		Participant ID:		Pin #		
	MAPP	Discovery Site:	C			
	research network	CRF Date://		Visi	t #:	
	Demographics					
		RESEARCH COORDINATOR COMPLETES AT E	BASELINE CONTA	<u>ACT.</u>		
1.	What is your date of birth?		/	/	(MM/DD/YYYY)	
2.	What is your gender?		\square_1 Male	D ₂ F	emale	
3.	What do you consider to be your ethnicity?			\square_1 Hispanic or Latino \square_2 Not Hispanic or Latino		
4.	Using the categories belo background?	ow, what do you consider to be your racial				
	a. North Americ	can Indian/Northern Native	\square_1 Yes	D ₀ N	0	
	b. Asian/Asian	American	\square_1 Yes	D ₀ N	0	
	c. Black/Africar	n American	\square_1 Yes	D ₀ N	0	
	d. Native Hawa	aiian/Other Pacific Islander	\square_1 Yes	\square_0 N	0	
	e. White/Cauca	asian	\square_1 Yes	D ₀ N	0	
	f. Other (Please	specify)	_ 🗖 Yes	D ₀ N	0	
		ational level you have attained?	$\square_2 \text{ High s}$ $\square_3 \text{ Some}$ $\square_4 \text{ Gradu}$ $\square_5 \text{ Gradu}$	lated from c	ED college/university essional school after	
6.	What is your current employment status?			\square_1 Employed \square_2 Unemployed \square_3 Retired \square_4 Full-time homemaker \square_5 Disabled		
7.	What is your annual family income?			\Box_1 \$10,000 or less \Box_2 \$10,001 to \$25,000 \Box_3 \$25,001 to \$50,000 \Box_4 \$50,001 to \$100,000 \Box_5 More than \$100,000 \Box_{99} Prefer not to Answer		
8.	What is your ZIP Code?					
	-	rs ever been diagnosed with Painful Bladde titial Cystitis (IC)?	er \square_1 Yes	□ ₀ No	B ₈₈ Unknown	
10.		rs ever been diagnosed with Chronic Pelvic / Chronic Prostatitis (CP)?	C □1 Yes	□₀ No	□ ₈₈ Unknown	
11.	Are you living with a spor	use or partner?	\square_1 Yes	□₀ No		
12.	esearch Coordinator ID			(4-digit ID)		