

## Bladder Pain/ Interstitial Cystitis Symptom Score (BPIC-SS)

To be completed by study staff

When answering the following questions, please think about the **PAST 7 DAYS**

	Never	Rarely	Sometimes	Most of the time	Always	SCORE
1. In the past 7 days when you urinated, how often was it because of <b>pain</b> in your <b>bladder</b> ?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
2. In the past 7 days, how often did you <b>still</b> feel the need to urinate <b>just after</b> you urinated?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
3. In the past 7 days, how often did you urinate to <b>avoid pain</b> in your <b>bladder</b> from <b>getting worse</b> ?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
4. In the past 7 days, how often did you have a feeling of <b>pressure</b> in your <b>bladder</b> ?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
5. In the past 7 days, how often did you have <b>pain</b> in your <b>bladder</b> ?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	

	Not at all	A little	Somewhat	Moderately	A great deal	
6. In the past 7 days, how <b>bothered</b> were you by <b>frequent urination during the daytime</b> ?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
7. In the past 7 days how <b>bothered</b> were you by <b>having to get up</b> during the <b>night</b> to urinate?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	

8. Select the number that best describes your <b>worst bladder pain</b> in the past 7 days											
No bladder Pain										Worst possible bladder pain	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0	1	2	3	4	5	6	7	8	9	10	

Add the scores for each question together to give a total BPIC-SS score	<b>TOTAL SCORE =</b>	
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Total score ranges from 0 - 38. A total score can only be calculated if ALL questions are completed by the patient