

Patient ID: \_\_\_\_\_

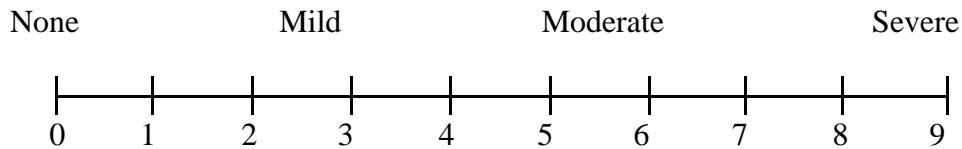
Reviewer ID: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*month day year*

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## Pain and Urgency Scales

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



2. Urgency is defined as the urge or pressure to urinate. On **average**, how would you rate the urgency that you have felt over the **last 4 weeks**? (Please circle the number that best describes this **urgency**.)

