

Interstitial Cystitis Symptoms Index (ICSI)

During the past month:

How often have you felt the strong need to urinate with little or no warning:

- 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

Have you had to urinate less than 2 hours after you finished urinating?

- 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

How often did you most typically get up at night to urinate?

- 0. Not at all
- 1. Once per night
- 2. 2 times per night
- 3. 3 times per night
- 4. 4 times per night
- 5. 5 or more times per night

Have you experienced pain or burning in your bladder?

- 0. Not at all
- 1. A few times
- 2. Fairly often
- 3. Usually
- 4. Almost always

Add the numerical values of the checked entries: Total score _____

Interstitial Cystitis Problem Index (ICPI)

During the past month:

How much has each of the following been a problem for you.

Frequent urination during the day?

- 0. No problem
- 1. Very small problem
- 2. Small problem
- 3. Medium problem
- 4. Big problem

Getting up at night to urinate?

- 0. No problem
- 1. Very small problem
- 2. Small problem
- 3. Medium problem
- 4. Big problem

Need to urinate with little warning?

- 0. No problem
- 1. Very small problem
- 2. Small problem
- 3. Medium problem
- 4. Big problem

Burning, pain, discomfort, or pressure in your bladder?

- 0. No problem
- 1. Very small problem
- 2. Small problem
- 3. Medium problem
- 4. Big problem

Add the numerical values of the checked entries: Total Score _____