



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

PAIN OR DISCOMFORT

1. In the **last week**, have you experienced any pain or discomfort in the following areas:
 - a. Area between rectum and vagina (perineum) Yes.....No
 1 0
 - b. Labia Yes.....No
 1 0
 - c. Clitoris (not related to urination) Yes.....No
 1 0
 - d. Below your waist, in your pubic or bladder area Yes.....No
 1 0
 - e. Below your waist, in your rectal area..... Yes.....No
 1 0

2. In the **last week**, have you experienced:
 - a. Pain or burning during urination Yes.....No
 1 0
 - b. Pain or discomfort during or after sexual climax Yes.....No
 1 0

3. 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
.....	1
.....	2
.....	3
.....	4
.....	5
.....	6
.....	7
.....	8
.....	9
PAIN AS BAD AS YOU CAN IMAGINE.....	10

URINATION

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

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

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

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

URINARY SYMPTOMS SCORING

TOTAL (5+6) =

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**?

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

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

None.....	0
Only a little.....	1
Some.....	2
A 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.....	6

QUALITY OF LIFE AND IMPACT SCORING

TOTAL (7+8+9) =

PAIN SCORING

TOTAL (1+2+3+4) =

PATIENT SIGNATURE

DATE

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