatments

I. Diagnostic Procedures

I am going to ask you some questions about **diagnostic** tests that you may have had done.

1. Have you ever had any medical tests to determine the cause of your urinary symptoms?

₁ yes

₀ no **L** (Please go to question 11.)

	Have you ever had...?			IF YES, was the result normal or abnormal?		
	Yes (1)	No (0)	Unknown (8)	Normal (1)	Abnormal (2)	Unknown (8)
2. Pelvic ultrasound						
3. IVP - kidneys, bladder						
4. Cystoscopy						
5. Hydrodistention under anesthesia (stretching of the bladder)						
6. Bladder biopsy						
7. Urodynamic Evaluation (CMG)						
8. CT/CAT scan						
9. Renal (kidney) ultrasound						
10. Voiding cystourethrogram						

II. Treatments

Now I want to ask you about **treatments** that you may have had for your urinary problem(s).

11. Have you ever been treated for your urinary symptoms?

₁ yes

₀ no **L** (Please *stop* here.)

12. Have you ever had any surgery for your urinary symptoms?

₁ yes

₀ no **L** (Go to question 19.)

	Have you ever had...?			IF YES, did you get relief from this treatment?		
	Yes (1)	No (0)	Unknown (8)	Yes, complete relief (1)	Yes, partial relief (2)	No relief (0)
13. Laser treatment to the bladder						
14. Bladder hydrodistention						
15. Bladder resection or fulguration						
16. Urethral dilation						
17. Neurostimulation						
18. Bladder diversion without cystectomy						

19. Have you ever had any bladder instillations?

₁ yes

₀ no **L** (Please go to question 27.)

	Have you ever had...?			IF YES, did you get relief from this treatment?		
	Yes (1)	No (0)	Don't know (8)	Yes, complete relief (1)	Yes, partial relief (2)	No relief (0)
20. DMSO						
21. Local Anesthetics						
22. Clorpactin						
23. Heparin						
24. Steroids						
25. Narcotics						
26. Elmiron						

27. Have you ever taken any oral medications for your urinary symptoms?

₁ yes

₀ no **L** (Please go to question 41.)

	Have you ever taken...?			IF YES, did you get relief from this treatment?		
	Yes (1)	No (0)	Don't know (8)	Yes, complete relief (1)	Yes, partial relief (2)	No relief (0)
28. Antibiotics or antimicrobials						
29. Anticholinergics or antispasmodics (Ditropan, Levsin, Probanthine, Anaspaz, Bentyl, Urispas, Cystospaz)						
30. Antidepressants (amitriptyline/Elavil, imipramine/Tofranil, doxepin/Sinequan)						
31. Anti-inflammatories (aspirin, ibuprofen, Naprosyn, Anaprox Feldene)						
32. Urinary tract analgesics (Pyridium, Urised)						
33. Antihistamines						
34. Narcotics						
35. Anti-anxiety medications						
36. Steroids						
37. Alpha-Blockers (terazosin/Hytrin, prazosin/Minipress)						
38. Calcium channel blockers (nifedipine/Procardia)						
39. Nalmefene						
40. Elmiron						

Now I am going to ask you about some other treatments that you may have had.

	Have you ever had...?			IF YES, did you get relief from this treatment?		
	Yes (1)	No (0)	Don't know (8)	Yes, complete relief (1)	Yes, partial relief (2)	No relief (0)
41. Electrical stimulation (TENS, vaginal probe)						
42. Acupuncture/acupressure						
43. Special diet or nutritional supplements						
44. Stress reduction techniques						
45. Biofeedback (e.g. bladder holding protocol)						

46. Have you had **any other treatments** (oral medications, instillations, etc.) for your urinary symptoms that we have not yet mentioned?

₁ yes **L** (Please specify below.)

₀ no **L** (Stop here.)

	Did you get relief from this treatment?		
	Yes complete relief (1)	Yes, partial relief (2)	No relief (0)
47. Other _____ (Please specify)			
48. Other _____ (Please specify)			
49. Other _____ (Please specify)			
50. Other _____ (Please specify)			
51. Other _____ (Please specify)			