

Name \_\_\_\_\_

Chart \_\_\_\_\_

## Pelvic Pain and Urinary Frequency

**Please circle the answer that best describes how you feel ...**

	0	1	2	3	4	
1. How many times do you go to the bathroom during the day?	3-6	7-10	11-14	15-19	20+	<input type="text"/>
2a. How many times do you go to the bathroom at night?	0	1	2	3	4+	<input type="text"/>
2b. If you get up at night to go to the bathroom, does it bother you?	Never	Mildly	Moderate	Severe		<input type="text"/>
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		<input type="text"/>
4b. If you have pain, does it make you avoid sexual intercourse?	Never	Occasionally	Usually	Always		<input type="text"/>
5. Do you have pain associated with your bladder or in your pelvis (vagina, lower abdomen, urethra, on your bottom near the opening of your vagina)?	Never	Occasionally	Usually	Always		<input type="text"/>
6. Do you have the urge to urinate after going to the bathroom?	Never	Occasionally	Usually	Always		<input type="text"/>
7a. If you have pain, is it usually...		Mild	Moderate	Severe		<input type="text"/>
7b. Does your pain bother you?	Never	Occasionally	Usually	Always		<input type="text"/>
8a. If you have the urgency, is it usually...		Mild	Moderate	Severe		<input type="text"/>
8b. Does your urgency bother you?		Occasionally	Usually	Always		<input type="text"/>

**Symptom Score**

+

**Bother Score**

=