

Patient's Name: \_\_\_\_\_

Today's date \_\_\_\_\_

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

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

		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>SYMPTOM SCORE</b>	<b>BOTHER SCORE</b>
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, does it bother you?	Never Bothers	Occasionally	Usually	Always			
3	a. Do you now or have you ever had pain or symptoms during or after sexual intercourse?	Never	Occasionally	Usually	Always			
	b. Has pain or urgency ever made you avoid sexual intercourse?	Never	Occasionally	Usually	Always			
4	Do you have pain associated with your bladder or in your pelvis (vagina, labia, lower abdomen, urethra, perineum, testes, or scrotum)?	Never	Occasionally	Usually	Always			
5	a. If you have pain, is it usually		Mild	Moderate	Severe			
	b. Does your pain bother you?	Never	Occasionally	Usually	Always			
6	Do you still have urgency after going to the bathroom?	Never	Occasionally	Usually	Always			
7	a. If you have urgency, is it usually		Mild	Moderate	Severe			
	b. Does your urgency bother you?	Never	Occasionally	Usually	Always			
8	Are you sexually active? Yes _____ No _____							

<b>SYMPTOM SCORE =</b>								
<b>(1, 2a, 3a, 4, 5a, 6, 7a)</b>								
<b>BOTHER SCORE =</b>								
<b>(2b, 3b, 5b, 7b)</b>								
<b>TOTAL SCORE (Symptom Score + Bother Score) =</b>								