Diagnosis of CPP of Bladder Origin (IC)

Pelvic Pain & Urgency / Frequency Patient Symptom Scale

**Name:**   **Date:**

 ***Circle the answer that best describes how you feel for each question.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 1 | 2 | 3 | 4 | Symptom Score | Bother Score |
| **1.** How many times do youvoid during waking hours? | 3-6 | 7-10 | 11-14 | 15-19 | 20+ |  |  |
| **2**. *a.* How many time do you void at night? | 0 | 1 | 2 | 3 | 4+ |  |
|  *b.* If you get up at night to void, to what extent does it usually bother you? | None | Mild | Moderate | Severe |  |  |
| **3.** Are you currently sexually active? *Yes \_\_\_ No\_\_\_\_* |
| **4.** *a.* If you are sexually active, do you now have or have you ever had pain or urgency to urinate during or after sexual intercourse? | Never | Occasionally | Usually | Always |  |  |  |
|  *b.* Has pain or urgency ever made you avoid sexual Intercourse | Never | Occasionally | Usually | Always |  |  |
| **5.** Do you have pain associated with your bladder or in you pelvis, vagina, lower abdomen, urethra perineum, testes, or scrotum? | Never | Occasionally | Usually | Always |  |  |
| **6.** Do you still have urgency shortly after urinating? | Never | Occasionally | Usually | Always |  |
| **7.** *a.* When you have pain is it usually --?  | Mild | Moderate | Severe |  |
|  *b.* How often does you pain bother you? | Never | Occasionally | Usually | Always |  |  |
| **8.** *a*. When you have urgency is it usually--? | Mild | Moderate | Severe |  |  |
|  *b.* How often does your urgency bother you? | Never | Occasionally | Usually | Always |  |  |

|  |  |  |
| --- | --- | --- |
|  SYMPTOM SCORE (1, 2a, 4a, 5, 6, 7a, 8a) |  |  |
|  BOTHER SCORE (2b, 4b, 7b, 8b) |  |
|  TOTAL SCORE ( Symptom Score + Bother Score) = |  |  |