MAPP research network MAPP II SPS	**Participant ID:** __ __ __ __ __ __	**Pin #** __ __ __ __
	Discovery Site: __ __	**Clinical Center** __ __
	CRF Date: __ __/__ __/__ __ __ __	**Visit #:** __ __

MyMED Treatment Tracking Module

Participant reviews with RC and RC provides instructions at **Screening Week 0**.
Participant completes via online survey at **Baseline Week 4**
and ***ALL* Clinic** and **Online Follow-up Contacts**

Medication Tracking

1. Have you ***stopped*** taking any of the medications listed below for **urologic or pelvic pain symptoms** in the ***past*** _____ ***(month, week or 2 weeks per Follow-up, Run-In, or ATLAS visit type)***:

Current Medications

Line # (For DMS reference only)	Medication Name (Medication Name data for Medication Tracking Table below pre-populated from "Drug Name" field column on CMED Log.)	Medication Stopped?
__ __ __	_____	❑1 Yes ❑0 No
__ __ __	_____	❑1 Yes ❑0 No
__ __ __	_____	❑1 Yes ❑0 No

2. Have you ***started*** any new medications for **urologic or pelvic pain symptoms** in the ***past*** _____ ***(month, week or 2 weeks per Follow-up, Run-In, or ATLAS visit type)***: ❑1 Yes ❑0 No

Newly Added Medications

Medication Name	Medication Start Date	Medication Stopped?
_____	__ __ / __ __ / __ __ __ __	❑1 Yes ❑0 No
_____	__ __ / __ __ / __ __ __ __	❑1 Yes ❑0 No
_____	__ __ / __ __ / __ __ __ __	❑1 Yes ❑0 No

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Non-Medication Tracking

3. In the past _____ ***(month, week or 2 weeks per Follow-up, Run-In, or ATLAS visit type)*** have you received treatment with or utilized any of the following Non-Medication Therapies? ❑$_1$ Yes ❑$_0$ No

Non-Medication Therapy Name	Non-Medication Therapy Received?	Therapy Ongoing?	For urologic symptoms/ pelvic pain?
Pelvic Physical Therapy (ATLAS therapy)	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Cystoscopy with hydrodistension	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Botox	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Sacral Neuromodulation	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Bladder Instillation	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Massage	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Acupuncture	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Counseling/Psychotherapy	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Dietary changes	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Bladder Training	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Heat/Cold	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Pelvic floor rehab	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No
Home Exercise/Yoga	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No	❑$_1$ Yes ❑$_0$ No