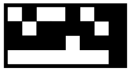
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Study ID | | | | | | | | |

PATID

# MaGIC DIAGNOSTIC TOOL

Choose one: PROBAND
- ○ PROBAND = 1
- ○ FAMILY MEMBER = 2

## Demographics

**1. Do you consider yourself Spanish/Hispanic/Latino?**

ETHNIC
- ○ Yes = 1
- ○ No = 2
- ○ Refused = 3

**2. Which of these groups would you say best represents your race? [Mark all that apply].**

| | | |
|---|---|---|
| RACE1 | ○ Asian | = 1 |
| RACE2 | ○ White | = 1 |
| RACE3 | ○ Black | = 1 |
| RACE4 | ○ American Indian/Alaska Native | = 1 |
| RACE5 | ○ Pacific Islander/Native Hawaiian | = 1 |
| RACE6 | ○ Other | = 1 |
| RACE7 | ○ Refused | = 1 |

**3. What is your date of birth?**

__ __ / __ __ / __ __ __ __

MM DD YY YY

DOBMO DOBDAY DOBYR

**4. Have you ever been told by a doctor or health care provider that you had a urinary tract infection? This is sometimes also known as a bladder, kidney, or urine infection, UTI, or bacterial cystitis (or for men, bacterial prostatitis)?**

UTI
- ○ Yes = 1
- ○ No = 2
- ○ Don't know = 3
- ○ Refused = 4

# MaGIC DIAGNOSTIC TOOL

**Please answer the following questions according to those times when you were NOT having a urinary tract infection, were not pregnant, drinking lots of fluids, using diuretics (water pills), or had a disease other than interstitial cystitis (IC) causing these symptoms.**

## Urinary Frequency

**5. When you urinate most frequently, how many times do you urinate during a 24 hour period?**

☐☐ **FREQAVG**

**6. Have you had at least one episode of 4 weeks or more when you felt you urinated this frequently?**

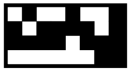
◯ Yes **= 1** ◯ No **= 2** **URFREQ**

**7. When you were urinating most frequently, how often did you have to urinate again less than 2 hours after you finished urinating ? Would you say:**

- ◯ Not at all **= 1** **FREQ2HR**
- ◯ Less than 1 time in 5 **= 2**
- ◯ Less than half the time **= 3**
- ◯ About half the time **= 4**
- ◯ More than half the time **= 5**
- ◯ Almost always **= 6**
- ◯ Not applicable **= 7**

**8. When you were urinating most frequently, how often did you typically get up at night to urinate?**

- ◯ Not at all **= 1** **FREQNGHT**
- ◯ Once **= 2**
- ◯ Twice **= 3**
- ◯ Three times **= 4**
- ◯ Four times **= 5**
- ◯ Five times or more **= 6**
- ◯ Not applicable **= 7**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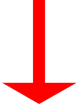
# MaGIC DIAGNOSTIC TOOL

## Urinary Urgency

**9. Have you ever had urinary urgency (the compelling urge to urinate that was difficult to postpone) for 4 weeks or more?**

○ Yes **= 1** ○ No **= 2** Go to question 10 **URURG**



**a.) When your urinary urgency was <u>at its worst</u>, which of the following options best describes how often you felt the compelling urge to urinate that was difficult to postpone?**

○ Less than 1 time in 5 **= 1** **URGDIFF**
○ Less than half the time **= 2**
○ About half the time **= 3**
○ More than half the time **= 4**
○ Almost always **= 5**

**b.) On a scale of 0 (zero) to 10, with 0 being no urgency at all and 10 being urgency as bad as you can imagine, which number best describes your urgency when it was <u>at its worst?</u>**

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 **URGSCALE**

**c.) How would you describe this compelling urge to urinate when it was <u>at its worst?</u>**

1.) Did you feel you were about to burst? ○ Yes **= 1** ○ No **= 2** ○ Don't know **= 3** ○ Refused **= 4** **URGBURST**

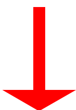
2.) Did you feel urination was the only way to relieve pain? ○ Yes **= 1** ○ No **= 2** ○ Don't know **= 3** ○ Refused **= 4** **URGRELF**

3.) Were you afraid of leakage? ○ Yes **= 1** ○ No **= 2** ○ Don't know **= 3** ○ Refused **= 4** **URGLEAK**

## Bladder or Pelvic Pain, Pressure, or Discomfort

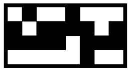
**10. At any time in your life, have you experienced pain, pressure, or discomfort anywhere in your pelvic area, either constantly or off and on? The pelvic area is below your belly button and above your thighs and includes all your urinary organs, sex organs, and the area between your legs.**

○ Yes **= 1** ○ No **= 2** Go to question 11 **PELVPAIN**



a.) How often was your pelvic pain, pressure, or discomfort relieved by bowel movements and/or the passage of gas?

○ All of the time **= 1** ○ Most of the time **= 2** ○ Some of the time **= 3** ○ None of the time **= 4** **PELVRELF**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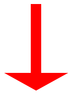
# MaGIC DIAGNOSTIC TOOL

**11. During any time in your life, have you ever experienced pain, pressure, or discomfort, which you felt was coming from your bladder? For this, we mean pain, pressure, or discomfort that changed with bladder filling or emptying.**

**12. Have you ever experienced this pain, pressure, or discomfort (bladder or pelvic) for a period of 4 weeks or more? By this, we mean most days over a 4 week period, but not necessarily every day.**



**a.) How old were you when the pain, pressure, or discomfort first began?**

Years old PAINAGE

**b.) Which of the following best describes your pain, pressure, or discomfort? (Please select only one and answer additional questions if applicable).**

1 = Most days up to the present with no significant changes DESCPAIN

2 = Most days up to the present with some fluctuation in severity

3 = Episodic - periods of years and/or months with no pain, pressure, or discomfort and periods when the pain, pressure, or discomfort returns (Please answer Questions 1 & 2 below) = 2

1. How long was your longest episode---- LONGYRS Years LONGMOS Months

2. How many episodes have you had----- TOTLEPSD

4 = The pain, pressure, or discomfort has stopped altogether
(Please answer Question 1 below)

1. How long did your symptoms last------ SYMPYRS Years SYMPMOS Months

**13. On a scale of 0 (zero) to 10 with 0 being no pain at all and 10 being pain as bad as you can imagine, what number best describes this pain, pressure or discomfort when it was at its worst?**

0 1 2 3 4 5 6 7 8 9 10 PAINSCAL

# MaGIC DIAGNOSTIC TOOL

**14. After urination, did this pain, pressure, or discomfort usually :**

- ◯ Get better = 1 PAINAFTR
- ◯ Get worse = 2
- ◯ Remain the same = 3
- ◯ Not applicable (did not experience pain) = 4

**15. As your next urination approached, did this pain, pressure, or discomfort usually:**

- ◯ Get better = 1 URNEXT
- ◯ Get worse = 2
- ◯ Remain the same = 3
- ◯ Not applicable (did not experience pain) = 4

**16. When experiencing bladder or pelvic pain, pressure, or discomfort, how often did it occur together with urinary frequency, urgency, and/or nighttime urination?**

- ◯ All of the time = 1 PNFRQURG
- ◯ Most of the time = 2
- ◯ Some of the time = 3
- ◯ None of the time = 4
- ◯ Not applicable (did/do not experience neither frequency, urgency, nor nighttime urination) = 5

## Health History & Procedures

**17. Did a doctor ever place a tube in your bladder to measure pressure and volume of the bladder? (This is called a urodynamics test).**

- ◯ Yes = 1 TUBEURO
- ◯ No = 2
- ◯ Don' t know = 3

**18. Did a doctor ever place a tube in your bladder and instill a potassium solution into it? (This is called a potassium sensitivity test).**

- ◯ Yes = 1 TUBEPOT
- ◯ No = 2
- ◯ Don' t know = 3

# MaGIC DIAGNOSTIC TOOL

**19. Did a doctor ever place a tube in your bladder while you had anesthesia (general or epidural) to examine the inside of your bladder after filling it with fluid? ( This is called a hydrodistention).**

- Yes = 1 TUBEHYDR
- No = 2
- Don' t know = 3

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

- Yes = 1 DOCIC
- No = 2
- Don' t know = 3

**21. Have you ever been prescribed any of the following treatments SPECIFICALLY for bladder or pelvic pain, pressure, discomfort, or urinary symptoms?**

Oral Medication (Pills):

| Item | Yes | No | Don' t know | Variable |
|---|---|---|---|---|
| Elmiron | Yes = 1 | No = 2 | Don' t know = 3 | ELMIRON |
| Elavil or other antidepressant | Yes = 1 | No = 2 | Don' t know = 3 | ELAVIL |
| Atarax or Vistaril | Yes = 1 | No = 2 | Don' t know = 3 | ATARAX |
| Non-narcotic pain medication | Yes = 1 | No = 2 | Don' t know = 3 | NONNARC |
| Narcotic pain medications | Yes = 1 | No = 2 | Don' t know = 3 | NARCMED |

Other Oral Medications (specify): ______ OTHRORAL

| Item | Yes | No | Don' t know | Variable |
|---|---|---|---|---|
| Bladder instillation of medications | Yes = 1 | No = 2 | Don' t know = 3 | BLADMED |

Other (specify): ______ OTHERMED

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# MaGIC DIAGNOSTIC TOOL

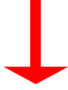
**22. Has a doctor, or other health care provider, ever told you that you had any of the following at any time during your life?**

| | Yes = 1 | No = 2 | Don't Know = 3 | |
|---|---|---|---|---|
| Asthma | ○ Yes | ○ No | ○ Don't know | ASTHMA |
| Allergies of any kind | ○ Yes | ○ No | ○ Don't know | ALLERGY |
| Diabetes | ○ Yes | ○ No | ○ Don't know | DIABETES |
| Hypothyroidism | ○ Yes | ○ No | ○ Don't know | HYPOTHYR |
| Hyperthyroidism | ○ Yes | ○ No | ○ Don't know | HYPERTHY |
| Sjogren's syndrome | ○ Yes | ○ No | ○ Don't know | SJOGREN |
| Systemic lupus erythematosis | ○ Yes | ○ No | ○ Don't know | LUPUS |
| Migraines | ○ Yes | ○ No | ○ Don't know | MIGRAINE |
| Mitral valve prolapse | ○ Yes | ○ No | ○ Don't know | MVALVPRO |
| Crohn's disease | ○ Yes | ○ No | ○ Don't know | CROHN |
| Ulcerative colitis | ○ Yes | ○ No | ○ Don't know | COLITIS |
| Irritable bowel syndrome | ○ Yes | ○ No | ○ Don't know | IBS |
| Fibromyalgia | ○ Yes | ○ No | ○ Don't know | FIBROMYA |
| Chronic fatigue syndrome | ○ Yes | ○ No | ○ Don't know | FATIGUE |
| Panic attacks | ○ Yes | ○ No | ○ Don't know | PANIC |
| Bladder stones | ○ Yes | ○ No | ○ Don't know | STONES |
| Benign or malignant bladder tumors | ○ Yes | ○ No | ○ Don't know | TUMORS |
| Tuberculosis affecting your bladder | ○ Yes | ○ No | ○ Don't know | TB |
| Genital herpes | ○ Yes | ○ No | ○ Don't know | HERPES |
| Diverticulum of the urethra | ○ Yes | ○ No | ○ Don't know | DIVERTIC |
| Cytoxan, a cancer chemotherapy | ○ Yes | ○ No | ○ Don't know | CYTOXAN |
| Radiation of pelvic area | ○ Yes | ○ No | ○ Don't know | PELVRAD |
| Spinal cord injury | ○ Yes | ○ No | ○ Don't know | SCI |
| Stroke | ○ Yes | ○ No | ○ Don't know | STROKE |
| Parkinson's disease | ○ Yes | ○ No | ○ Don't know | PARKINSN |
| Multiple sclerosis | ○ Yes | ○ No | ○ Don't know | MS |
| Spina bifida | ○ Yes | ○ No | ○ Don't know | SPINABIF |

# MaGIC DIAGNOSTIC TOOL

**23. What is your gender?**

◯ Female = 1 ◯ Male = 2 Go to Question 25 GENDER



**24. Women Only:**

**a. Has a doctor, or health care provider, ever told you that you had vaginitis? For this, we mean pain and/or itching with vaginal discharge, which persisted continuously for the entire time of your urinary symptoms.**

◯ Yes = 1 ◯ No = 2 ◯ Don't know = 3 VAGINITS

**b. Has a doctor, or other health care provider, ever told you that you had vulvodynia? For this, we mean constant or intermittent burning, stinging, irritation, or a raw feeling at the opening of your vagina that lasted 3 months or more.**

◯ Yes = 1 ◯ No = 2 ◯ Don't know = 3 VULVODYN

**c. Has a doctor, or other health care provider, ever told you that you had cancer of the uterus, cervix, vagina, or urethra?**

◯ Yes = 1 ◯ No = 2 ◯ Don't know = 3 CANCER

**d. Have you ever been diagnosed with endometriosis?** ENDOMETR

1 = ◯ Yes, told by a doctor or health care provider, but not based on surgery or laparoscopy (a surgical procedure done under anesthesia in which an instrument is inserted below the belly button to examine the abdominal or pelvic cavity)

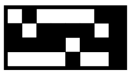
2 = ◯ Yes, based on surgery or laparoscopy

3 = ◯ No

4 = ◯ Don't know

**25. Have you ever had several attacks of extreme fear or panic, even though there was nothing to be afraid of?**

◯ Yes = 1 ◯ No = 2 ◯ Don't know = 3 ◯ Refused = 4 FEAR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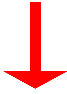
# MaGIC DIAGNOSTIC TOOL

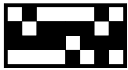
**26.Has a parent, sister, brother, or child of yours ever been diagnosed with IC or ever for a period of 4 weeks or more had pain they felt to be coming from their bladder, associated with a frequent urge to urinate?**

◯ Yes **= 1** ◯ No **= 2** → Go to Question 28 **FAMILY**



**27. Please select those individual(s) who have symptoms of or who have been diagnosed with IC. Provide their age(s) or write "D" if deceased.**

| | Current age | | Symptoms of IC? (pain, urgency, or frequency) | | Diagnosed with IC? | |
|---|---|---|---|---|---|---|
| Mother | ☐☐ | **MTHRAGE** | ◯ **= 1** | **MTHRSYMP** | ◯ **= 1** | **MTHRDIAG** |
| Father | ☐☐ | **FTHRAGE** | ◯ **= 1** | **FTHRSYMP** | ◯ **= 1** | **FTHRDIAG** |
| Son | ☐☐ | **SON1AGE** | ◯ **= 1** | **SON1SYMP** | ◯ **= 1** | **SON1DIAG** |
| Son | ☐☐ | **SON2AGE** | ◯ **= 1** | **SON2SYMP** | ◯ **= 1** | **SON2DIAG** |
| Son | ☐☐ | **SON3AGE** | ◯ **= 1** | **SON3SYMP** | ◯ **= 1** | **SON3DIAG** |
| Daughter | ☐☐ | **DAU1AGE** | ◯ **= 1** | **DAU1SYMP** | ◯ **= 1** | **DAU1DIAG** |
| Daughter | ☐☐ | **DAU2AGE** | ◯ **= 1** | **DAU2SYMP** | ◯ **= 1** | **DAU2DIAG** |
| Daughter | ☐☐ | **DAU3AGE** | ◯ **= 1** | **DAU3SYMP** | ◯ **= 1** | **DAU3DIAG** |
| Sister | ☐☐ | **SIS1AGE** | ◯ **= 1** | **SIS1SYMP** | ◯ **= 1** | **SIS1DIAG** |
| Sister | ☐☐ | **SIS2AGE** | ◯ **= 1** | **SIS2SYMP** | ◯ **= 1** | **SIS2DIAG** |
| Sister | ☐☐ | **SIS3AGE** | ◯ **= 1** | **SIS3SYMP** | ◯ **= 1** | **SIS3DIAG** |
| Brother | ☐☐ | **BRO1AGE** | ◯ **= 1** | **BRO1SYMP** | ◯ **= 1** | **BRO1DIAG** |
| Brother | ☐☐ | **BRO2AGE** | ◯ **= 1** | **BRO2SYMP** | ◯ **= 1** | **BRO2DIAG** |
| Brother | ☐☐ | **BRO3AGE** | ◯ **= 1** | **BRO3SYMP** | ◯ **= 1** | **BRO3DIAG** |



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# MaGIC DIAGNOSTIC TOOL

**28. Please list any other family members who have symptoms of or who have been diagnosed with interstitial cystitis (include their current age). If none, go to END.** FMLYSPEC

# END

**Please enter the date you completed this survey:** __ __ / __ __ / __ __ __ __

MM DATEMO DD DATEDAY YYYY DATEYR

**Return the questionnaire in the enclosed postage-paid envelope and make sure that your name is not anywhere on this survey.**

**Thank you. You have completed the MaGIC Diagnostic Tool.**