

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