



Acupuncture Medical Practice. Green Healing Herbs, Inc.

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I. C. Self Evaluation Form

Name: _____ Phone: _____ Order #: _____

How long have you been diagnosed Interstitial Cystitis: _____

Your physician's name: _____ phone: _____

Are you on Narcotics for your pain? No _____ Yes _____

Do you have other health problems? No _____ Yes _____ (use separate paper to explain)

Symptoms	Before I.C. Tea	1 st Month After	2 nd Month After	3 rd Month & Later
Pain & Burning Grade: Score:	1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10
Frequency Day Time:	(0) Under 15 min (1) 15 – 30 min. (2) 30min.- 1 hr. (3) 1 - 2.5 hr. (4) Over 2.5 hr.	(0) Under 15 min (1) 15 – 30 min. (2) 30min.- 1 hr. (3) 1 - 2.5 hr. (4) Over 2.5 hr.	(0) Under 15 min (1) 15 – 30 min. (2) 30min.- 1 hr. (3) 1 - 2.5 hr. (4) Over 2.5 hr.	(0) Under 15 min (1) 15 – 30 min. (2) 30min.- 1 hr. (3) 1 - 2.5 hr. (4) Over 2.5 hr.
Night Time:	(0) Under 15 min (1) 15 – 30 min. (2) 30min.- 1 hr. (3) 1 - 2.5 hr. (4) Over 2.5 hr.	(0) Under 15 min (1) 15 – 30 min. (2) 30min.- 1 hr. (3) 1 - 2.5 hr. (4) Over 2.5 hr.	(0) Under 15 min (1) 15 – 30 min. (2) 30min.- 1 hr. (3) 1 - 2.5 hr. (4) Over 2.5 hr.	(0) Under 15 min (1) 15 – 30 min. (2) 30min.- 1 hr. (3) 1 - 2.5 hr. (4) Over 2.5 hr.
Energy Level	(0) Limited (1) Good	(0) Limited (1) Good	(0) Limited (1) Good	(0) Limited (1) Good
Anxiety or Depression	(0) Yes (1) No	(0) Yes (1) No	(0) Yes (1) No	(0) Yes (1) No
Month Scores				

Interstitial Cystitis Patient Pain Diary

Name: _____

Start date: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10																														
9																														
8																														
7																														
6																														
5																														
4																														
3																														
2																														
1																														

1. Menstruation mark with "x" in the last line of the form.
2. Please connect all the points with a line.
3. On a scale of one to ten, ten is the most severe.

Designed by Ching-yao Shi, Lic./Acu.

Self-evaluation Instructions

We are seeking to give you better service and improve your results; we also need to report to the Interstitial Cystitis Association (ICA).

The following I.C. self-evaluation form will be a bridge between us.

Please follow the instruction below to score yourself.

1. The pain & burning : Please circle a number on the Evaluation Form based on your pain diary and the number in () is your score of pain & burning.
2. Frequency: Please choose the worst one between day time and night time.
3. Please add all the numbers in () you chose. The sum is your monthly score.
4. To evaluate yourself: use the total 10 scores:
 - Over 7 Light Case
 - 4 - 7 Medium Case
 - Under 4 Severe Case
5. Results are evaluated as follows:
 - Good response: Increased 2 points or more in 1 - 3 months.
 - Moderate response: Increased less than 2 points in 3 months.
 - No response: Scores have not changed for over 3 months.

When you complete the form please send it back to us. If you have any questions please feel free to contact us at: 1-800-558-9833.