



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

Symptom and Health Care Utilization Questionnaire - Baseline

PARTICIPANT COMPLETES THIS FORM AT THE BASELINE CONTACT.

Symptom Severity Scales

Pain, Urgency, Frequency Severity Scales

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

<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"/>	<input type="checkbox"/>	Most severe discomfort I can imagine
0	1	2	3	4	5	6	7	8	9	10	

2. Urgency is defined as the urge or pressure to urinate. On average, how would you rate the urgency that you have felt during the past 2 weeks?

No urgency

<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"/>	<input type="checkbox"/>	Most severe urgency I can imagine
0	1	2	3	4	5	6	7	8	9	10	

3. Think about your frequency of urination. On average, how would you rate your frequency of urination during the past 2 weeks?

Totally normal

<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"/>	<input type="checkbox"/>	Most severe frequency I can imagine
0	1	2	3	4	5	6	7	8	9	10	

4. On average, during the past 2 weeks, how many times did you urinate in a 24-hour period?

₁ 6 times or less ₂ 7-10 times ₃ 11-14 times ₄ 15 times or more

Urologic or Pelvic Pain Symptom Severity Scales

5. Please rate the overall severity of your **UROLOGIC OR PELVIC PAIN SYMPTOMS** over the past 2 weeks:


No Symptoms

<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"/>	<input type="checkbox"/>	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

<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"/>	<input type="checkbox"/>	Symptoms as bad as they can be
0	1	2	3	4	5	6	7	8	9	10	

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7. Please rate your **MOOD** over the past 2 weeks:

Extremely Good Mood	<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"/>	Extremely Bad Mood
	0	1	2	3	4	5	6	7	8	9	10


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? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| b. Seen a healthcare provider in his/her office? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| c. Made a trip to an emergency room or urgent care center? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| d. Had a medication changed (new medication or different dose)? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |
| e. Undergone a medical procedure? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₀ No |

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10. Do you know when you had your most recent (or last) menstrual period? ₁ Yes
- (Question #10 is for Female Participants ONLY. Please record "99/Not Applicable" for Male Participants.)** 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

Questions 11 and 12 below are for MAPP Epidemiology and Phenotyping Study Participants ONLY. Please skip these questions for ALL Control Participants.

Flare Status Questions

11. 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
12. During the past year, how many flares of your IC/CP symptoms have you had? By this we mean, how many times have you experienced symptoms that were much worse than usual?
- ₀ None ₁ 1-4 flares ₂ 5-9 flares ₃ 10 or more flares