

# 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 (0)	Rarely (1)	Sometimes (2)	Often (3)	Usually (4)	Always (5)
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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 (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)

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  
(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)

### 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  
(0)

Only a little  
(1)

Some  
(2)

A lot  
(3)

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

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?** *(circle your answer)*

Delighted  
(0)

Pleased  
(1)

Mostly satisfied  
(2)

Mixed  
(3)

Mostly dissatisfied  
(4)

Unhappy  
(5)

Terrible  
(6)

### SCORING DOMAINS

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