



14344

Study ID

MaGIC

PROBAND SCREENING TOOL

PATID

DATEMO / DATEDAY / DAYEYR

Month / Day / Year

Thank you for your interest in the MaGIC Study, "Maryland's Genetics of Interstitial Cystitis" Study.

1. How did you hear about us? (Select one) **HEAR**

- 1 = Physician **→** Type of physician: Urologist = 1
- 2 = Another patient **MDTYPE** Gynecologist = 2
- 3 = ICA Update/Website/Referral Other = 3
- 4 = IC Network
- 5 = Internet, other _____
- 6 = University of Maryland Website
- 7 = EPIC Study
- 8 = Other **HEARSPEC**

RECORD DOCTOR'S LAST NAME

UROLOGST

I need to ask you a few questions to see if you are eligible for the study:

2. Are you 18 years of age or older? **AGE18**

Yes = 1

No = 2

Refused = 3

INELIGIBLE SKIP TO Q12

3. What is your gender? **GENDER**

Female = 1

Male = 2

Refused = 3

INELIGIBLE SKIP TO Q12

4. Has a doctor ever told you that you had interstitial cystitis? **DOCIC**

SKIP TO Q9

Yes = 1

No = 2

Refused = 3

Don't Know = 4



Study ID input field with 10 empty boxes

5. Have you experienced any of the following symptoms for at least 4 weeks?

- Headaches ----- = 1 HEADACHE
- Constipation ----- = 1 CONSTIPA
- *Pelvic pain ----- = 1 PELVPAIN
(pain below the belly button and above the thighs)
- Frequent loose stools ----- = 1 LOOSSTLS
- Nausea ----- = 1 NAUSEA
- *Bladder pain ----- = 1 BLADPAIN
(pelvic pain, pressure, or discomfort which changes with bladder filling and/or emptying)
- *Urinary urgency ----- = 1 URURG
(a compelling urge to urinate that is difficult to postpone)
- *Urinating more frequently than is usual for you ----- = 1 URFREQ
- *Getting up at night to urinate ----- = 1 URNIGHT

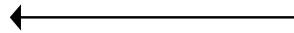
MUST HAVE BLADDER PAIN AND/OR PELVIC PAIN AND TWO OR MORE BLADDER SYMPTOMS TO PROCEED TO QUESTION 6.

ALL OTHERS INELIGIBLE, GO TO Q12

6. Have you seen a doctor for your symptoms? **SEENDOC**

- Yes = 1
- No = 2
- Refused = 3
- Don't Know = 4

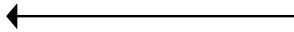
SKIP TO Q9



7. Have you been treated with antibiotics for these symptoms? **ABTRTMNT**

- Yes = 1
- No = 2
- Refused = 3
- Don't Know = 4

SKIP TO Q9





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8. Did your symptoms disappear with the antibiotic therapy?

ABTHRPY

INELIGIBLE SKIP TO Q12	←	Yes <input type="radio"/>	= 1
	←	No <input type="radio"/>	= 2
	←	Refused <input type="radio"/>	= 3
	←	Don't Know <input type="radio"/>	= 4

9. Have you experienced vaginal discharge with itching, which has persisted continuously for the entire time of your urinary symptoms?

VAGDISCH

INELIGIBLE SKIP TO Q12	←	Yes <input type="radio"/>	= 1
	←	No <input type="radio"/>	= 2
	←	Refused <input type="radio"/>	= 3
	←	Don't know <input type="radio"/>	= 4

10. Now I'm going to ask you about your family history.

A) Has a blood-relative of yours ever been diagnosed with interstitial cystitis?

FMLYIC1

SKIP TO Q11	←	Yes <input type="radio"/>	= 1
	←	No <input type="radio"/>	= 2
	←	Refused <input type="radio"/>	= 3
	←	Don't know <input type="radio"/>	= 4

B) Has a blood-relative of yours ever for a period of four weeks or more had pelvic or bladder pain, pressure or discomfort and urinary symptoms similar to yours?

FMLYPN1

SKIP TO Q14	←	Yes <input type="radio"/>	= 1
	←	No <input type="radio"/>	= 2
	←	Refused <input type="radio"/>	= 3
	←	Don't Know <input type="radio"/>	= 4

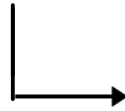


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11. You and your family may be eligible for the study of the genetics of IC.



**COMPLETE IDENTIFICATION
FORM AND MAGIC DIAGNOSTIC
TOOL**

12. [ONLY IF INELIGIBLE]

Now I'm going to ask you about your family history.

A) Has a blood-relative of yours ever been diagnosed with interstitial cystitis? **FMLYIC2**

SKIP TO Q13

Yes	<input type="radio"/>	= 1
No	<input type="radio"/>	= 2
Refused	<input type="radio"/>	= 3
Don't Know	<input type="radio"/>	= 4

B) Has a blood-relative of yours ever for a period of four weeks or more had pelvic or bladder pain, pressure or discomfort and urinary symptoms, such as urinary frequency or urgency? **FMLYPN2**

SKIP TO Q14

Yes	<input type="radio"/>	= 1
No	<input type="radio"/>	= 2
Refused	<input type="radio"/>	= 3
Don't Know	<input type="radio"/>	= 4



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Study ID

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13. Thank you very much for your time. From the information that you have given me, I'm sorry to say that you are not eligible for the Genetics Study. However, based on the information you have given me about your family, it is possible that one of your family members may be eligible. If they are interested in participating, please talk to them about our study and encourage them to contact us. If one of your family members does participate, there is a possibility that your information would still be useful in our study and therefore, we may be in contact again. In addition...**GO TO Q15**

14. Thank you very much for your time. From the information that you have given me, I'm sorry to say that you are not eligible for the Genetics Study.

15. Would you be willing to be contacted in the future for additional interstitial cystitis studies here at the University? **CONTACT**

**COMPLETE IDENTIFICATION
FORM**

←

Yes	<input type="radio"/>	= 1
No	<input type="radio"/>	= 2