Albany Pelvic Health Center
Interstitial Cystitis Symptoms Index (ICSI)

Patient Name ____________________________ DOB ______________ Today's date ______________

During the past month: How often have you felt the strong need to urinate with little or no warning:

0.__ Not at all
1.__ Less than 1 time in 5
2.__ Less than half the time
3.__ About half the time
4.__ More than half the time
5.__ Almost always

Have you had to urinate less than 2 hours after you finished urinating?

0.__ Not at all
1.__ Once per night
2.__ 2 times per night
3.__ 3 times per night
4.__ 4 times per night
5.__ 5 or more times per night

How often did you most typically get up at night to urinate?

0.__ Not at all
1.__ Once per night
2.__ 2 times per night
3.__ 3 times per night
4.__ 4 times per night
5.__ 5 or more times per night

Have you experienced pain or burning in your bladder?

0.__ Not at all
1.__ A few times
2.__ Fairly often
3.__ Usually
4.__ Almost always

Add the numerical values of the checked entries:
Total score ______

source: http://www.essic.eu