

IC Trigger & Lifestyle Patterns Investigator

A Printable Workbook from IC Ally

Gently exploring non-food triggers, patterns and possibilities in your IC journey.

"You are not imagining it – your body is giving you clues. This workbook helps you collect them."



Welcome to Your Investigation

Welcome to this gentle space of exploration. If you're here, you're likely navigating the complex landscape of Interstitial Cystitis or Bladder Pain Syndrome, and you're ready to become a compassionate detective in your own health journey.

We want you to know something important: **You are not "too much" or "dramatic"**. Your symptoms are real, valid, and worthy of investigation. The patterns you're sensing? They're worth exploring. The connections you're noticing? They matter.

This workbook focuses specifically on **non-diet triggers** – the lifestyle factors, environmental influences, and body patterns that might be affecting your IC symptoms. Diet has its own important workbooks, but here we're exploring everything else: stress, sleep, hormones, movement, environment, and more.



You're Not Alone

This workbook is designed to work alongside your daily symptom tracker and phenotype workbook. Use them together, or dip into this one whenever you're ready to explore deeper patterns.

How to Use This Workbook

No Right or Wrong Way

This is your workbook. Skip sections that don't feel relevant. Start anywhere. Come back whenever you need to. There's no test, no judgment, and no perfect way to do this.

Use Pencil & Revisit

Patterns emerge over time. Write in pencil so you can update your observations. Your answers today might shift next month, and that's not only okay – it's valuable information.

Share What Feels Right

Bring key pages to medical appointments if you wish. Your observations are valuable data that can help your healthcare team support you better.

A Suggested Journey Through This Workbook

01

Start with the Baseline Snapshot to capture where you are right now

03

Use Flare Case Study pages whenever a flare happens – these are your real-time detective notes

02

Move through each section at your own pace, focusing on areas that feel most relevant

04

End each month with the Pattern Summary & Action Planning section

Gentle Reminders & Important Notes



Gentle Reminders

- **Progress over perfection** – Small insights matter more than complete data
- **Not everything will make sense right away** – Patterns emerge gradually
- **It's okay to pause and come back** – This workbook will be here when you're ready
- **You're doing your best** – Managing a chronic condition whilst investigating it takes courage

Important Disclaimer

This workbook is **educational only** and is not a diagnosis or a substitute for personalised medical care. It's designed to help you gather observations and identify possible patterns.

Please discuss any findings, questions, or concerns with your healthcare professional. Your doctor, pelvic health physiotherapist, or specialist should be involved in any decisions about changing treatments or trying new approaches.

Think of this workbook as a tool to help you have more informed conversations with your care team.



Section One: Baseline Snapshot

Before we begin exploring patterns, let's capture where you are right now. This snapshot gives us a starting point – a way to notice changes and connections as you move forward.

There's no judgment here. Just honest, gentle observation of your current experience with IC.

My Current IC Picture

My Main Symptoms Are...

Tick all that apply and add notes about intensity or frequency:

- Pain (describe: sharp, dull, burning, pressure?)
- Urgency (sudden, strong need to urinate)
- Frequency (urinating more often than typical)
- Nocturia (waking at night to urinate)
- Burning sensation
- Pelvic pressure or heaviness
- Pelvic pain beyond the bladder
- Other: _____

Pain Description

Which words best describe your pain?

Sharp Burning Aching Stabbing Cramping Pressure
Throbbing Other: _____

Where I Usually Feel Pain

Use this space to mark or describe where in your body you typically experience IC-related sensations:

- Lower abdomen
- Bladder area
- Pelvic floor
- Lower back
- Urethra
- Entire pelvic region
- Other areas: _____

Additional notes about location or radiation of pain:

My Typical Day with IC

IC symptoms often fluctuate throughout the day. Let's capture your typical patterns, knowing that every day is different.

Mornings Usually Feel Like...

How do you typically feel when you wake? What are your symptoms like in the first few hours?

Afternoons Usually Feel Like...

How do symptoms shift or change as the day progresses? What do you notice?

Evenings Usually Feel Like...

As you wind down for the day, what patterns do you observe in your symptoms?

Nights Usually Feel Like...

How is your sleep affected? How many times do you typically wake to use the bathroom?

My Current Supports

Current Medications

List any medications you're currently taking for IC or related conditions:

1. _____
2. _____
3. _____
4. _____

Current Supplements

List any supplements you're taking:

1. _____
2. _____
3. _____
4. _____

Current Therapies

What other support are you receiving?

Pelvic health physiotherapy

Counselling or therapy

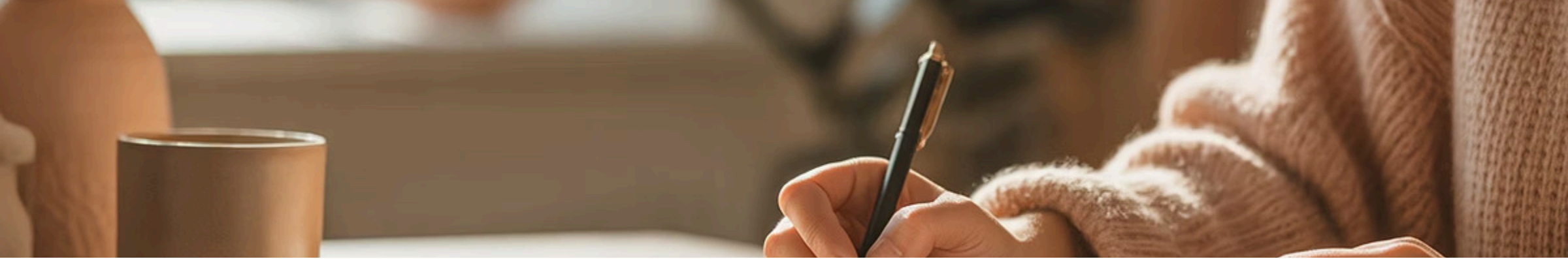
Acupuncture

Pain management programme

Other: _____

Things That Seem to Help

What brings you even a little relief?



What I Hope to Learn

This investigation is guided by your curiosity and your questions. What are you hoping to discover?

Patterns I'm Hoping to Find Are...

Questions I Have About My Flares Are...

If I Understood My Triggers a Little Better, It Would Help Me To...

Section Two: Stress, Mood & Nervous System

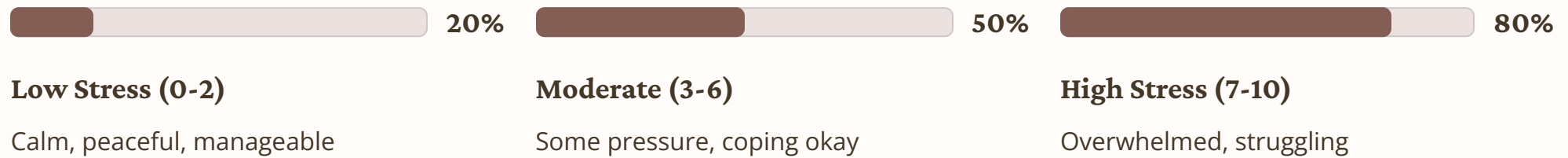
Let's explore the relationship between your stress levels, mood, and IC symptoms. This is **not** about suggesting your symptoms are "all in your head" – rather, we're acknowledging how deeply interconnected our nervous system and bladder sensations can be.

Stress and nervous system activation can amplify pain signals, increase muscle tension, and affect how our bodies respond to triggers. You're not imagining this connection – it's real physiology, and it's worth investigating.

Stress Snapshot

Understanding Your Stress Landscape

Use the scale below to map your typical stress levels. Remember, there's no "should" here – just honest observation.



What a Low-Stress Day Looks Like for Me

What a High-Stress Day Looks Like for Me

Common Stressors in My Life

Tick all that apply:

- ☐ Work demands or deadlines
- ☐ Financial worries
- ☐ Relationship challenges
- ☐ Family responsibilities or caregiving
- ☐ Loneliness or isolation
- ☐ Health worries (IC or other)
- ☐ Uncertainty about the future
- ☐ Past trauma or difficult memories
- Other: _____

Mood & IC Connection

Our emotional landscape and physical symptoms often influence each other. Let's explore what you're noticing.

Mood Check-In

How often do you experience the following? (Circle: Rarely / Sometimes / Often / Most Days)

Anxiety or Worry

Racing thoughts, feeling on edge, worry about symptoms or the future

Rarely Sometimes Often Most Days

Low Mood or Sadness

Feeling down, hopeless, or less interested in things you usually enjoy

Rarely Sometimes Often Most Days

Irritability or Frustration

Feeling easily annoyed, short-tempered, or frustrated with your situation

Rarely Sometimes Often Most Days

Overwhelm

Feeling like everything is too much, difficulty coping

Rarely Sometimes Often Most Days

On days when my mood is heavier, my bladder usually feels...

On days when I feel calmer, my bladder usually feels...

Stress—Flare Connection Log

Use this template to track potential connections between stressful events and symptom changes. Make copies for ongoing use.

Date/Time	Stress Level (0-10)	What Was Happening?	Bladder/Pelvic Symptoms	What Helped?

Patterns or observations I'm starting to notice:

Section Three: Sleep & Fatigue Patterns

Sleep and IC have a complex, bidirectional relationship. Poor sleep can worsen pain and sensitivity, whilst IC symptoms can disrupt sleep. Fatigue affects our ability to cope, manage stress, and make healthy choices.

This section helps you explore your sleep patterns and their possible connections to your IC symptoms. Be gentle with yourself – sleep challenges are incredibly common with chronic pain conditions.



My Sleep Snapshot

My Typical Sleep Pattern

I usually fall asleep around: _____

I usually wake up around: _____

Total hours in bed: _____

Estimated hours actually sleeping: _____

Night-Time Bathroom Trips

I typically wake to urinate:

0 times 1 time 2 times

3 times 4+ times

This affects my sleep quality by:

Common Sleep Difficulties

Tick all that apply:

Difficulty falling asleep initially

Waking frequently during the night

Pain or discomfort wakes me

Bladder urgency wakes me

Anxiety or racing thoughts

Difficulty getting back to sleep

Waking too early in the morning

Never feeling properly rested

Other: _____

Overall Sleep Quality

How would you rate your typical sleep quality?

Poor Fair Good Very Good

Two-Week Sleep & Symptoms Summary

This overview helps you spot patterns without daily tracking burden. Fill this in weekly or at the end of two weeks based on your memory and general impressions.

Day	Sleep Quality (1-5)	Night Bathroom Trips	IC Symptoms (1-5)	Quick Notes
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				
Day 11				
Day 12				
Day 13				
Day 14				

Fatigue & Flares Reflection

When I am very tired, I notice my bladder/pelvic symptoms...

Patterns I'm starting to suspect between sleep and flares are...



Section Four: Hormones & Cycle Clues

For those who menstruate or experience hormonal fluctuations, hormones can significantly influence IC symptoms. Oestrogen and progesterone affect the bladder lining, pelvic floor muscle tone, and pain sensitivity.

This section is optional – use it if hormonal patterns feel relevant to your experience. If not, simply move to the next section.

My Hormonal Context

Current Hormonal Status

Tick all that apply:

Currently menstruating (regular cycles)

Currently menstruating (irregular cycles)

Perimenopause

Menopause (post-menopausal)

On hormonal contraception

On hormone replacement therapy (HRT)

Pregnant or post-partum

Not applicable / unsure

Other: _____

Known Hormonal Conditions or History

Space to note anything relevant:

Endometriosis

PCOS (Polycystic Ovary Syndrome)

Fibroids

Previous hormone-related surgery

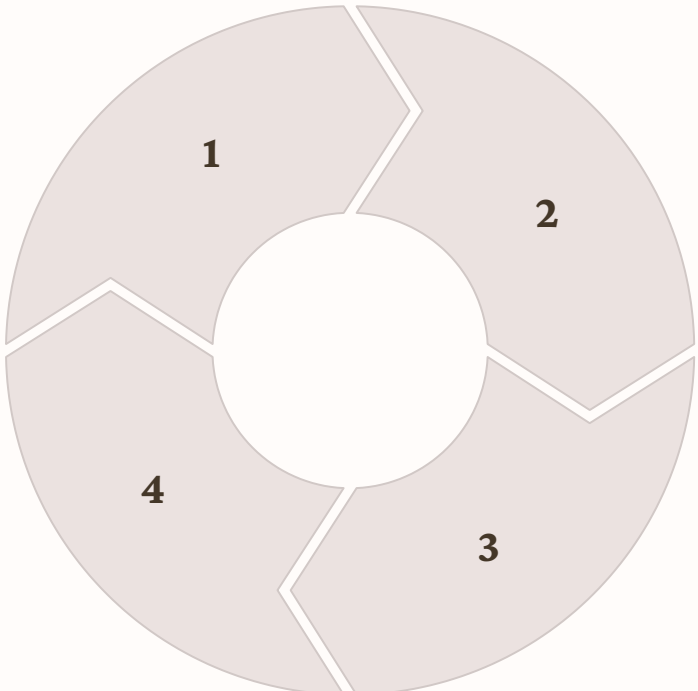
Thyroid condition

Other: _____

Additional notes:

Simple Cycle Map

If you menstruate, use this space to map how IC symptoms vary across your cycle. Be curious rather than precise – general patterns are what we're looking for.

<p>Before Period</p> <p>IC tends to feel:</p> <p>_____</p> <p>Other symptoms:</p> <p>_____</p>		<p>During Period</p> <p>IC tends to feel:</p> <p>_____</p> <p>Other symptoms:</p> <p>_____</p>
<p>Around Ovulation</p> <p>IC tends to feel:</p> <p>_____</p> <p>Other symptoms:</p> <p>_____</p>		<p>After Period</p> <p>IC tends to feel:</p> <p>_____</p> <p>Other symptoms:</p> <p>_____</p>

Overall observations about my cycle and IC: _____

Monthly Hormone & IC Notes

Use this template each month to track patterns. Photocopy for ongoing use.

Month: _____

Where in my cycle did IC feel worst?

Before period During period After period Around ovulation No clear pattern

Notes: _____

Where in my cycle did it feel most manageable?

Before period During period After period Around ovulation No clear pattern

Notes: _____

Other factors that might be interacting:

High stress period Poor sleep Medication changes Travel Other: _____



Section Five: Movement, Posture & Pelvic Floor

How we move our bodies – or don't move them – can influence IC symptoms. Prolonged sitting, certain exercises, pelvic floor tension, and postural habits all play a role.

This isn't about blaming yourself for "wrong" movement. It's about noticing what your body responds well to and what might need adjusting. Remember: you're gathering clues, not collecting judgments.

Activity & Movement Checklist

For each activity, note how often you do it and whether you've noticed any effect on your symptoms.

Activity	How Often?	Seems to Help?	Seems to Worsen?
Long walks (30+ mins)	Rarely Sometimes Often	Yes No Not sure	Yes No Not sure
Running or jogging	Rarely Sometimes Often	Yes No Not sure	Yes No Not sure
Cycling	Rarely Sometimes Often	Yes No Not sure	Yes No Not sure
Heavy lifting or gym	Rarely Sometimes Often	Yes No Not sure	Yes No Not sure
Yoga or gentle stretching	Rarely Sometimes Often	Yes No Not sure	Yes No Not sure
Swimming	Rarely Sometimes Often	Yes No Not sure	Yes No Not sure
Intimate activity	Rarely Sometimes Often	Yes No Not sure	Yes No Not sure
Prolonged sitting (3+ hours)	Rarely Sometimes Often	Yes No Not sure	Yes No Not sure
Standing for long periods	Rarely Sometimes Often	Yes No Not sure	Yes No Not sure

Sitting & Posture Patterns

My Typical Sitting Habits

How many hours do I sit most days?

Less than 3 hours

3-6 hours

6-9 hours

More than 9 hours

Where I Often Sit

Tick all that apply:

Office desk chair

Car seat (long commutes or drives)

Sofa or soft chairs

Hard chairs or benches

Bar stools

Floor or cushions

In bed (working or resting)

Other: _____

What I Notice About Sitting

After long sitting, my symptoms often feel...

Much worse

Somewhat worse

About the same

Sometimes better (resting helps)

No clear pattern yet

Additional observations:

Types of chairs or positions that feel most comfortable:

Pelvic Floor Awareness & Support

Gentle Self-Reflection

Do I often notice my body tensing, clenching or bracing?

Yes, frequently

Sometimes

Rarely

Not sure / haven't noticed

Are there times I find it hard to relax my pelvic area?

Yes, often

Sometimes

Rarely

Not sure what this means

When I'm stressed or in pain, I notice my body...

Pelvic Health Physiotherapy

Have I ever seen a pelvic health physiotherapist?


Yes, currently seeing one

Yes, in the past

No, but thinking about it

No, but would like a referral

No, not interested at this time

 **Note:** Pelvic health physiotherapists specialise in pelvic floor dysfunction, which is common in IC. They can assess muscle tension, teach relaxation techniques, and provide targeted treatment.

Questions or concerns to discuss with a pelvic physio:

Movement Experiment Planner

Use these templates to gently experiment with movement or activity changes. Be kind to yourself – small experiments, small changes.

1

Movement Experiment #1

Movement I want to gently experiment with:

How often I'll try it this week:

What I'll watch for in my IC symptoms:

What I noticed after a week:

Will I keep, tweak or stop this?

Keep Tweak Stop Unsure yet

2

Movement Experiment #2

Movement I want to gently experiment with:

How often I'll try it this week:

What I'll watch for in my IC symptoms:

What I noticed after a week:

Will I keep, tweak or stop this?

Keep Tweak Stop Unsure yet



Section Six: Food & Hydration Patterns

My Food & IC Relationship

Foods I've Noticed Might Affect My IC

List any foods you suspect might trigger symptoms:

1. _____
2. _____
3. _____
4. _____
5. _____

Foods That Seem Neutral or Helpful

1. _____
2. _____
3. _____
4. _____
5. _____

My Hydration Habits

How much do I typically drink per day?

Less than 4 glasses

4-6 glasses

6-8 glasses

More than 8 glasses

What do I usually drink?

Water (tap)

Water (filtered/bottled)

Herbal teas

Regular tea/coffee

Soft drinks/juices

Other: _____

Do I notice my IC symptoms change with:

More fluids Less fluids Certain drinks No pattern noticed

Notes about timing:

Simple Food Experiment Tracker

Use this template to gently test how specific foods might affect your IC. Make copies for different foods you want to explore.

Food Experiment: _____

Before trying this food, my IC symptoms are typically:

Mild Moderate Severe

Notes: _____

I'll try this food for: 1 day 3 days 1 week

What I noticed:

Day 1: _____

Day 2: _____

Day 3: _____

Overall impression:

Seems fine for me

Might be a trigger - worth avoiding

Unclear - need more time/observation

Definitely a trigger for me

Notes for future:

Food Experiment: _____

Before trying this food, my IC symptoms are typically:

Mild Moderate Severe

Notes: _____

I'll try this food for: 1 day 3 days 1 week

What I noticed:

Day 1: _____

Day 2: _____

Day 3: _____

Overall impression:

Seems fine for me

Might be a trigger - worth avoiding

Unclear - need more time/observation

Definitely a trigger for me

Notes for future:

Section Seven: Environmental & Lifestyle Factors



My Environment & IC

Products & Materials I Use

Product/Material	How Often I Use It	Any IC Connection Noticed
Laundry detergent		
Fabric softener		
Body soap/shower gel		
Shampoo/conditioner		
Feminine hygiene products		
Toilet paper (type/brand)		
Underwear fabric		
Tight clothing		
Swimming pools/hot tubs		
Perfumes/scented products		
Cleaning products		
Other: _____		

My Living Environment

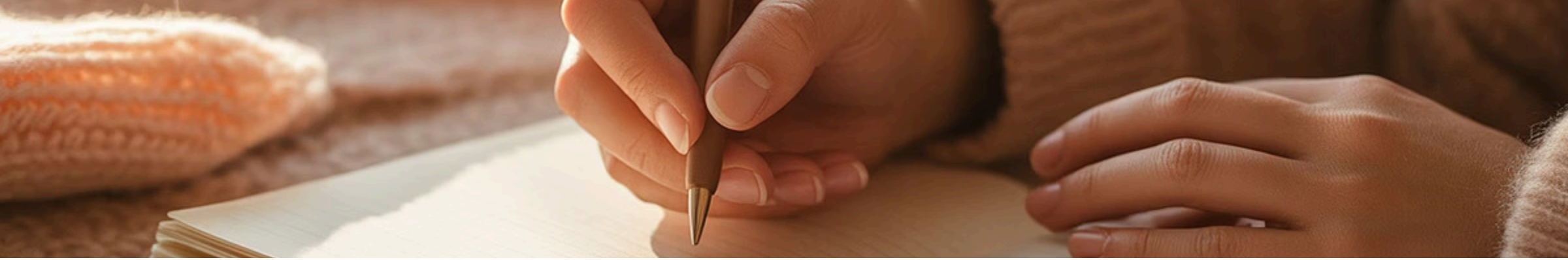
Temperature preferences:

- ☐ I prefer warm environments
- ☐ I prefer cool environments
- ☐ I'm sensitive to temperature changes
- ☐ Temperature doesn't seem to affect my IC

Do I notice IC changes with:

- ☐ Seasonal changes
- ☐ Weather changes
- ☐ Humidity levels
- ☐ No pattern noticed

Notes:



Section Eight: Putting It All Together

My IC Pattern Summary

After working through this workbook, take some time to reflect on what you've discovered. There's no pressure to have all the answers – even small insights are valuable.

The patterns I'm starting to notice:

Stress & Emotional Patterns

What connections am I seeing between my stress levels, emotions, and IC symptoms?

Sleep & Energy Patterns

How do my sleep quality and energy levels seem to relate to my IC?

Food & Hydration Patterns

What foods or drinks might be affecting my symptoms?

Movement & Physical Patterns

How does my activity level, posture, or movement affect my IC?

Environmental Patterns

Are there products, seasons, or environmental factors that seem connected?

Hormonal Patterns

If applicable, what connections am I noticing with my cycle or hormonal changes?

My Next Steps & Gentle Experiments

Based on what you've discovered, what small changes or experiments feel manageable and worth trying?

Small Changes I Want to Try

Remember: Start small. One change at a time. Be kind to yourself.

This week, I want to gently experiment with:

This month, I might try:

Something I want to pay more attention to:

A pattern I want to explore further:

Support & Resources I Need

I want to discuss these findings with:

My doctor/urologist
A pelvic floor physiotherapist
A nutritionist/dietitian
A counselor/therapist
My support person/partner
An IC support group

Resources I want to explore:

IC-friendly recipes
Stress management techniques
Gentle movement/exercise options
Sleep hygiene information
Pelvic floor resources
Other: _____

Questions I want to ask my healthcare team:

A Gentle Reminder for Your Journey

You've taken an important step by exploring your IC patterns with curiosity and compassion. This workbook is yours to return to whenever you need it – to track new patterns, revisit insights, or simply remind yourself that you're not alone in this journey.



Remember:

- **Your experience is valid** – IC affects everyone differently, and your patterns are unique to you
- **Small insights matter** – You don't need to solve everything at once. Every small connection you make is valuable
- **Healing isn't linear** – Some days will be better than others, and that's completely normal
- **You're the expert on your body** – Trust what you're noticing and feeling
- **Support is available** – You don't have to navigate this alone

This workbook is a living document. Come back to it when:

- You notice new patterns emerging
- You want to try new experiments
- You need to prepare for medical appointments
- You want to track your progress over time
- You need a gentle reminder of how far you've come

You are doing the best you can with the information and energy you have right now. That is enough.