



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

Medical History

Research Coordinator completes at Baseline Contact.

I'm going to ask you some questions . . .

1. Do you know when your chronic pelvic pain symptoms first began? ₁ Yes ₀ No ₉₉ N/A
(Please record "99/NA" for Control Participants ONLY and proceed to question #2.)
 - a. If **YES**, at what age did they first begin? _____ age
- 1b. Have you had chronic pelvic pain symptoms for less than two years? ₁ Yes ₀ No
2. Have you ever been diagnosed with Painful Bladder Syndrome (PBS) / Interstitial Cystitis (IC)? ₁ Yes ₀ No
 - a. If **YES**, at what age were you diagnosed? _____ age
3. Have you ever been diagnosed with Chronic Pelvic Pain Syndrome (CPPS) / Chronic Prostatitis (CP)? ₁ Yes ₀ No
 - a. If **YES**, at what age were you diagnosed? _____ age

History of Antibiotic Treatment (Both Men and Women)

- 3b. Have you been prescribed and completed taking a course of antibiotics for **any condition** at any time in the previous two years? ₁ Yes ₀ No

I am going to ask you some questions about some medical disorders and conditions. Please tell me if you have ever been diagnosed with any of the following:

Genitourinary Disorders: (Both Men and Women)

- 3c. Have you had any urinary tract infections (UTIs) in the past two years? ₁ Yes ₀ No ₈₈ U/K
 - 3c1. If Yes, please confirm how many UTIs you have had in the past two years:
 - ₁ One
 - ₂ Two
 - ₃ Three or more

(Women only)

4. Pelvic Inflammatory Disease (PID) ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A
5. Endometriosis ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

(Men only)

6. Acute prostatitis ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A
7. Epididymitis ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A
8. Peyronie's Disease ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

Respiratory Tract Disorders/Allergies: (Both Men and Women)

9. Have you been diagnosed with having any respiratory tract disorders and/or allergies? ₁ Yes ₀ No ₈₈ U/K

If **Yes**, which of the following:

 - a. Asthma ₁ Yes ₀ No ₈₈ U/K
 - b. Drug allergies ₁ Yes ₀ No ₈₈ U/K
 - c. Food allergies ₁ Yes ₀ No ₈₈ U/K



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- d. Skin allergies (contact dermatitis) ₁ Yes ₀ No ₈₈ U/K
- e. Sinusitis ₁ Yes ₀ No ₈₈ U/K
- f. Hayfever, allergic rhinitis ₁ Yes ₀ No ₈₈ U/K
- g. Latex allergies ₁ Yes ₀ No ₈₈ U/K
- h. Other allergies ₁ Yes ₀ No ₈₈ U/K

Gastrointestinal Disease (Both Men and Women)

- 10. Have you been diagnosed with having any gastrointestinal diseases? ₁ Yes ₀ No ₈₈ U/K
 - a. If **Yes**, have you been diagnosed with diverticulitis? ₁ Yes ₀ No ₈₈ U/K

Endocrine or metabolic disease (Both Men and Women)

- 11. Have you been diagnosed with having any endocrine or metabolic diseases? ₁ Yes ₀ No ₈₈ U/K
 - If **Yes**, which of the following:
 - a. Diabetes ₁ Yes ₀ No ₈₈ U/K
 - b. Hypothyroid disease ₁ Yes ₀ No ₈₈ U/K
 - c. Hyperthyroid disease ₁ Yes ₀ No ₈₈ U/K

Hematopoietic, lymphatic, or infectious disease (Both Men and Women)

- 12. Have you been diagnosed with having any blood, lymphatic, or infectious diseases? ₁ Yes ₀ No ₈₈ U/K
 - If **Yes**, which of the following:
 - a. Tuberculosis ₁ Yes ₀ No ₈₈ U/K
 - b. HIV/AIDS ₁ Yes ₀ No ₈₈ U/K
 - c. Viral Hepatitis (A,B,C,D,E) ₁ Yes ₀ No ₈₈ U/K

Psychiatric Disease (Both Men and Women)

- 13. Have you been diagnosed with having any psychiatric diseases? ₁ Yes ₀ No ₈₈ U/K
 - If **Yes**, which of the following:
 - a. Anxiety disorder (e.g. generalized anxiety disorder, panic disorder, phobia, etc.) ₁ Yes ₀ No ₈₈ U/K
 - b. Depression disorder (e.g. major depression, dysthymia, bipolar disorder) ₁ Yes ₀ No ₈₈ U/K
 - c. Eating disorder (e.g. anorexia nervosa, bulimia) ₁ Yes ₀ No ₈₈ U/K
 - d. Obsessive Compulsive Disorder (OCD) ₁ Yes ₀ No ₈₈ U/K
 - e. Post Traumatic Stress Disorder (PTSD) ₁ Yes ₀ No ₈₈ U/K



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Sexually Transmitted Disease (Both Men and Women)

14. Have you been diagnosed with having any sexually transmitted diseases? ₁ Yes ₀ No ₈₈ U/K

If **Yes**, which of the following:

- a. Gonorrhea ₁ Yes ₀ No ₈₈ U/K
- b. Syphilis ₁ Yes ₀ No ₈₈ U/K
- c. Chlamydia ₁ Yes ₀ No ₈₈ U/K
- d. Genital herpes ₁ Yes ₀ No ₈₈ U/K
- e. Genital warts ₁ Yes ₀ No ₈₈ U/K
- f. Trichomonas ₁ Yes ₀ No ₈₈ U/K
- g. Other sexually transmitted disease ₁ Yes ₀ No ₈₈ U/K

(Men only)

If **Yes**, please respond to the following:

- h. Nongonococcal Urethritis ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

Cardiovascular Disease (Both Men and Women)

15. Have you been diagnosed with having any cardiovascular diseases? ₁ Yes ₀ No ₈₈ U/K

If **Yes**, which of the following:


- a. Hypertension ₁ Yes ₀ No ₈₈ U/K
- b. High cholesterol ₁ Yes ₀ No ₈₈ U/K
- c. Coronary artery disease (heart attack, chest pain) ₁ Yes ₀ No ₈₈ U/K
- d. Stroke ₁ Yes ₀ No ₈₈ U/K
- e. Arrhythmia ₁ Yes ₀ No ₈₈ U/K

Neurologic Disease (Both Men and Women)

16. Have you been diagnosed with having any neurological diseases? ₁ Yes ₀ No ₈₈ U/K

If **Yes**, which of the following:

- a. Lumbosacral/Vertebral Disc Disease ₁ Yes ₀ No ₈₈ U/K
- b. History of seizures ₁ Yes ₀ No ₈₈ U/K
- c. Migraine headaches ₁ Yes ₀ No ₈₈ U/K
- d. Peripheral Neuropathy ₁ Yes ₀ No ₈₈ U/K
- e. Other neurological disease ₁ Yes ₀ No ₈₈ U/K

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Autoimmune/Other Disorders: (Both Men and Women)

17. Have you been diagnosed with having any autoimmune/ other disorders? ₁ Yes ₀ No ₈₈ U/K

If **Yes**, which of the following:

a. Autoimmune Disorders (ex. Sjogren's Syndrome, Scleroderma) ₁ Yes ₀ No ₈₈ U/K

b. Other musculoskeletal, rheumatologic, or connective tissue disease ₁ Yes ₀ No ₈₈ U/K

Now I am going to ask some questions about some surgeries that you may have had.

(Women Only)

Urological/Gynecologic Surgeries:

18. Have you ever had any urological/gynecologic surgeries? ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

If **Yes**, please respond to the following:

a. Pelvic organ prolapse repair ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

b. Hysterectomy ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

c. Oophorectomy ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

d. Incontinence surgery ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

19. How many children have you given birth to by the following:

a. By vaginal delivery _____ ₉₉ Not Applicable

b. By Caesarean section _____ ₉₉ Not Applicable

(Men Only)

Urological Surgeries:

20. Have you ever had any urological surgeries? ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

If **Yes**, please respond to the following:

a. Vasectomy ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

b. Scrotal surgery ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

c. Inguinal hernia repair ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

d. Transurethral Resection of the Prostate (TURP) ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

e. Internal urethrotomy for urethral stricture ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A

f. Bladder neck incision ₁ Yes ₀ No ₈₈ U/K ₉₉ N/A



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Now I am going to ask some questions about some treatments that you may have had for pelvic symptoms.

20g. Have you ever received any of the following treatments? ₁ Yes ₀ No ₈₈ U/K

20g1. Neurostimulator ₁ Yes ₀ No ₈₈ U/K

20g2. Physical Therapy ₁ Yes ₀ No ₈₈ U/K

20g3. Other treatment (Please specify): _____ ₁ Yes ₀ No ₈₈ U/K

Research Coordinator/Technician, please review all fields of this form and confirm it is complete by recording your 4-digit ID in the space provided below:

21. Research Coordinator ID _____ (4-digit ID)