



Interstitial Cystitis Data Base

Patient ID: _____

Interviewer ID: _____

Date: ____ / ____ / ____
month day year

Symptom Questionnaire

1. Over the last month, how severe have your urinary symptoms been? (Please circle one number)

Not at All Somewhat Extremely
1 2 3 4 5

2. Over the past month, how often have you had any of the following:

	Always (4)	Frequently (3)	Sometimes (2)	Rarely (1)	Never (0)
a. The urge to urinate such that if you do not rush to the bathroom you feel that you will wet yourself					
b. The urge to urinate such that if you do not rush to the bathroom you feel that you will not be able to bear it					
c. Difficulty in starting your urinary stream					
d. Visible blood in your urine					
e. Burning or pain during urination					
f. Involuntary loss of urine due to coughing, sneezing or other activity					
g. Involuntary loss of urine due to not being able to get to the bathroom quickly enough					
h. Pain increasing when your bladder fills					
i. Pain relieved by urination					

3. How many times, on average, over the past 4 weeks, did you urinate during your awake period (This is from the time you get up in the morning until you go to bed at night)?

- ₁ less than 5 times
- ₂ 5-10 times
- ₃ 11-15 times
- ₄ more than 15 times

4. On average, over the last 4 weeks, how many times did you awaken at night to urinate (This is from the time you go to bed at night until you get up for the next day)?

- ₁ 0-1 times
- ₂ 2-3 times
- ₃ 4-7 times
- ₄ more than 7 times

5. How many times, on average, **over the past 4 weeks**, did you urinate in a **24 hour period**?

- ₁ less than 5 times
- ₂ 5-10 times
- ₃ 11-15 times
- ₄ more than 15 times

6. People agree that the following 5 words represent pain or discomfort of increasing intensity or strength. They are:

- 1 2 3 4 5
 Mild Discomforting Distressing Horrible Excruciating

In the table below choose one of the above words to answer each question. Please place an **X** in the column under the correct word describing how strong your pain is.

Strength of Pain

	Does not apply (0)	Mild (1)	Discomforting (2)	Distressing (3)	Horrible (4)	Excruciating (5)
a. How would you describe your pain right now?						
b. How would you describe your pain at its worst during the last 4 weeks?						
c. How would you describe your pain when it is at its least during the last 4 weeks?						
d. How would you describe the worst toothache you ever had?						
e. How would you describe the worst headache you ever had?						
f. How would you describe the worst stomach-ache you ever had?						