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

Early in Life Risk Recommendations – Infection History

HOOTON

PARTICIPANT COMPLETES VIA ONLINE SURVEY AT AT **SCREENING WEEK 0** CONTACT.

BLADDER INFECTION HISTORY

These first questions are about bladder infections or cystitis. Symptoms of bladder infections include painful urination, increased urge to urinate, and increased frequency of urination. We ask about kidney infections later.

1. Have you ever been told by a doctor or other healthcare provider that you had a bladder infection or cystitis? (We ask about kidney infections later.) ₁ Yes ₀ No

If **YES**, please answer questions 1a, 1b, and 1c below.

IF **NO**, please go to question #2.

- a. How old were you when you were diagnosed with your **first** bladder infection? _____
- b. Approximately how many bladder infections have you been diagnosed with in your lifetime? _____
- c. Did you have any bladder infections as a child? ₁ Yes ₀ No

KIDNEY INFECTION HISTORY


The next questions are about kidney infections (also called pyelonephritis). They may have some of the same symptoms as a bladder infection, but can also include fever, chills, and severe back or side pain. Sometimes these infections require hospitalization.

2. Have you ever been told by a doctor or other health care provider that you had a kidney infection or pyelonephritis? ₁ Yes ₀ No

If **YES**, please answer questions 2a, 2b, and 2c below.

IF **NO**, please go to question #3.

- a. How old were you when you were diagnosed with your **first** kidney infection or pyelonephritis? _____
- b. Approximately how many kidney infections or occurrences of pyelonephritis have you been diagnosed with in your lifetime? _____
- c. Did you have any kidney infections or pyelonephritis as a child? ₁ Yes ₀ No

	Participant ID: _____	Pin # _____
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Early in Life Risk Recommendations – Infection History

HOOTON

PARTICIPANT COMPLETES VIA ONLINE SURVEY AT AT **SCREENING WEEK 0** CONTACT.

FAMILY HISTORY OF URINARY TRACT INFECTIONS (UTI)

We would like to know a little more about your family history of urinary tract infections (UTI's). It would be helpful if you could talk to your family members before answering these questions.

- | | | | |
|---|---|--|---|
| 3. To your knowledge does your natural mother have a history of UTIs, either bladder or kidney? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| 4. To your knowledge does your natural father have a history of UTIs, either bladder or kidney? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| 5. To your knowledge do either of your grandmothers have a history of UTIs, either bladder or kidney? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| 6. To your knowledge do either of your grandfathers have a history of UTIs, either bladder or kidney? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | |
| 7. To your knowledge, do any of your natural sisters or half-sisters have a history of UTIs, either bladder or kidney? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₉ NA |
| 8. To your knowledge, do any of your natural brothers or half-brothers have a history of UTIs, either bladder or kidney? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₉ NA |
| 9. To your knowledge, do any of your natural daughters have a history of UTIs, either bladder or kidney? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₉ NA |
| 10. To your knowledge, do any of your natural sons have a history of UTIs, either bladder or kidney? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No | <input type="checkbox"/> ₉₉ NA |