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

**Symptom, Health Care Utilization, and Flare Status Questionnaire - Baseline**  
PARTICIPANT COMPLETES VIA ONLINE SURVEY AT BASELINE WEEK 4 CONTACT.

**Pain, Urgency, Frequency Severity Scale**

1. Think about the pain, pressure, and discomfort associated with your bladder/prostate and/or pelvic region. On average, how would you rate these symptoms during the past 2 weeks?

<b>No pain or pressure or discomfort</b>												<b>Most severe discomfort I can imagine</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2	3	4	5	6	7	8	9	10	

\*Please note: Q.#s 2, 3, & 4 asked for MAPPI have been archived. The following question structure for Q.# 5 through Q.#10 remains the same as for MAPPI for the purposes of question consistency and analyses.

**Urologic or Pelvic Pain Symptom Severity Scales**

5. Please rate the overall severity of your **URINARY SYMPTOMS OR PELVIC PAIN SYMPTOMS** over the past 2 weeks:


<b>No Symptoms</b>												<b>Symptoms as bad as they can be</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2	3	4	5	6	7	8	9	10	

6. Please rate the overall severity of any persistent pain symptoms that were **NOT UROLOGIC OR PELVIC PAIN SYMPTOMS** (e.g. back pain, headache, etc) over the past 2 weeks:

<b>No Symptoms</b>												<b>Symptoms as bad as they can be</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2	3	4	5	6	7	8	9	10	

7. Please rate your **MOOD** over the past 2 weeks:

<b>Extremely Good Mood</b>												<b>Extremely Bad Mood</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	0	1	2	3	4	5	6	7	8	9	10	

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**Symptom, Health Care Utilization, and Flare Status Questionnaire - Baseline**  
PARTICIPANT COMPLETES VIA ONLINE SURVEY AT BASELINE WEEK 4 CONTACT.

8. What was your single most bothersome symptom over the past 2 weeks?  
(Please select only **ONE** answer.)

- <sub>1</sub> Pain, pressure, discomfort in your pubic or bladder area
- <sub>2</sub> Pain, pressure, discomfort in the area between: your rectum and testicles (perineum) **[MALES only], -OR- the vaginal area [FEMALES only].**
- <sub>3</sub> Pain/ discomfort during or after sexual activity
- <sub>4</sub> Strong need to urinate with little or no warning
- <sub>5</sub> Frequent urination during the day
- <sub>6</sub> Frequent urination at night
- <sub>7</sub> Sense of not emptying your bladder completely
- <sub>8</sub> Other: \_\_\_\_\_

**We would like to know if your urologic or pelvic pain symptoms have caused you to seek medical care in the past 2 weeks:**

9. Have your urologic or pelvic pain symptoms been severe enough that they caused you to do any of the following in the past 2 weeks:

- a. Contacted a healthcare provider (physician, nurse, physical therapist or other provider) by telephone or e-mail? <sub>1</sub> Yes <sub>0</sub> No
- b. Seen a healthcare provider in his/her office? <sub>1</sub> Yes <sub>0</sub> No
- c. Made a trip to an emergency room or urgent care center? <sub>1</sub> Yes <sub>0</sub> No
- d. Had a medication changed (new medication or different dose)? <sub>1</sub> Yes <sub>0</sub> No
- e. Undergone a medical procedure? <sub>1</sub> Yes <sub>0</sub> No

10. Do you know when you had your most recent (or last) menstrual period? <sub>1</sub> Yes


**(Question #10 is for Female Participants ONLY. Please record "99/Not Applicable" for Male Participants.)**

- <sub>0</sub> No
- <sub>99</sub> 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:

- <sub>1</sub> Contraceptive
- <sub>2</sub> Prior Hysterectomy
- <sub>3</sub> Postmenopausal

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**Symptom, Health Care Utilization, and Flare Status Questionnaire - Baseline**  
PARTICIPANT COMPLETES VIA ONLINE SURVEY AT BASELINE WEEK 4 CONTACT.

**Flare Status Questions**

11. Have you experienced flares of your urologic or pelvic pain symptoms in the ***past 3 months***? By this we mean, have you ever experienced symptoms that are much worse than usual? <sub>1</sub> Yes <sub>0</sub> 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? <sub>1</sub> Yes <sub>0</sub> No

**If you answered "Yes" to either question 11 or 12 above, please complete the following additional questions about flares.**

**Flare Interval Questions**

13. Now please think about ***all your flares*** in the ***past 3 months***. About how many flares do you think you have had?
- <sub>0</sub> No Flares ***in 3 months***
  - <sub>1</sub> 1 Flare ***in 3 months***
  - <sub>2</sub> 2 Flares ***in 3 months***
  - <sub>3</sub> 3 Flares (***1 per month***)
  - <sub>4</sub> 2/3 Flares ***per month***
  - <sub>5</sub> One Flare ***per week***
  - <sub>6</sub> 2-6 Flares ***per week***
  - <sub>7</sub> 1 or more Flares ***per day***
  - <sub>88</sub> Don't know
14. Please indicate how long a ***typical flare*** of your urologic or pelvic pain symptoms in the ***past 3 months*** lasted for you.
- <sub>1</sub> Less than one day
  - <sub>2</sub> About one day
  - <sub>3</sub> Two days
  - <sub>4</sub> 3-6 days
  - <sub>5</sub> One week or more
  - <sub>88</sub> Don't remember