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O'Leary-Sant Interstitial Cystitis Symptom and Problem Questionnaire

Symptom Index	Problem Index
<p>1. During the past month, how often have you felt the strong need to urinate with little or no warning?</p> <p>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</p> <p>2. During the past month, have you had to urinate less than 2 hours after you finished urinating?</p> <p>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</p> <p>3. During the past month, how often did you most typically get up at night to urinate?</p> <p>0 ___ none 1 ___ once 2 ___ 2 times 3 ___ 3 times 4 ___ 4times 5 ___ 5 or more times</p> <p>4. During the past month, have you experienced pain or burning in your bladder?</p> <p>0 ___ not at all 1 ___ a few times 2 ___ almost always 3 ___ fairly often 4 ___ usually</p> <p>Total score: _____ (add all questions in column) IC > , =6, controls <6</p>	<p>During the past month, how much has each of the following been a problem for you?</p> <p>1. Frequent urination during the day?</p> <p>0 ___ no problem 1 ___ very small problem 2 ___ small problem 3 ___ medium problem 4 ___ big problem</p> <p>2. Getting up at night to urinate?</p> <p>0 ___ no problem 1 ___ very small problem 2 ___ small problem 3 ___ medium problem 4 ___ big problem</p> <p>3. Need to urinate with little warning?</p> <p>0 ___ no problem 1 ___ very small problem 2 ___ small problem 3 ___ medium problem 4 ___ big problem</p> <p>4. Burning, pain, discomfort, or pressure in your bladder?</p> <p>0 ___ no problem 1 ___ very small problem 2 ___ small problem 3 ___ medium problem 4 ___ big problem</p> <p>Total score: _____ (add all questions in column) IC > , =6, controls <6</p>