Interstitial Cystitis (IC) Symptom and Problem Questionnaire

Assessing IC
To help your physician assess your IC symptoms, please put a check mark next to the most appropriate response to each of the questions shown below. Then add up the numbers to the left of the check marks and write the total below.

IC symptom index
During the past month:

Q1. 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

Q2. 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

Q3. How often did you most typically get up at night to urinate?
0. ___ None
1. ___ Once
2. ___ 2 times
3. ___ 3 times
4. ___ 4 times
5. ___ 5 or more times

Q4. Have you experienced pain or burning in your bladder?
0. ___ Not at all
1. ___ A few times
2. ___ Almost always
3. ___ Fairly often
4. ___ Usually

IC problem index
During the past month, how much has each of the following been a problem for you:

Q1. Frequent urination during the day?
0. ___ No problem
1. ___ Very small problem
2. ___ Small problem
3. ___ Medium problem
4. ___ Big problem

Q2. Getting up at night to urinate?
0. ___ No problem
1. ___ Very small problem
2. ___ Small problem
3. ___ Medium problem
4. ___ Big problem

Q3. Need to urinate with little warning?
0. ___ No problem
1. ___ Very small problem
2. ___ Small problem
3. ___ Medium problem
4. ___ Big problem

Q4. 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:_______.

Add the numerical values of the checked entries; total score:_______.


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