

 MAPP II SPS	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
SCREENING WEEK 0 & BASELINE WEEK 4 CLINIC CONTACTS AND ALL ONLINE & CLINIC FOLLOW-UP CONTACTS.

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 checked entries;

Total Score: _____