



Participant ID: _____

Pin # _____

Discovery Site: _____

Clinical Center _____

CRF Date: ____/____/____

Visit #: _____

Cystoscopy History

Clinician completes at Week 0 Screening Visit

1. Has the Participant ever had a cystoscopy performed?

- ₀ No
₁ Yes
₈₈ Unknown

If **Yes**, please proceed to Q.#2.

If **No** or **Unknown**, please leave the rest of this form blank.

2. If **Yes**, are cystoscopy details available via medical records?

- ₀ No
₁ Yes
₈₈ Unknown

If **Yes**, please proceed to Q.#3.

If **No** or **Unknown**, please leave the rest of this form blank.

3. If **Yes**, which of the following did the participant have?

a. Office cystoscopy

- ₀ No
₁ Yes
₈₈ Unknown

ai. If **Yes**, was a Hunner's lesion seen?

- ₀ No
₁ Yes

aii. If **Yes**, was the office cystoscopy performed by a member of the MAPP Study team?

- ₀ No
₁ Yes
₈₈ Unknown

aiii. If **Yes**, date of office cystoscopy:

____/____/____
mm dd yyyy

aiv. Comment: _____

b. Cystoscopy in the OR **without** hydrodistention

- ₀ No
₁ Yes
₈₈ Unknown

bi. If **Yes**, was a Hunner's lesion seen?

- ₀ No
₁ Yes

bii. If **Yes**, were glomerulations seen?

- ₀ No
₁ Yes



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biii. If **Yes**, was the OR cystoscopy performed by a member of the MAPP Study team?

- ₀ No
- ₁ Yes
- ₈₈ Unknown

biv. If **Yes**, date of OR cystoscopy

____/____/____
mm dd yyyy

bv. Comment: _____

c. Cystoscopy in the OR **with** hydrodistention

- ₀ No
- ₁ Yes
- ₈₈ Unknown

ci. If **Yes**, was a Hunner's lesion seen?

- ₀ No
- ₁ Yes

cii. If **Yes**, were glomerulations seen?

- ₀ No
- ₁ Yes

ciii. If **Yes**, what was the bladder capacity under anesthesia?

____ cc

civ. If **Yes**, was the OR cystoscopy performed by a member of the MAPP Study team?

- ₀ No
- ₁ Yes
- ₈₈ Unknown

cv. If **Yes**, date of OR cystoscopy

____/____/____
mm dd yyyy

cvi. Comment: _____

4. Do medical records indicate that the participant has ever had Hunner's lesions?

- ₀ No
- ₁ Yes
- ₈₈ Unknown

5. If **Yes**, is a picture of Hunner's lesion(s) available?

- ₀ No
- ₁ Yes
- ₈₈ Unknown