

Sample

Voiding and Pain Diary				
Date	Time of Void	Rough Volume	Pain Level (1-10)	Notes
6/23/04	3:15 am	4 ounces	4	Woke up, took 200 mg Advil
	5:30 am	2 ounces	3	Pressure and urethral burning
	7:00 am	1 ounce	3	Tired, felt like I didn't sleep
	8:30 am	4 ounces	3	Constant pressure (leg aches?)
	10:45 am	6 ounces	2	At work, pain is minimal
	12:30 pm	2 ounces	2	Used bathroom at store

**SAMPLE PAIN SCALE**

Level 1: I feel no symptoms of IC. I can do anything.

Level 2: I feel slight discomfort, possibly the beginning of a flare. I can do anything.

Level 3: I feel mild symptoms of IC. It is not stopping me from my daily life but I am feeling some mild discomfort.

Level 4: I feel moderate symptoms of IC. 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.

Level 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.

Level 6: I'm having constant intense pelvic pain with moderate frequency and urgency. I'm worried and ready to call my doctor for advice.

Level 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.

Level 8: I am having difficulty tolerating the pain. I am calling my doctor.

Level 9: Pain is intolerable, I am on my way to the emergency room because I need help in managing my pain.

Level 10: Excruciating pain

Here are some helpful questions to ask yourself that can help you keep an effective pain diary:

- In what area is the pain located? urethra, vaginal area, bladder, right under the belly button, scrotum, penis etc..
- Is the pain, aching, burning, dull, pounding, pressure, sharp, stabbing, throbbing or tingling?
- Was there noticeable pain when you woke up? Did the pain proceed to get worse during the course of day?
- What do you think might of triggered your pain symptoms? (i.e., food, exercise, sex)
- Have you used any pain techniques to help reduce the pain? (pain medications, heating pad, ice, relaxation)
- What medications are you taking for pain control? Are they prescription or OTC? Did they help in relieving your pain (never, sometimes, always)
- Did you have trouble sleeping because of the pain?
- Do you have trouble eating because of the pain?

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*Sample*

