

Instructions

- Please record all bladder activities for a 24-hour period
- It is important to records all night time voids
- Write the amount voided in mL (also called cc)
- Note any activities or food associated with your symptoms
- Please mark what time you went to bed in the notes section

Pain Score (0-10)

- (0) No symptoms
- (1) I feel almost no symptoms of bladder pain. I can do anything.
- (2) I feel slight discomfort, possibly the beginning of a flare. I can do anything.
- (3) I feel mild symptoms of bladder pain. It is not stopping me from my daily life but I am feeling some mild discomfort.
- (4) I feel moderate symptoms of bladder pain. Constant feeling of moderate need to urinate, moderate level of pain, activities limited. My frequency is higher, and I'm now looking for restrooms and using them. At this point, I'm on my way home to rest and begin my pain management strategies and/or medication.
- (5) I'm very uncomfortable, perhaps biting my lip and/or holding my abdomen. I'm usually laying in bed now. Walking is more painful now. IC has limited me from doing my daily functions. I am utilizing some of my pain management medications and tools at this point.
- (6) I'm having constant intense pelvic pain with moderate frequency and urgency. I'm worried and ready to call my doctor for advice.
- (7) I'm in bed in severe pain. I'm using all of my pain tool kit but I may need help at this point. I am considering calling my doctor and may go to emergency room for help.
- (8) I am having difficulty tolerating the pain. I am calling my doctor.
- (9) Pain is intolerable, I am on my way to the emergency room because I need help in managing my pain.
- (10) Excruciating pain