

**NIH-Chronic Prostatitis Symptom Index**

**(NIH-CPSI)**

**Pain or Discomfort**

1. In the last week, have you experienced any pain or discomfort in the following areas?

- |  |                            |                            |
|--|----------------------------|----------------------------|
|  | Yes                        | No                         |
| a. Area between rectum and testicles (perineum)    | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| b. Testicles                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| c. Tip of the penis (not related to urination)     | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| d. Below your waist, in your pubic or bladder area | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |

2. In the last week, have you experienced:

- |  |                            |                            |
|--|----------------------------|----------------------------|
|  | Yes                        | No                         |
| a. Pain or burning during urination?                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| b. Pain or discomfort during or after sexual climax (ejaculation)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |

3. How often have you had pain or discomfort in any of these areas over the last week?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Usually
- 5 Always

4. Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week?

- 0    1    2    3    4    5    6    7    8    9    10
- NO PAIN AS BAD AS YOU CAN IMAGINE

**Urination**

5. How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?

- 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

6. How often have you had to urinate again less than two hours after you finished urinating, over the last week?

- 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

**Impact of Symptoms**

7. How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week?

- 0 None
- 1 Only a little
- 2 Some
- 3 A lot

8. How much did you think about your symptoms, over the last week?

- 0 None
- 1 Only a little
- 2 Some
- 3 A lot

**Quality of Life**

9. If you were to spend the rest of your life with your symptoms just the way they have been during the last week, how would you feel about that?

- 0 Delighted
- 1 Pleased
- 2 Mostly satisfied
- 3 Mixed (about equally satisfied and dissatisfied)
- 4 Mostly dissatisfied
- 5 Unhappy
- 6 Terrible

**Scoring the NIH-Chronic Prostatitis Symptom Index Domains**

**Pain:** Total of items 1a, 1b, 1c, 1d, 2a, 2b, 3, and 4 = \_\_\_\_

**Urinary Symptoms:** Total of items 5 and 6 = \_\_\_\_

**Quality of Life Impact:** Total of items 7, 8, and 9 = \_\_\_\_