

**PELVIC PAIN and URGENCY/FREQUENCY
PATIENT SYMPTOM SCALE**

Patient's Name: _____ Today's date: _____

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

		0	1	2	3	4	SYMPTOM SCORE	BOTHER SCORE
1	How many times do you void during the waking hours?	3-6	7-10	11-14	15-19	20+		
2	a. How many times do you void at night?	0	1	2	3	4+		
	b. If you get up at night to void, to what extent does it usually 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 urgency to urinate during or after sexual intercourse?	Never	Occasionally	Usually	Always			
	b. Has pain or urgency ever made you avoid sexual intercourse?	Never	Occasionally	Usually	Always			
5	Do you have pain associated with your bladder or in your pelvis (vagina, lower abdomen, urethra, perineum, testes, or scrotum)?	Never	Occasionally	Usually	Always			
6	Do you still have urgency shortly after urinating?	Never	Occasionally	Usually	Always			
7	a. If you have pain, is it usually		Mild	Moderate	Severe			
	b. How often does your pain bother you?	Never	Occasionally	Usually	Always			
8	a. If you have urgency, is it usually		Mild	Moderate	Severe			
	b. How often does your urgency bother you?	Never	Occasionally	Usually	Always			

SYMPTOM SCORE (1, 2a, 4a, 5, 6, 7a, 8a) - SUBTOTAL								
BOTHER SCORE (2b, 4b, 7b, 8b) - SUBTOTAL								
TOTAL SCORE (Symptom Score + Bother Score) =								