O'Leary/Sant

VOIDING AND PAIN INDICES <u>INTERSTITIAL CYSTITIS SYMPTOM INDEX</u> <u>INTERSTITIAL CYSTITIS PROBLEM INDEX</u>

During the past month, how often have you felt the strong need to urinate with little or no warning?	During the past month, how much has each of the following been a problem for you?
 not at all less than I time in 5 less than half the time about half the time more than half the time almost always 	 Frequent urination during the day? no problem very small problem small problem medium problem big problem
2. During the past month, have you had to urinate less than 2 hours after you finished urinating?	2. Getting up at night to urinate?
 0not at all 1less than l time in 5 2less than half the time 3about half the time 4more than half the time 5almost always 	0no problem 1very small problem 2small problem 3medium problem 4big problem
During the past month, how often did you most typically get up at night to urinate? Onever 1once 22 times 33 times 44 times 55 times 65 or more times 4. During the past month, have you experienced pain or burning in your bladder?	 Need to urinate with little warning? no problem very small problem small problem medium problem big problem Burning, pain, discomfort, or pressure in your bladder? no problem no problem very small problem small problem
0.	
Add the numerical values of the checked entries; Total score	Add the numerical values of the checked entries: Total score