

 <b>MAPP II SPS</b>	Participant ID: _____	Pin #: _____
	Discovery Site: _____	Clinical Center: _____
	CRF Date: ____/____/____	Visit #: _____

**Interstitial Cystitis Symptom Index and Problem Index**  
(O’Leary, Sant, Fowler, Whitmore, Spolarich-Kroll)

THE PARTICIPANT COMPLETES THIS FORM VIA ONLINE SURVEY AT **WEEK 1, 2, & 3 RUN-IN** CONTACTS.

**Interstitial Cystitis Symptom Index:**

Q1. During the past **week**, 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 **week**, 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 **week**, 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 **week**, 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 **week**, 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 checked entries;**

**Total Score:** \_\_\_\_\_