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

Family Medical History Questionnaire

Participant completes at the Baseline Visit or at 6-Month or 12-Month Clinic Visit if not collected at Baseline.

We would like to get some information about your ***Family Members'*** Medical History. When answering the questions below, please refer to the following list of disorders:

*For the purposes of this questionnaire, Family Members include first degree blood relatives ***ONLY***.
These include: parents, grandparents, aunts, uncles, siblings, children.

Common Chronic Pain Disorders

- Irritable Bowel Syndrome (IBS)
- Inflammatory Bowel Disease (IBD; Crohns' disease, Ulcerative colitis)
- Fibromyalgia (FM)
- Interstitial cystitis/Painful Bladder Syndrome (IC/PBS)
- Chronic prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS)
- Endometriosis
- Temporo-Mandibular Joint Pain or Disorder (TMJ or TMD)
- Chronic fatigue Syndrome (CFS)
- Migraine Headaches
- Chronic Back, neck or shoulder pain
- Chronic chest pain unrelated to the heart
- Restless Leg Syndrome (RLS)
- Vulvodynia

Common Psychiatric Disorders

- Any Anxiety Disorder (including Panic Disorder, Phobia, Social Anxiety or General Anxiety)
- Depression
- Bipolar (Manic-Depressive) Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia
- Anorexia Nervosa or Bulimia Nervosa (eating disorders)
- Substance abuse/dependence (Alcohol, Nicotine, Cocaine, etc.)

1. Were ANY of your first degree blood relatives (parents, grandparents, aunts and uncles, siblings, children) ever diagnosed with ANY of the above disorders? Please write an "X" next to the appropriate answer.

❑$_1$ Yes ❑$_0$ No ❑$_{99}$ Don't Know

If you answered "No", or "Don't Know", please stop. If "Yes", please go to the next page.

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Family Medical History Questionnaire

Participant completes at the Baseline Visit or at 6-Month or 12-Month Clinic Visit if not collected at Baseline.

On this page, please indicate in the space provided which members of your immediate family were diagnosed with one of the medical problems listed above. (Follow the example listed). Include first degree blood relatives only - Do not include adopted, foster, step-relatives or those related by marriage.

Relative	Pain Disorder (yes/no)	If yes, please specify (Please see Common Chronic Pain Disorders listed below)	Psych. Disorder (yes/no)	If yes, please specify (Please see Common Psychiatric Disorders listed below)	Please specify how stressful their illness was for you in your childhood (0-10, 0=not at all, 10=extremely) *Please record 99 if Not Applicable.
Example: _2_ (Father)	*_1_ (Yes)*	*_3_ (Fibromyalgia)*	*_1_ (Yes)*	*_4_ PTSD*	*_7_*
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___
___ ___	❑1 Yes ❑0 No	___ ___	❑1 Yes ❑0 No	___	___ ___

Legend:

Relative	Common Chronic Pain Disorders	Common Psychiatric Disorders
1. Mother 2. Father 3. Grandmother 4. Grandfather 5. Aunt 6. Uncle 7. Sister 8. Brother 9. Daughter 10. Son	1. Irritable Bowel Syndrome (IBS) 2. Inflammatory Bowel Disease (IBD; Crohns' disease, Ulcerative colitis) 3. Fibromyalgia (FM) 4. Interstitial cystitis (IC) or pelvic pain syndrome 5. Chronic prostatitis 6. Endometriosis 7. Temporo-Mandibular Joint Pain or Disorder (TMJ or TMD) 8. Chronic fatigue Syndrome (CFS) 9. Migraine Headaches 10. Chronic Back, neck or shoulder pain 11. Chronic chest pain unrelated to the heart 12. Restless Leg Syndrome (RLS) 13. Vulvodynia	1. Any Anxiety Disorder (including Panic Disorder, Phobia, Social Anxiety or General Anxiety) 2. Depression 3. Bipolar (Manic-Depressive) Disorder 4. Post-Traumatic Stress Disorder (PTSD) 5. Schizophrenia 6. Anorexia Nervosa or Bulimia Nervosa (eating disorders) 7. Substance abuse/ dependence (Alcohol, Nicotine, Cocaine, etc.)