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

Symptom and Health Care Utilization Questionnaire – Day of MRI scan

PARTICIPANT COMPLETES ON DAY OF TRANS-MAPP NEURO-IMAGING PROTOCOL MRI SCAN..

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 ***24 hours***?

No pain or pressure or discomfort										**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 ***24 hours***?

No urgency										**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 ***24 hours***?

Totally normal										**Most severe frequency I can imagine**
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
0	1	2	3	4	5	6	7	8	9	10

4. On average, during the past ***24 hours***, how many times did you urinate?

❑$_1$ 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 ***24 hours***:

No Symptoms										**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 ***24 hours***:

No Symptoms										**Symptoms as bad as they can be**
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
0	1	2	3	4	5	6	7	8	9	10

7. Please rate your **MOOD** over the past ***24 hours***:

Extremely Good Mood										**Extremely Bad Mood**
❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
0	1	2	3	4	5	6	7	8	9	10