

Patient ID: _____

Patient Initials: _____

Clinical Center: _____

Contact Week: _____

Date: ____ / ____ / ____
month day year

RC ID: _____

(Patient Completed at weeks 3, 10, 17, 24 and post treatment follow-up)

1. Think about the pain/discomfort associated with your bladder. **On average**, how would you rate this **pain/discomfort** during the past 4 weeks? **(Please circle the number below that best describes this pain/discomfort.)**

None		Mild			Moderate			Severe
0	1	2	3	4	5	6	7	8
								9

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 4 weeks? **(Please circle the number that best describes this urgency.)**

None		Mild			Moderate			Severe
0	1	2	3	4	5	6	7	8
								9

3. **On average**, during the past 4 weeks, how many times did you urinate in a 24-hour period? **(Please check the option that best describes your answer.)**

☐₁ 6 times or less ☐₂ 7-10 times ☐₃ 11 – 14 times ☐₄ 15 times or more

4. Are you sexually active?

☐₁ Yes
☐₀ No

If NO, is it because of:

☐₁ IC symptoms
☐₂ Lack of partner
☐₃ Other

5. Do you have pain associated with sexual intercourse?

☐₁ Yes
☐₀ No
☐₉ Not applicable