

O'Leary/Sant VOIDING AND PAIN INDICES

INTERSTITIAL CYSTITIS SYMPTOM INDEX

1.

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

2.

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

3.

During the past month, how often did you most typically get up at night to urinate?

- 0. _____ never
- 1. _____ once
- 2. _____ 2 times
- 3. _____ 3 times
- 4. _____ 4 times
- 5. _____ 5 times
- 6. _____ 5 or more times

4.

During the past month, have you experienced pain or burning in your bladder?

- 0. _____ not at all
- 1. _____ once
- 2. _____ a few times
- 3. _____ fairly often
- 4. _____ almost always
- 5. _____ usually

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?

1. Frequent urination during the day?

- 0. _____ no problem
- 1. _____ very small problem
- 2. _____ small problem
- 3. _____ medium problem
- 4. _____ big problem

2. Getting up at night to urinate?

- 0. _____ no problem
- 1. _____ very small problem
- 2. _____ small problem
- 3. _____ medium problem
- 4. _____ big problem

3. Need to urinate with little warning?

- 0. _____ no problem
- 1. _____ very small problem
- 2. _____ small problem
- 3. _____ medium problem
- 4. _____ big problem

4. 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 _____.