

Pelvic Pain and Urgency/Frequency Patient Symptom Scale

Name: _____ Date: _____

	0	1	2	3	4	Score
How many times do you go to the bathroom in the daytime?	3 to 6	7 to 10	11 to 14	15 to 19	20 +	
How many times do you go to the bathroom at night?	0	1	2	3	4+	
If you get up at night to go to the bathroom, does it bother you?	Never	On Occasion	Usually	Always	→ → →	
Do you have pain associated with your bladder or in your pelvis (vagina, labia, lower abdomen, urethra, perineum, testes or scrotum)?	Never	On Occasion	Usually	Always	→ → →	
If you have pain, how would you grade it?	Mild	Moderate	Severe	→ → →	→ → →	
Does your pain bother you?	Never	On Occasion	Usually	Always	→ → →	
Do you still have urgency after going to the bathroom?	Never	On Occasion	Usually	Always	→ → →	
If you have urgency, how would you grade it?	Mild	Moderate	Severe	→ → →	→ → →	
Does your urgency bother you?	Never	On Occasion	Usually	Always	→ → →	

Are you sexually active? If Yes, score the questions below.	Yes	No
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Has pain or urgency ever made you avoid sexual intercourse?	Never	On Occasion	Usually	Always	→ → →	
Do you now or have you ever had pain or symptoms during or after sexual intercourse?	Never	On Occasion	Usually	Always	→ → →	

Total: _____ /35