

Figure 1

Pelvic Pain and Urgency/Frequency Patient Symptom Scale

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

	0	1	2	3	4	Symptom score	Bother score
1. How many times do you go to the bathroom during the day?	3-6	7-10	11-14	15-19	20+		
2a. 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	Occasionally	Usually	Always			
3. Are you currently sexually active? YES ____ NO ____							
4a. IF YOU ARE SEXUALLY ACTIVE, do you now or have you ever had pain or symptoms during or after sexual intercourse?	Never	Occasionally	Usually	Always			
b. If you have pain, does it make you avoid sexual intercourse?	Never	Occasionally	Usually	Always			
5. 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			
6. Do you still have urgency after you go to the bathroom?	Never	Occasionally	Usually	Always			
7a. If you have pain is it usually		Mild	Moderate	Severe			
b. Does your pain bother you?	Never	Occasionally	Usually	Always			
8a. If you have urgency, is it usually		Mild	Moderate	Severe			
b. Does your urgency bother you?	Never	Occasionally	Usually	Always			
Symptom score (1, 2a, 4a, 5, 6, 7a, 8a)							
Bother score (2b, 4b, 7b, 8b)							
Total Score (Symptom score + Bother score) =							

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