

# 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 anus and scrotum                   | Yes (1) | No (0) |
| b. Testicles or scrotum                            | 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 severe 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

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