

(Patient Completed at Baseline 2, weeks 3, 10, 17, 24, and post treatment follow-up)

Interstitial Cystitis Symptom Index:

Q1. 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

Q2. 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

Q3. During the past month, how often did you most typically get up at night to urinate?

- 0.____ none
- 1.____ once
- 2.____ 2 times
- 3.____ 3 times
- 4.____ 4 times
- 5.____ 5 or more times

Q4. During the past month, have you experienced pain or burning in your bladder?

- 0.____ not at all
- 2.____ a few times
- 3.____ fairly often
- 4.____ usually
- 5.____ almost always

**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?

Q1. Frequent urination during the day?
 0.____ no problem
 1.____ very small problem
 2.____ small problem
 3.____ medium problem
 4.____ big problem

Q2. Getting up at night to urinate?
 0.____ no problem
 1.____ very small problem
 2.____ small problem
 3.____ medium problem
 4.____ big problem

Q3. Need to urinate with little warning?
 0.____ no problem
 1.____ very small problem
 2.____ small problem
 3.____ medium problem
 4.____ big problem

Q4. 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: _____**