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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 &gt;=6, controls &lt;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 &gt;=6, controls &lt;6</p>