

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 pain in your bladder ?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
2. In the past 7 days, how often did you still feel the need to urinate just after you urinated?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
3. In the past 7 days, how often did you urinate to avoid pain in your bladder from getting worse ?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
4. In the past 7 days, how often did you have a feeling of pressure in your bladder ?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	
5. In the past 7 days, how often did you have pain in your bladder ?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	

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

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

Add the scores for each question together to give a total BPIC-SS score	TOTAL SCORE =	
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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