

**Question****Answer**

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|---|--|
| 1. Negative urine dipstick?   | Yes / No                                     |
| 2. Duration of pain   | Answer in months                             |
| 3. Location of pain and severity?   | Description of location with pain score 1-10 |
| 4. Superficial/deep dyspareunia?  | Yes / No                                     |
| 5. Pain on full bladder?  | Yes / No                                     |
| 6. Urinary frequency?   | Score 0 (3-6 times) to 4 (over 20 times)     |
| 7. Nocturia?  | Score 0 (never) to 3 (always)                |
| 8. Post void urgency?   | Yes / No                                     |
| 9. Degree of urgency?   | Mild/ moderate/ severe                       |
| 10. Pain associated with bladder, urethra,<br><br>Vagina, perineum, pelvis? | Never/occ/usually/always                     |
| 11. PUF score   | 0 – 35                                       |
| 12. <b>Do you think this patient has BPS?</b>                               | <b>Yes / No</b>                              |
| 13. How certain are you? (0 = uncertain to 10 = very certain)               |  |

