

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

Symptom, Health Care Utilization, and Flare Status Questionnaire – Run-In Visits
PARTICIPANT COMPLETES VIA ONLINE SURVEY AT WEEK #S 1, 2, & 3 RUN-IN CONTACTS.

8. What was your single most bothersome symptom over the past week?
(Please select only **ONE** answer.)
- ₁ Pain, pressure, discomfort in your pubic or bladder area
 - ₂ Pain, pressure, discomfort in the area between: your rectum and testicles (perineum) **[MALES only], -OR- the vaginal area [FEMALES only].**
 - ₃ Pain/ discomfort during or after sexual activity
 - ₄ Strong need to urinate with little or no warning
 - ₅ Frequent urination during the day
 - ₆ Frequent urination at night
 - ₇ Sense of not emptying your bladder completely
 - ₈ Other: _____

We would like to know if your urologic or pelvic pain symptoms have caused you to seek medical care in the past week:

9. Have your urologic or pelvic pain symptoms been severe enough that they caused you to do any of the following in the past week:
- a. Contacted a healthcare provider (physician, nurse, physical therapist or other provider) by telephone or e-mail? ₁ Yes ₀ No
 - b. Seen a healthcare provider in his/her office? ₁ Yes ₀ No
 - c. Made a trip to an emergency room or urgent care center? ₁ Yes ₀ No
 - d. Had a medication changed (new medication or different dose)? ₁ Yes ₀ No
 - e. Undergone a medical procedure? ₁ Yes ₀ No
10. Do you know when you had your most recent (or last) menstrual period? ₁ Yes
(Question #10 is for Female Participants ONLY. Please record "99/Not Applicable" for Male Participants.) ₀ No
₉₉ Not Applicable
- a. If **Yes**, please give the date of most recent (or last) menstrual period: Date: ____/____/____
MM DD YYYY
- b. If **No**, you have not had a menstrual period because of:
- ₁ Contraceptive
 - ₂ Prior Hysterectomy
 - ₃ Postmenopausal



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Flare Status Questions

11. Have you experienced flares of your urologic or pelvic pain symptoms **in the past week?** By this we mean, have you ever experienced symptoms that are much worse than usual? ₁ Yes ₀ No
12. Are you **currently** experiencing a flare of your urologic or pelvic pain symptoms? By this we mean, are you **currently** experiencing symptoms that are much worse than usual? ₁ Yes ₀ No

If you answered “Yes” to either question 11 or 12 above, please complete the following question about flares.

Flare Interval Questions

13. Now please think about **all your flares in the past week.** About how many flares do you think you have had?
- ₁ One Flare in the **past week**
₂ 2-6 Flares in the **past week**
₃ 1 or more Flares **per day**
₈₈ Don't know