

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 _____

Reference

Sirinian E, Azevedo K, Payne CK. Correlation between 2 interstitial cystitis symptom instruments. J Urol 2005;173:835-40.