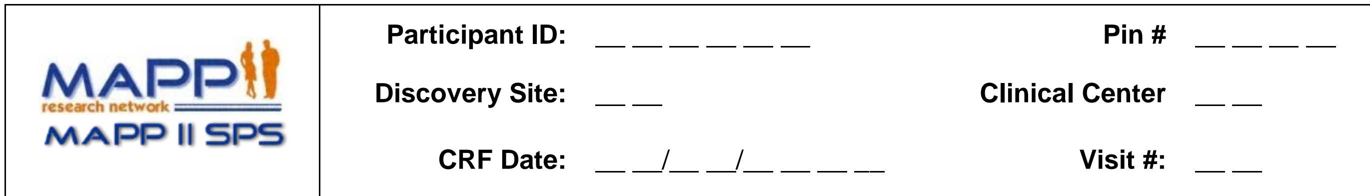


Participant ID:	__ __ __ __ __ __	**Pin #**	__ __ __ __
Discovery Site:	__ __	**Clinical Center**	__ __
CRF Date:	__ __/__ __/__ __ __ __	**Visit #:**	__ __

Symptom, Health Care Utilization, and Flare Status Questionnaire - Screening

RESEARCH COORDINATOR COMPLETES THIS FORM AT **SCREENING WEEK 0** CONTACT.

Pain, Pressure, Discomfort Scale

(*Please note: SYM-Q, Q.#1 is an Eligibility Criterion for ELIG form Q.#8)

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*Please note: Q.#s 2, 3, & 4 asked for MAPPI have been archived.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

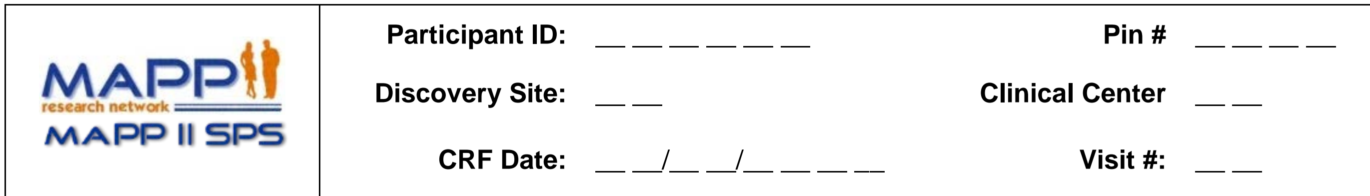
No Symptoms — **Symptoms as bad as they can be**

❑ 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


MAPP research network
MAPP II SPS

Participant ID: __ __ __ __ __ __ Pin # __ __ __ __

Discovery Site: __ __ Clinical Center __ __

CRF Date: __ __/__ __/__ __ __ __ Visit #: __ __

Symptom, Health Care Utilization, and Flare Status Questionnaire - Screening

RESEARCH COORDINATOR COMPLETES THIS FORM AT **SCREENING WEEK 0** CONTACT.

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 - Screening

RESEARCH COORDINATOR COMPLETES THIS FORM AT **SCREENING WEEK 0** CONTACT.

Flare Status Questions

11. Have you ***ever*** experienced flares of your urologic or pelvic pain symptoms? 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 lasts 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.

	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

Symptom, Health Care Utilization, and Flare Status Questionnaire - Screening

RESEARCH COORDINATOR COMPLETES THIS FORM AT **SCREENING WEEK 0** CONTACT.

16. Considering both your usual **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.

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

17. Considering a typical ***flare***, 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

Flare Management Plan Questions ***(Asked ONLY at Screening, Week 0)***

18. In the event of a **flare**, do you have a management plan? ❑1 Yes ❑0 No

If ***YES***, please confirm the management plan(s) below:

a. Oral Medication ❑1 Yes ❑0 No

a.1. Please specify oral medication(s) below:

____

b. Instillation ❑1 Yes ❑0 No

c. Change volume of intake ❑1 Yes ❑0 No

d. Change diet ❑1 Yes ❑0 No

e. Heat/Cold ❑1 Yes ❑0 No

f. Rest ❑1 Yes ❑0 No

g. Other, **Please specify:** ________________________________ ❑1 Yes ❑0 No