

	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

Demographics

RESEARCH COORDINATOR COMPLETES AT SCREENING WEEK 0 CONTACT.

1. What is your date of birth? _____ / _____ / _____ (MM/DD/YYYY)
2. What is your gender? ₁ Male ₂ Female
3. What do you consider to be your ethnicity?
 - ₁ Hispanic or Latino
 - ₂ Not Hispanic or Latino
4. Using the categories below, what do you consider to be your racial background?
 - a. North American Indian/Northern Native ₁ Yes ₀ No
 - b. Asian/Asian American ₁ Yes ₀ No
 - c. Black/African American ₁ Yes ₀ No
 - d. Native Hawaiian/Other Pacific Islander ₁ Yes ₀ No
 - e. White/Caucasian ₁ Yes ₀ No
 - f. Other (Please specify) _____ ₁ Yes ₀ No
5. What is the highest educational level you have attained?
 - ₁ Less than high school
 - ₂ High school or GED
 - ₃ Some college
 - ₄ Graduated from college/university
 - ₅ Graduate or professional school after college/university
6. What is your current employment status?
 - ₁ Employed
 - ₂ Unemployed
 - ₃ Retired
 - ₄ Full-time homemaker
 - ₅ Disabled
7. What is your annual family income?
 - ₁ \$10,000 or less
 - ₂ \$10,001 to \$25,000
 - ₃ \$25,001 to \$50,000
 - ₄ \$50,001 to \$100,000
 - ₅ More than \$100,000
 - ₉₉ Prefer not to Answer
8. What is your ZIP Code? _____
9. Have any family members ever been diagnosed with Painful Bladder Syndrome (PBS) / Interstitial Cystitis (IC)? ₁ Yes ₀ No ₈₈ Unknown
10. Have any family members ever been diagnosed with Chronic Pelvic Pain Syndrome (CPPS) / Chronic Prostatitis (CP)? ₁ Yes ₀ No ₈₈ Unknown
11. Are you living with a spouse or partner? ₁ Yes ₀ No
12. Research Coordinator ID _____ (4-digit ID)