

Patient Assessment Questionnaire

For each question below, please circle the answer that best describes how you feel.

The last 2 columns on the right are for your doctor to assess your answers. Please do not mark anything in these columns.

Patient's name: _____ Today's date: _____

	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+		
2 a. How many times do you go to the bathroom at night?	0	1	2	3	4+		
2 b. If you get up at night to go to the bathroom, does it bother you?	Never	Mildly	Moderate	Severe			
3 Are you currently sexually active? YES _____ NO _____							
4 a. 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			
4 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, lower abdomen, urethra, perineum, testes, or scrotum)?	Never	Occasionally	Usually	Always			
6 Do you have urgency after going to the bathroom?	Never	Occasionally	Usually	Always			
7 a. If you have pain, is it usually...		Mild	Moderate	Severe			
7 b. Does your pain bother you?	Never	Occasionally	Usually	Always			
8 a. If you have urgency, is it usually...		Mild	Moderate	Severe			
8 b. Does your urgency bother you?	Never	Occasionally	Usually	Always			
SYMPTOM SCORE (1, 2a, 4a, 5, 6, 7a, 8a) —SUBTOTAL							
BOTHER SCORE (2b, 4b, 7b, 8b) —SUBTOTAL							
TOTAL SCORE (Symptom Score + Bother Score) =							

The Pelvic Pain and Urgency/ Frequency (PUF) questionnaire is a simple tool that provides a fast, easy, and noninvasive way to screen for IC. Also available in Spanish.