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?** (*circle your answer*)

   a. Area between rectum & testicle — Yes (1) No (0)
   b. Testicles — Yes (1) No (0)
   c. Tip of the penis (not related to passing urine) — Yes (1) No (0)
   d. Below your waist, in your pubic or bladder area — Yes (1) No (0)

2. **In the last week have you experienced the following**? (*circle your answer*)

   a. Pain or burning during urination — Yes (1) No (0)
   b. Pain or discomfort during/after ejaculation — Yes (1) No (0)

3. **How often have you had bad pain or discomfort in any of the areas above over the last week?** (*circle your answer*)

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

4. **Which number best describes your average pain or discomfort on the days that you had it, over the last week? 0 = no pain, 10 = pain as bad as you can imagine.** (*circle your answer*)

0 1 2 3 4 5 6 7 8 9 10

Urination

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

Not at all	Less than 1 time in 5	Less than half the time
(0)	(1)	(2)
About half the time	More than half the time	Almost always
(3)	(4)	(5)

6. **How often have you had to urinate again less than two hours after you finished urinating, over the last week?** (*circle your answer*)

Not at all	Less than 1 time in 5	Less than half the time
(0)	(1)	(2)
About half the time	More than half the time	Almost always
(3)	(4)	(5)

Impact of Symptoms

7. **How much have your symptoms kept you from doing the kind of things you would usually do, over the last week?** (*circle your answer*)

None	Only a little	Some	A lot
(0)	(1)	(2)	(3)

8. **How much did you think about your symptoms over the last week**? (*circle your answer*)

None	Only a little	Some	A lot
(0)	(1)	(2)	(3)

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?** (*circle your answer*)

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

Scoring Domains

Pain:	Score for items 1a + 1b + 1c + 1d + 2a + 2b + 3 + 4	**=**
Urinary Symptoms:	Score for items 5 + 6	**=**
Quality of Life Impact:	Score for items 7 + 8 + 9	**=**