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)

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)*

<table>
<thead>
<tr>
<th>Not at all (0)</th>
<th>Less than 1 time in 5 (1)</th>
<th>Less than half the time (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>About half the time (3)</td>
<td>More than half the time (4)</td>
<td>Almost always (5)</td>
</tr>
</tbody>
</table>

**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)*

<table>
<thead>
<tr>
<th>None (0)</th>
<th>Only a little (1)</th>
<th>Some (2)</th>
<th>A lot (3)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>None (0)</th>
<th>Only a little (1)</th>
<th>Some (2)</th>
<th>A lot (3)</th>
</tr>
</thead>
</table>

**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)*

<table>
<thead>
<tr>
<th>Delighted (0)</th>
<th>Pleased (1)</th>
<th>Mostly satisfied (2)</th>
<th>Mixed (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mostly dissatisfied (4)</td>
<td>Unhappy (5)</td>
<td>Terrible (6)</td>
<td></td>
</tr>
</tbody>
</table>

**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 $7 + 8 + 9 =$