	Participant ID: _____	Pin # _____
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### Brief Flare Risk Factor Questionnaire

Participant completes at Follow-up Contacts as needed.

**Instructions for Research Coordinator:**

- **For reported symptom flares:** This questionnaire is to be completed at each of the first three instances when the Participant reports a symptom flare that has started in the past two weeks. If a reported symptom flare did not start in the past two weeks, please complete Q.#1 only. Please note, when this questionnaire is being completed after a reported symptom flare, the questions below apply to symptoms “today” and subsequent sections refer to “the 3 days before your flare began” or “the week before your flare began”.
- **For non-flares:** This questionnaire is also to be completed at randomly assigned intervals when the Participant reports **NOT** experiencing a symptom flare. When this questionnaire is completed at these intervals, please skip Q.#s 1-3 and begin this questionnaire at Q.#3a. Please note, when this questionnaire is being completed for a non-flare the questions below apply to symptoms “today” and subsequent sections refer to “the previous 3 days before today” or “the previous week before today”.

1. Did your flare start in the past two weeks?      <sub>1</sub> Yes      <sub>0</sub> No

If “Yes”, continue with this questionnaire. If “No”, please stop here.

2. How many days have you been experiencing your current flare?      \_\_\_\_\_ days

3. What do you think caused your flare?  
*(please check all that apply)*
- I don't know/not sure
  - Eating a certain food or drinking a certain beverage
  - Performing a certain physical activity
  - Performing a certain sexual activity
  - Getting an infection
  - Stress
  - Other

(Specify: \_\_\_\_\_)

**Pain, Urgency, Frequency Severity Scales**

3a. Think about the pain, pressure, and discomfort associated with your bladder/prostate and/or pelvic region. On average, how would you rate these symptoms today?


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

3b. Urgency is defined as the urge or pressure to urinate. On average, how would you rate the urgency that you have felt today?

<b>No urgency</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"/>	<b>Most severe urgency I can imagine</b>
	0	1	2	3	4	5	6	7	8	9	10

3c. Think about your frequency of urination. On average, how would you rate your frequency of urination today?

<b>Totally normal</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"/>	<b>Most severe frequency I can imagine</b>
	0	1	2	3	4	5	6	7	8	9	10

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**Brief Flare Risk Factor Questionnaire**


Participant completes at Follow-up Contacts as needed.

The questions in the sections below refer to “**the 3 days before your flare began or the previous 3 days before today**”. Please note that if you are experiencing a flare, these questions refer to the “**3 days before your flare began**”. If you are not experiencing a flare, these questions refer to “**the previous 3 days before today**”.

For each of the foods and beverages listed below, please indicate how many servings or drinks you consumed **in the 3 days before your flare began, (or if not experiencing a flare, the previous 3 days before today)**. For instance, if you drank one glass of orange juice every morning in the **3 days before your flare began or the previous 3 days before today** for a total of three glasses of orange juice in **3 days before your flare began or the previous 3 days before today**, then you would check the box for “2 or more” servings.

If some of the foods or drinks you consumed in the 3 days before your flare began or the previous 3 days before today contain more than one of the options listed below, please check all the options that apply. For instance, if you had a salad that contained approximately one tomato and 1-2 Tablespoons of salad dressing, then you would check the box for “one” serving of tomatoes and “one” serving of salad dressing.

	Number of <u>servings/drinks</u> in <b>the 3 days before your flare began, (or if not experiencing a flare, the previous 3 days before today)</b>		
<b><u>Fruit and Fruit Juices:</u></b>			
4. Citrus fruits (1 serving: 1 orange, clementine, tangerine, mandarin, or ½ grapefruit; or 1 glass of orange or grapefruit juice)	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more
5. Pineapple (1 serving: 1 cup of pineapple or 1 glass of pineapple juice)	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more
6. Cranberry (1 serving: 1 glass of cranberry juice)	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more
<b><u>Vegetables and Vegetable Juices:</u></b>			
7. Tomato (1 serving: 1 tomato, 1 glass of tomato juice, or ½ cup of tomato sauce)	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more
8. Onion (1 serving: 1 raw slice or ½ cup cooked)	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more
<b><u>Dairy Products:</u></b>			
9. Aged, usually strong-tasting cheese (1 serving: 1 slice or 1 oz. of cheese, such as Blue cheese, aged cheddar, or Brie. Do not include mild cheeses, such as cottage cheese, or processed American cheese.)	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more
10. Sour cream (1 serving: 1 Tbsp)	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more
11. Yogurt (1 serving: 1 cup or 1 small container (~6-8 oz))	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more
<b><u>Other Foods and Drinks:</u></b>			
12. Beans (1 serving: ½ cup of beans, such as fava beans, lima beans, or soy beans)	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more
13. Nuts (1 serving: 1 small packet or 1 oz. of nuts, such as peanuts or almonds, or 1 Tbs of peanut butter)	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more
14. Vinegar, salad dressing (1 serving: 1-2 Tbs)	<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> One	<input type="checkbox"/> <sub>2</sub> 2 or more

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15. Spicy food (1 serving: 1 meal containing hot peppers, chili peppers, hot sauce or other spicy ingredients) <sub>0</sub> None <sub>1</sub> One <sub>2</sub> 2 or more
16. Chocolate (1 serving: 1 small chocolate bar or 3-4 pieces of chocolate) <sub>0</sub> None <sub>1</sub> One <sub>2</sub> 2 or more

Number of drinks in **the 3 days before your flare began, (or if not experiencing a flare, the previous 3 days before today)**

**Other Drinks:**

17. Alcoholic drinks (1 serving: 1 beer, glass of wine, cocktail, or shot) <sub>0</sub> None  
<sub>1</sub> 1-3 (1/day)  
<sub>2</sub> 4-11 (2-3/day)  
<sub>3</sub> 12-20 (4-6/day)  
<sub>4</sub> 21 or more (7 or more/day)
18. Caffeinated coffee or tea (1 serving: 1 cup) <sub>0</sub> None  
<sub>1</sub> 1-3 (1/day)  
<sub>2</sub> 4-11 (2-3/day)  
<sub>3</sub> 12-20 (4-6/day)  
<sub>4</sub> 21 or more (7 or more/day)
19. Caffeinated carbonated drinks (1 serving: 1 glass, can or bottle of drinks, such as Coke, Pepsi, or Mountain Dew) <sub>0</sub> None  
<sub>1</sub> 1-3 (1/day)  
<sub>2</sub> 4-11 (2-3/day)  
<sub>3</sub> 12-20 (4-6/day)  
<sub>4</sub> 21 or more (7 or more/day)
20. Non-caffeinated carbonated drinks (1 serving: 1 glass, can or bottle of drinks, such as 7-Up, or Sprite) <sub>0</sub> None  
<sub>1</sub> 1-3 (1/day)  
<sub>2</sub> 4-11 (2-3/day)  
<sub>3</sub> 12-20 (4-6/day)  
<sub>4</sub> 21 or more (7 or more/day)

**In the 3 days before your flare began, (or if not experiencing a flare, the previous 3 days before today)**, how much time did you spend doing the following activities?

It may be helpful to think about how much time you usually spend doing the following activities and then think about whether 3 days before your flare began, or if not experiencing a flare, the previous 3 days before today were different. For instance, if 3 days before your flare began or the previous 3 days before today were work days, and you usually sit eight hours a day at work, and 3 days before your flare began or the previous 3 days before today were no different than usual, then you sat at work for 24 hours, and you would check the box marked "12-26 hrs (4-8 hrs/day)".

Time of activity in **the 3 days before your flare began, (or if not experiencing a flare, the previous 3 days before today)**

**Physical Activities:**

21. Driving/sitting in a car, truck, bus, train or plane (Do not include bicycle or motorcycle riding) <sub>0</sub> No Time  
<sub>1</sub> 1-5 hrs (1 hr/day)  
<sub>2</sub> 6-11 hrs (2-3 hrs/day)  
<sub>3</sub> 12-26 (4-8 hrs/day)  
<sub>4</sub> 27 or more hrs (9 or more hrs/day)



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22. Sitting at work (if you work outside the home; do not include sitting while driving if your job involves driving).
- <sub>0</sub> No Time  
<sub>1</sub> 1-5 hrs (1 hr/day)  
<sub>2</sub> 6-11 hrs (2-3 hrs/day)  
<sub>3</sub> 12-26 (4-8 hrs/day)  
<sub>4</sub> 27 or more hrs (9 or more hrs/day)
23. Sitting at home (e.g, watching TV, reading, having dinner), visiting friends or doing coursework.
- <sub>0</sub> No Time  
<sub>1</sub> 1-5 hrs (1 hr/day)  
<sub>2</sub> 6-11 hrs (2-3 hrs/day)  
<sub>3</sub> 12-26 (4-8 hrs/day)  
<sub>4</sub> 27 or more hrs (9 or more hrs/day)
24. Riding a bicycle, exercise bicycle, horse, or smaller motorized vehicles, such as motorcycles, mopeds, lawn mowers, or tractors.
- <sub>0</sub> No Time  
<sub>1</sub> Less than 1 hour  
<sub>2</sub> 1 hour  
<sub>3</sub> 2 hours  
<sub>4</sub> 3 hours  
<sub>5</sub> 4 or more hours
25. Doing exercises that work your stomach muscles, such as sit-ups, crunches, push-ups, heavy lifting, or Pilates.
- <sub>0</sub> No Time  
<sub>1</sub> Less than 1 hour  
<sub>2</sub> 1 hour  
<sub>3</sub> 2 hours  
<sub>4</sub> 3 hours  
<sub>5</sub> 4 or more hours

#### Stress:

Please indicate how often you felt or thought a certain way in ***the 3 days before your flare began, (or if not experiencing a flare, the previous 3 days before today)***

26. Felt unable to control the important things in your life.
- <sub>0</sub> Never  
<sub>1</sub> Almost never  
<sub>2</sub> Sometimes  
<sub>3</sub> Fairly often  
<sub>4</sub> Very often
27. Felt confident about your ability to handle your personal problems.
- <sub>0</sub> Never  
<sub>1</sub> Almost never  
<sub>2</sub> Sometimes  
<sub>3</sub> Fairly often  
<sub>4</sub> Very often
28. Felt that things were going your way.
- <sub>0</sub> Never  
<sub>1</sub> Almost never  
<sub>2</sub> Sometimes  
<sub>3</sub> Fairly often  
<sub>4</sub> Very often

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**Brief Flare Risk Factor Questionnaire**

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29. Felt difficulties were piling up so high that you could not overcome them.
- <sub>0</sub> Never  
<sub>1</sub> Almost never  
<sub>2</sub> Sometimes  
<sub>3</sub> Fairly often  
<sub>4</sub> Very often

**Sexual Activities**

The next set of questions is about your recent sexual activity. We realize that these questions may be sensitive. If you do not feel comfortable answering them, you may skip to the next section.

30. ***In the week before your flare began, (or if not experiencing a flare, the previous week before today)*** did you have any sexual activity (oral, vaginal or anal sexual intercourse)?
- <sub>1</sub> Yes      <sub>0</sub> No

31. If ***“Yes”, in the week before your flare began, (or if not experiencing a flare, the previous week before today)*** did you do any of the following sexual activities? **(please check all that apply)**

a. **For Males**

Had vaginal sexual intercourse:

- with a condom
- without a condom
- with a diaphragm

- Received oral intercourse
- Received anal intercourse

Had insertive anal intercourse where you put your penis into someone else’s anus/bum:

- with a condom
- without a condom

b. **For Females**

Had vaginal sexual intercourse:

- with a condom
- without a condom
- with a diaphragm

- Received oral intercourse
- Received anal intercourse:

- with a condom
- without a condom

32. ***In the week before your flare began, (or if not experiencing a flare, the previous week before today)*** did you have any new sexual partners?
- <sub>1</sub> Yes      <sub>0</sub> No



Participant ID: \_\_\_\_\_

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### Brief Flare Risk Factor Questionnaire

Participant completes at Follow-up Contacts as needed.

#### Infections

33. ***In the week before your flare began, (or if not experiencing a flare, the previous week before today)*** did you have any of the following infections or additional symptoms? ***(please check all that apply)***

- Vaginal infection (*symptoms include vaginal itching or burning, unusual vaginal discharge or change in odor*) (females only)
- Urinary tract infection (*symptoms include burning during urination, frequent urination, sudden urge to urinate, or blood in your urine*)
- Cold, flu, sinus infection, pneumonia, bronchitis, or other respiratory tract infection (*symptoms include sore throat, cough, earache, sinus congestion or pain, or a runny nose*)
- Gastroenteritis or "the stomach flu" (*symptoms include nausea, vomiting or diarrhea*)
- Symptoms of hay fever (*such as itchy watery eyes, or sneezing*), or an allergic reaction
- Fever
- Other infections (Specify: \_\_\_\_\_)