NIH-Chronic Prostatitis Symptom Index (NIH-CPSI)

	Pain or Discomfort				6.	How often have you had to urinate again less than two hours after you finished urinating, over the last week?		
1.	In the last week, have you experienced any pain or							
	discomfort in the following areas?					D. Mot et all		
			Yes	No		O Not at all		
	a.	Area between rectum and	\square_1	\Box_0		□₁ Less than 1 time in 5		
	u.	testicles (perineum)	_ 1	— 0		\square_2 Less than half the time		
		testicies (perineum)				□ ₃ About half the time		
	b.	Testicles	\Box_1	\square_0		\square_4 More than half the time		
	D.	restities	- 1	— 0		□ ₅ Almost always		
	C.	Tip of the penis (not related to	\Box_1	\Box_0				
	0.	urination)	-1	_0				
		umationy			l _	Impact of Symptoms		
	d.	Below your waist, in your	\Box_1	\Box_0	7.	How much have your symptoms kept you from doing		
		pubic or bladder area	'	U		the kinds of things you would usually do, over the		
		pasie or siduaer area				last week?		
						\square_0 None		
2.	In the last week, have you experienced:					□₁ Only a little		
						• •		
			Yes	No		□ ₂ Some		
	a.	Pain or burning during	\Box_1	\Box_0		\square_3 A lot		
		urination?						
						Harry march, all division the limb, who are the common transfer and the		
	b.	Pain or discomfort during or	\Box_1	\Box_0	8.	How much did you think about your symptoms, over the last week?		
		after sexual climax (ejaculation)?				last week!		
						\square_0 None		
•	How often have you had pain or discomfort in any of these areas over the last week?					□₁ Only a little		
3.						•		
						□ ₂ Some		
						\square_3 A lot		
	O Never							
	□ ₁ Rarely					0 11 (1.16		
	_	Sometimes			_	Quality of Life		
	U	Often			9.	If you were to spend the rest of your life with your		
	□ ₄ Usually					symptoms just the way they have been during the last		
	□ ₅ Always					week, how would you feel about that?		
						□ ₀ Delighted		
4. Which number best describes your AVERAGE pain or					□ ₁ Pleased			
	discomfort on the days that you had it, over the last week?					□₂ Mostly satisfied		
		1 2 3 4 5 6 7				□ ₃ Mixed (about equally satisfied and dissatisfied)		
)	1 2 3 4 5 6 7	8 9	10		□ ₄ Mostly dissatisfied		
	NO PAIN AS					□ ₅ Unhappy		
PAIN BAD AS						□ ₆ Terrible		
				YOU CAN				
				IMAGINE				
	<u>Urination</u>				-			
5.	How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?							
٠.					Sco	Scoring the NIH-Chronic Prostatitis Symptom Index Domains		
					Pa	in: Total of items 1a, 1b, 1c, 1d, 2a, 2b, 3, and $4 = \underline{\hspace{1cm}}$		
	□ ₀ Not at all							
	\Box_1	□ ₁ Less than 1 time in 5				Urinary Symptoms: Total of items 5 and 6 =		
		□ ₂ Less than half the time			_			
\square_3 About half the time					Qu	ality of Life Impact: Total of items 7, 8, and 9 =		
	\square_4 More than half the time				Re	Reprinted with permission from: Litwin MS, McNaughton-Collins M, Floyd J, et al.		
	□ ₅ Almost always					The National Institutes of Health Chronic Prostatitis Symptom Index: development		
	- 5	, mnost aiways				d validation of a new outcome measure. J Urol. 1999; 162:369-375.		