

**MIDWEST REGIONAL CENTER FOR CHRONIC PELVIC PAIN
ALLIANCE FOR WOMEN'S HEALTH, INC.
PELVIC PAIN and URGENCY/FREQUENCY
PATIENT SYMPTOM SCALE**

Patient's Name _____

Date _____

PLEASE CIRCLE ONE ANSWER ONLY PER QUESTION
YOUR NURSE WILL CALCULATE YOUR SCORE AT THE BOTTOM OF THE PAGE

NUMBERS 0 TO 4 BELOW ARE FOR STAFF USE ONLY

	0	1	2	3	4		
1. How many times do you urinate during the day? _____	3 - 6	7 - 10	11 - 14	15 - 19	20+	Symptom Score	Bother Score
2. How many times do you urinate at night? _____	0	1	2	3	4+	_____	_____
If you get up at night to urinate does it bother you? _____	Never	Occasionally	Usually	Always		_____	_____
3. Are you sexually active? YES _____ NO _____							
4. If you are sexually active, do you now or have you ever had pain or symptoms during or after intercourse? _____	Never	Occasionally	Usually	Always		_____	_____
If you have pain does it make you avoid sexual intercourse? _____	Never	Occasionally	Usually	Always		_____	_____
5. Do you have pain associated with bladder or in your pelvis, vagina, lower abdomen, urethra, or the perineum? _____	Never	Occasionally	Usually	Always		_____	_____
6. If you have pain, is it _____		Mild	Moderate	Severe		_____	_____
Does your pain bother you? _____	Never	Occasionally	Usually	Always		_____	_____
7. Do you have urgency after urinating? _____	Never	Occasionally	Usually	Always		_____	_____
8. If you have urgency, is it _____		Mild	Moderate	Severe		_____	_____
Does your urgency bother you? _____	Never	Occasionally	Usually	Always		_____	_____

TOTAL SCORES

SYMPTOM SCORE

SYMPTOM SCORE

BOTHER SCORE

BOTHER SCORE

TOTAL'S of BOTH
