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

Symptom, Health Care Utilization, and Flare Status Questionnaire – Follow-up

PARTICIPANT COMPLETES **VIA ONLINE SURVEY** AT ***ALL*** **CLINIC** AND **ONLINE** FOLLOW-UP CONTACTS.

Pain, Pressure, Discomfort 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?

No pain or pressure or discomfort — **Most severe discomfort I can imagine**

❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
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*Please note: Q.#s 2, 3, & 4 asked for MAPPI have been archived.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:

No Symptoms — **Symptoms as bad as they can be**

❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
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:

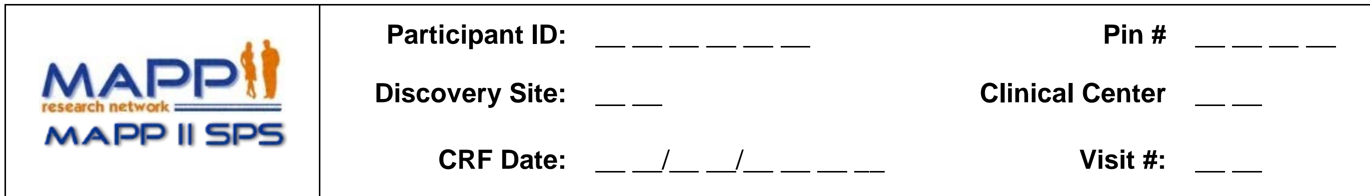
No Symptoms — **Symptoms as bad as they can be**

❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
0	1	2	3	4	5	6	7	8	9	10

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

Extremely Good Mood — **Extremely Bad Mood**

❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
0	1	2	3	4	5	6	7	8	9	10



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8. What was your single most bothersome symptom over the past 2 weeks? (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 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?	❑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? **(Question #10 is for Female Participants *ONLY*. Please record *"99/Not Applicable"* for Male Participants.)**

❑1 Yes

❑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

Symptom, Health Care Utilization, and Flare Status Questionnaire – Follow-up

PARTICIPANT COMPLETES **VIA ONLINE SURVEY** AT ***ALL*** **C**LINIC AND **O**NLINE FOLLOW-UP CONTACTS.

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?
   ❑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 additional questions about flares.

Flare Interval Questions

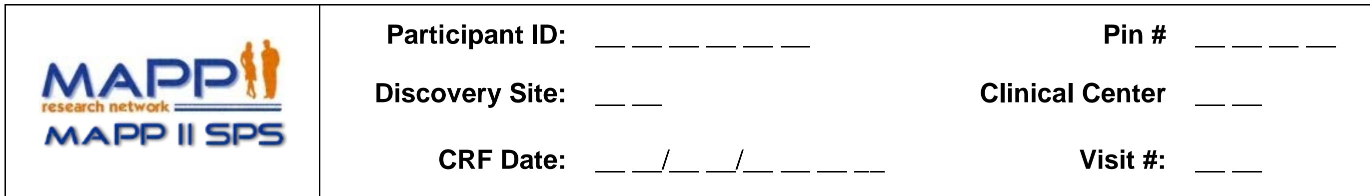
13. Now please think about ***all your flares*** in the ***past 3 months***. About how many flares do you think you have had?
   - ❑0 No Flares ***in 3 months***
   - ❑1 1 Flare ***in 3 months***
   - ❑2 2 Flares ***in 3 months***
   - ❑3 3 Flares ***(1 per month)***
   - ❑4 2/3 Flares ***per month***
   - ❑5 One Flare ***per week***
   - ❑6 2-6 Flares ***per week***
   - ❑7 1 or more Flares ***per day***
   - ❑88 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.
   - ❑1 Less than one day
   - ❑2 About one day
   - ❑3 Two days
   - ❑4 3-6 days
   - ❑5 One week or more
   - ❑88 Don't remember

Flare Comparison Questions

15. Considering both your usual urologic/pelvic pain symptoms (***non-flare***) and then considering a typical ***flare*** of these symptoms, please rate **the intensity of pain** associated with each situation in the ***past 3 months***.

	No pain										**Worst Pain**
a. **Non-flare** (Usual urologic/pelvic pain symptoms)	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7	❑ 8	❑ 9	❑ 10
b. **Flare** (Symptoms much worse than usual**)**	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7	❑ 8	❑ 9	❑ 10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PARTICIPANT COMPLETES **VIA ONLINE SURVEY** AT ***ALL*** **CLINIC** AND **ONLINE** FOLLOW-UP CONTACTS.

16. Considering both your **urinary frequency during your waking hours** (***non-flare***) and then considering a typical ***flare*** of these symptoms, please rate your **urinary frequency during your waking hours** associated with each situation in the ***past 3 months***.

a. **Non-flare** (Usual urinary frequency during your waking hours)	❑1 6 times or less	❑2 7-10 times	❑3 11-14 times	❑4 15-19 times	❑5 20 times or more
b. **Flare** (Urinary frequency during your waking hours much worse than usual)	❑1 6 times or less	❑2 7-10 times	❑3 11-14 times	❑4 15-19 times	❑5 20 times or more

17. Considering a typical ***flare*** in the ***past 3 months***, how much does the flare interfere with the following activities?

	No interference										**Worst interference**
a. Routine daily responsibilities	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7	❑ 8	❑ 9	❑ 10
b. Pleasurable activities	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7	❑ 8	❑ 9	❑ 10
c. Sleep	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7	❑ 8	❑ 9	❑ 10