

Female NIH-Symptom Index (NIH-CPSI) - Scoring the NIH-Chronic Prostatitis Symptom Index Domains

1. In the last week, have you experienced any pain or discomfort in the following areas: a. Area between rectum and vagina (perineum) (perineum) 1 0 b. Labia Yes No c. Clitoris (not related to urination) 4. Below your waist, in your pubic or bladder area 1 0 c. Below your waist, in your pubic or bladder area 1 0 e. Below your waist, in your rectal area Yes No 1 0 b. Pain or discomfort during or after sexual climax Sexual climax Never Never Never Never Never ORarely 1 Sometimes 2 Olten 3 Usually 4 Always 5 Which number best describes your AVERAGE pain or discomfort or the days that you had pain, over the last week? NO PAIN 1 0 4 Which number best describes your AVERAGE pain or discomfort or the days that you had pain, over the last week? NO PAIN 1 0 Always 5 Which number best describes your AVERAGE pain or discomfort or the days that you had pain, over the last week? NO PAIN 1 0 Always 5 Which number best describes your AVERAGE pain or discomfort or the days that you had pain, over the last week? NO PAIN 1 0 Always 5 Which number best describes your AVERAGE pain or discomfort or the days that you had pain, over the last week? NO PAIN 1 0 Always 5 Which number best describes your AVERAGE pain or discomfort or the days that you had pain, over the last week? NO PAIN 1 0 Always 5 Which number best describes your AVERAGE pain or discomfort or the days that you had pain, over the last week? NO PAIN 1 0 Always 5 Which number best describes your AVERAGE pain or discomfort or the days that you had pain, over the last week? NO PAIN 1 0 Always 5 Which number best describes your AVERAGE pain or discomfort or the days that you had pain, over the last week? NO PAIN 1 0 Always 5 Which number best describes your AVERAGE pain or discomfort or the days that you had pain, over the last week? NO PAIN 1 0 Always 1 0 Always 5 Which number best describes your AVERAGE pain or discomfort or the days that you had you had you feel about that? Always they have been during th	PAIN OR DISCOMFORT	URINATION
Parin common Person Pers		completely after you finished urinating, over the last week?
1	Area between rectum and vagina	
D. Labia		
C. Citioris (not related to urination)		
C. Ciltoris (not related to urination) Yes No d. Below your waist, in your public or bladder area Yes No e. Below your waist, in your rectal area Yes No 1 0 e. Below your waist, in your rectal area Yes No 1 0 e. Below your waist, in your rectal area Yes No 1 0 c. Dain or discomfort during or after sexual climax Yes No 1 0 b. Pain or discomfort during or after sexual climax Yes No 1 0 c. How often have you had pain or discomfort in any of these areas over the last week? Never 0 Rarely 1 Sometimes 2 Often 3 Usually 4 Always 5 4. Which number best describes your AVERAGE pain or discomfort on the days that you had pain, over the last week? NO PAIN 0 Which number best describes your AVERAGE pain or discomfort on the days that you had pain, over the last week? NO PAIN 0 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? 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? 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? QUALITY OF LIFE Nosel (about equally satisfied and dissatisfied) 3 QUALITY OF LIFE Ninghapy 5 EPAIN SCORING TOTAL (1+2+3+4) =		
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E Below your waist, in your rectal area		
Company Comp		
2. In the last week, have you experienced:		
2. In the last week, have you experienced: a. Pain or burning during urination	1 0	
A Pain or burning during urination	2 In the last week have you experienced:	
Description Score		
D. Pain or discomfort during or after sexual climax		The state of the s
Sexual climax	h. Pain or discomfort during or after	
3. How often have you had pain or discomfort in any of these areas over the last week? Never 0 Rarely 1 5 Sometimes 2 Often 3 Usually 4 Always 5 Minone 2 Alot 3 Some 3 S	sexual climax	TOTAL (0.0)
Never		
Never		
Never	3. How often have you had pain or discomfort in	IMPACT OF SYMPTOMS
Rarely		7 How much have your symptoms kept you from doing the
None	Never0	kinds of things you would usually do, over the last week?
Often	Rarely1	None0
Often	Sometimes2	Only a little1
Usually		Some2
8. How much did you think about your symptoms, over the last week? 4. Which number best describes your AVERAGE pain or discomfort on the days that you had pain, over the last week? NO PAIN 1 2 3 4. Which number best describes your AVERAGE pain or discomfort on the days that you had pain, over the last week? NO PAIN 1 2 4 lot 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? Delighted 0 Pleased 1 Mostly satisfied 2 Mixed (about equally satisfied and dissatisfied) 3 Mostly dissatisfied 4 Unhappy 5 Terrible PAIN SCORING TOTAL (1+2+3+4) = QUALITY OF LIFE AND IMPACT SCORING TOTAL (7+8+9) =		A lot3
Some	-	8. How much did you think about your symptoms, over the
pain or discomfort on the days that you had pain, over the last week? NO PAIN	·	last week?
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2 3	NO PAIN0	A IUL
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? Delighted 0 Pleased 1 Mostly satisfied 2 Mixed (about equally satisfied and dissatisfied) 3 Mostly dissatisfied 4 Unhappy 5 Terrible 6 PAIN SCORING TOTAL (1+2+3+4) = QUALITY OF LIFE AND IMPACT SCORING TOTAL (7+8+9) =	1	QUALITY OF LIFE
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9 Mostly dissatisfied 4	_	
PAIN AS BAD AS YOU CAN IMAGINE10 Unhappy	-	· · · · · · · · · · · · · · · · · · ·
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	PATIENT SIGNATURE	DATE

Adapted from Litwin et al. J Urol. 1999; 162:369-375.