O´Leary/Sant VOIDING AND PAIN INDICES

VOIDING AND PAIN INDICES INTERSTITIAL CYSTITIS SYMPTOM INDEX INTERSTITIAL CYSTITIS PROBLEM INDEX

1. During the past month, how often have you felt the strong need to urinate wiht little or no warning?	During the past month, how much has each of the following been a problem for you?
 not at all less than 1 time in 5 less than half the time about half the time more than half the time almonst always 	 Frequent urination during the day? no problem very small problem small problem medium problem big problem
2. During the past month, have you had to urinate less than 2 hours after you finised urinating?	2. Getting up at nigth to urinate?
 not at all less than l time in 5 less than half the time about half the time more than half the time almost always 	0 no problem1 very small problem2 small problem3 medium problem4 big problem
3. During the past month, how often did you most tupically get up at noght to urinate? 0 never 1 once 2 2 times 3 3 times	 Need to urinate with little warning? no problem very small problem small problem medium problem big problem
 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? 	 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
0. nat 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	Add the numerical values of the check entries: Total score