INTERSTITIAL CYSTITIS SYMPTOM INDEX

1. During the past month, how often have you felt the strong need to urinate with little or no warning?
   0. _______ not at all
   1. _______ less than 1 time in 5
   2. _______ less than half the time
   3. _______ about half the time
   4. _______ more than half the time
   5. _______ almost always

2. During the past month, have you had to urinate less than 2 hours after you finished urinating?
   0. _______ not at all
   1. _______ less than 1 time in 5
   2. _______ less than half the time
   3. _______ about half the time
   4. _______ more than half the time
   5. _______ almost always

3. During the past month, how often did you typically get up at night to urinate?
   0. _______ never
   1. _______ once
   2. _______ 2 times
   3. _______ 3 times
   4. _______ 4 times
   5. _______ 5 times
   6. _______ 5 or more times

4. During the past month, have you experienced pain or burning in your bladder?
   0. _______ not at all
   1. _______ once
   2. _______ a few times
   3. _______ fairly often
   4. _______ almost always
   5. _______ usually

Add the numerical values of the checked entries; Total score ___________.

INTERSTITIAL CYSTITIS PROBLEM INDEX

During the past month, how much has each of the following been a problem for you?

1. Frequent urination during the day?
   0. _______ no problem
   1. _______ very small problem
   2. _______ small problem
   3. _______ medium problem
   4. _______ big problem

2. Getting up at night to urinate?
   0. _______ no problem
   1. _______ very small problem
   2. _______ small problem
   3. _______ medium problem
   4. _______ big problem

3. Need to urinate with little warning?
   0. _______ no problem
   1. _______ very small problem
   2. _______ small problem
   3. _______ medium problem
   4. _______ big problem

4. Burning, pain, discomfort, or pressure in your bladder?
   0. _______ no problem
   1. _______ very small problem
   2. _______ small problem
   3. _______ medium problem
   4. _______ big problem

Add the numerical values of the check entries; Total score ___________.

Add the numerical values of the checked entries; Total score ___________.

O`Leary/Sant
VOIDING AND PAIN INDICES