

**Symptom Ranking
Cards**

(Claus Roehrborn, M.D.)

Patient ID: _____
 Patient Initials: _____
 Clinical Center: _____
 Contact Week: _____
 Date: ____ / ____ / ____
month day year
 RC ID: _____

(Research Coordinator Completed at Baseline 2 and week 24)

INSTRUCTIONS TO BE READ TO PATIENT:

Interstitial cystitis causes several problems. We would like to know which problem has bothered you the most during the past month.

Please read the description on the cards carefully. Then, arrange all the cards such that the problem that bothers you the most is on the top, and the problem that bothers you the least is on the bottom.

<input type="checkbox"/> ₁ 1	Pain with sexual activity, or lack of sexual activity because of pain.
<input type="checkbox"/> ₂ 2	
<input type="checkbox"/> ₃ 3	
<input type="checkbox"/> ₄ 4	Do you have a sexual partner? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
<input type="checkbox"/> ₅ 5	

<input type="checkbox"/> ₁ 1	Getting up at night to urinate.
<input type="checkbox"/> ₂ 2	
<input type="checkbox"/> ₃ 3	
<input type="checkbox"/> ₄ 4	
<input type="checkbox"/> ₅ 5	

<input type="checkbox"/> ₁ 1	Pain in the lower abdomen, in the area of the urinary bladder, or urethra.
<input type="checkbox"/> ₂ 2	
<input type="checkbox"/> ₃ 3	
<input type="checkbox"/> ₄ 4	
<input type="checkbox"/> ₅ 5	

<input type="checkbox"/> ₁ 1	Urgency or pressure to urinate.
<input type="checkbox"/> ₂ 2	
<input type="checkbox"/> ₃ 3	
<input type="checkbox"/> ₄ 4	
<input type="checkbox"/> ₅ 5	

<input type="checkbox"/> ₁ 1	Having to urinate frequently during the daytime.
<input type="checkbox"/> ₂ 2	
<input type="checkbox"/> ₃ 3	
<input type="checkbox"/> ₄ 4	
<input type="checkbox"/> ₅ 5	