ICDB
Interstitial Cystitis Data Base

Patient ID: _______ _______ _______ _______ _______ _______
Reviewer ID: _______ _______
Date: _______ / _______ / _______

__________________

Background Information

1. What is your date of birth?

_______ / _______ / _______

month    day    year

2. What is your sex? (Please put an X in the correct box □)

□ 1 Male

□ 2 Female

3. In what state and country were you born? (Please put an X in the correct box □)

(State/Province)

__________________

Country

□ 1 United States

□ 2 Canada

□ 3 Mexico

□ Other (Please specify) _________________________

(Country)

4. What is the postal (zip) code of the town/city where you live now?

__________________

(Zip code)

Please go to the next page.
5. Which of the following groups best represents your race? 
(Please put an X in the correct box)

- [ ] 1 Aleut, Eskimo or American Indian
- [ ] 2 Asian or Pacific Islander
- [ ] 3 Black
- [ ] 4 White
- [ ] Other __________________
(Please specify)

6. Is your mother or father of Latino or Hispanic origin? (Please put an X in the correct box)

- [ ] 1 yes
- [ ] 0 no

7. What religion do you currently practice? (Please put an X in the correct box)

- [ ] 1 Catholic
- [ ] 2 Jewish
- [ ] 3 Protestant
- [ ] 0 Not currently practicing any religion
- [ ] Other __________________
(Please specify)

8. What is your current marital status? (Please put an X in the correct box)

- [ ] 1 Married
- [ ] 2 Living with a partner
- [ ] 3 Separated
- [ ] 4 Divorced
- [ ] 5 Widowed
- [ ] 6 Never married

9. What is the highest level of education that you have completed? (Please put an X in the correct box)

- [ ] 1 less than high school
- [ ] 2 some high school
- [ ] 3 completed high school (or GED)
- [ ] 4 completed college or currently a college student
- [ ] 5 completed graduate school or currently a graduate student
10. How are you currently employed? (Please put an X in the correct box)

- 1 Employed outside my home, full-time
- 2 Employed outside my home, part-time
- 3 Employed in my home (for money), full-time
- 4 Employed in my home (for money), part-time
- 5 Homemaker
- 6 Not employed, currently laid off
- 7 Not employed, currently disabled
- 8 Not employed, currently retired
- 9 Not employed, currently a student
- 0 Other ____________________________

(Please specify)

11. Have your urinary symptoms forced you to leave or change your job within the last two years?

- 1 yes
- 0 no

12. Including income provided by you and any other person living in your household, which range of figures listed below comes closest to your total household income before taxes for the last calendar year? (Put an X in the correct box)

- 1 less than $30,000
- 2 $30,000 or more