

CENTER FOR ENDOMETRIOSIS CARE
 Perimeter Town Center | 1140 Hammond Drive | Building F, Suite 6220 | Atlanta, GA 30328
 Toll Free Phone (866) 733-5540 | Fax (770) 913-0005

PATIENT ASSESSMENT QUESTIONNAIRE: BLADDER SYMPTOMS

Updated Summer 2010

Please complete this questionnaire to the best of your ability as it relates to any bladder symptoms you might be experiencing. For each question below, please *circle the answer that best describes how you feel*. Then, *mark your score (0-4 points) for each answer in the column to the right*. When you are finished, *add up the numbers in that column for your total score*. Please return this form to the CEC office with your medical records and narrative for review and evaluation.

Patient Full Name: _____

Date of Birth: _____

I have been diagnosed with Endometriosis of the bladder: yes no

I have been diagnosed with Interstitial Cystitis: yes no

		0 points	1 point	2 points	3 points	4 points	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+	
	B. If you get up at night to go to the bathroom, does it bother you?	Never	Mildly	Moderately	Severely		
3.	Are you currently sexually active? YES____ NO____						
4.	A. If you are currently sexually active , do you now or have you ever had pain or symptoms during or after sexual intercourse?	Never	Occasionally	Usually	Always		
	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)?	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		
	B. Does your pain bother you?		Never	Occasionally	Usually	Always	
8.	A. If you have urgency, it is usually...		Mild	Moderate	Severe		
	B. Does your urgency bother you?	Never	Occasionally	Usually	Always		
YOUR TOTAL SCORE:							