

Patient ID: _____

Interviewer ID: _____

Date: ____ / ____ / ____
 month day year

Symptom History

I am going to ask you some questions about the history of your urinary symptoms.

1. How old were you when your urinary symptoms began?

(age)

2. Have you ever been told by a doctor that you have interstitial cystitis (IC)?

₁ yes

₀ no **L** (Please go to question 4.)

3. Was a urologist the first doctor to diagnose your urinary symptoms as Interstitial Cystitis (IC)?

₁ yes

₀ no

4. How many doctors (including the doctor you are visiting today) have you visited for your urinary symptoms?

₁ 1-3 doctors

₂ 4-6 doctors

₃ 7-10 doctors

₄ more than 10 doctors

People with IC often say that they have periods of **remission** (long periods of time **without** symptoms) and periods of **flare** (long periods of time **with** symptoms).

5. Since your urinary symptoms began, have you ever had a period of remission?

₁ yes

₀ no **L** (Please go to question 8.)

6. How long do your remissions usually last?

₁ 3-6 months

₂ 7-12 months

₃ more than 12 months

7. Have any of the following caused a flare in your symptoms?

	yes (1)	no (0)	unknown (8)
a. physical exertion/stress			
b. illness, such as a flu or cold			
c. vaginitis (<i>Women only</i> 🍌)			
d. seasonal temperature change			
e. medication			
f. diet			
g. emotional stress/turmoil			

Now, I'd like to ask you some questions about when your urinary symptoms began.

8. Was the **onset** of your urinary symptoms sudden or gradual? (*Please put an X in the correct box*)

- ₁ sudden
₂ gradual

9. Did your urinary symptoms begin with a **urinary tract infection** (diagnosed by a positive urine culture)?

- ₁ yes
₀ no
₈ unknown

10. Did your urinary symptoms begin **within 2 months** of **taking antibiotics**?

- ₁ yes
₀ no
₈ unknown

11. Did your urinary symptoms begin with any type of **sexually transmitted disease**?

- ₁ yes
₀ no
₈ unknown

12. Did your symptoms begin **within 6 months** after starting a sexual relationship with a **new partner**?

- ₁ yes
₀ no
₉ does not apply

13. Did your urinary symptoms begin **within 6 months** after having a **pelvic surgical procedure**?

₁ yes

₀ no

₈ unknown

14. Did your urinary symptoms begin **within 6 months** after having a **urethral catheterization**?

₁ yes

₀ no

₈ unknown

15. Did your urinary symptoms begin **within 6 months** after having a **cystoscopy**?

₁ yes

₀ no

₈ unknown

16. Did your urinary symptoms begin **within 6 months** after an **illness**?

₁ yes

₀ no

₈ unknown

└ Please go to the next page.

- ┃ The next 2 questions are for **Women** only. **&**
- ┃ Please skip to question number 19 for **Men**. **%**

17. Did your symptoms begin **within 6 months** after a **vaginal infection**?

- ₁ yes
- ₀ no
- ₈ unknown

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

- ₁ yes
- ₀ no **┃** (*Please go to question 19.*)

If **yes**,

a. Did your urinary symptoms begin during menopause?

- ₁ yes
- ₀ no

b. Have you ever taken any post-menopausal hormone supplements?

- ₁ yes
- ₀ no **┃** (*Please go to question 19.*)

If **yes**,

c. Did your urinary symptoms begin within 6 months of starting the hormone supplements?

- ₁ yes
- ₀ no

19. Is there anything else you think may have started your symptoms? (*Please take a moment and try to remember*)

- ₁ yes
- ₀ no **┃** (*Please stop here.*)

a. If **yes**, (*Please explain*) _____
