

Pelvic Pain and Urgency/Frequency Patient Symptom Scale

Please circle the answer that best describes how you feel for each question below.

		0	1	2	3	4	SYMPTOM SCORE	BOTHER SCORE
1	How many times do you go to the bathroom during the day?	3-6	7-10	11-14	15-19	20+		
2	a. How many times do you go to the bathroom at night?	0	1	2	3	4+		
	b. If you get up at night to go to the bathroom, to what extent does it bother you?	None	Mild	Moderate	Severe			
3	Are you currently sexually active? YES _____ NO _____							
4	a. IF YOU ARE SEXUALLY ACTIVE , do you now or have you ever had pain or symptoms during or after sexual activity?	Never	Occasionally	Usually	Always			
	b. If you have pain, does it make you avoid sexual activity?	Never	Occasionally	Usually	Always			
5	Do you have pain associated with your bladder or in your pelvis (vagina, labia, lower abdomen, urethra, or perineum)?	Never	Occasionally	Usually	Always			
6	a. If you have pain, is it usually...		Mild	Moderate	Severe			
	b. Does your pain bother you?	Never	Occasionally	Usually	Always			
7	Do you still have urgency shortly after you go to the bathroom?	Never	Occasionally	Usually	Always			
8	a. If you have urgency, is it usually...		Mild	Moderate	Severe			
	b. Does your urgency bother you?	Never	Occasionally	Usually	Always			
SYMPTOM SCORE (1, 2a, 4a, 5, 6a, 7, 8a) — SUBTOTAL								
BOTHER SCORE (2b, 4b, 6b, 8b) — SUBTOTAL								
TOTAL SCORE (Symptom Score + Bother Score) =								