Female NIH-Chronic Prostatitis Symptom Index (NIH-CPSI)

Center for Urologic and Pelvic Pain

	Name):	
	Date:		
Pain or Discomfort			
1. In the last week, have you experienced			How often have you had to urinate again
any pain or discomfort in the following			less than two hours after you finished
areas?			urinating, over the last week?
	Yes	No	0 Not at all
a. Area between rectum and	1	0	1 Less than 1 time in 5
vagina (perineum)			2 Less than half the time
b. Labia "	1	0	3 About half the time
c. Clitoris (not related to			4 More than half the time
urination)	1	0	5 Almost always
d. Below your waist in your	•	Ü	o minost amayo
pubic area	1	0	Impact of Symptoms
e. Below your waist in your	!	O	7. How much have your symptoms kept you
rectal area	1	0	from doing the kinds of things you would
rectar area	1	U	
2. In the last week have you			usually do, over the last week?
2. In the last week, have you			0 None
experienced:	Yes	No	1 Only a little
a. Pain or burning during		_	2 Some
urination?	1	0	3 A lot
b. Pain or discomfort during or			
after sexual climax?	1	0	How much did you think about your
			symptoms, over the last week?
3. How often have you had pain or			0 None
discomfort in any of these area	ıs		1 Only a little
over the last week?			2 Some
			3 A lot
0 Never			
1 Rarely			Quality of Life
2 Sometimes			9. If you were to spend the rest of your life
3 Often			with your symptoms just the way they have
4 Usually			been during the last week, how would you
5 Always			feel about that?
5 Always			
4 Which number heat describes your			0 Delighted
4. Which number best describes your			1 Pleased
AVERAGE pain or discomfort on the days			2 Mostly satisfied
that you had it, over the last week?			3 Mixed (about equally satisfied
0 1 2 3 4 5 6 7 8 9 10			and dissatisfied)
NO PAIN	PAIN AS AS YOU		4 Mostly dissatisfied
	IMAGINE		5 Unhappy
<u>Urination</u>		_	6 Terrible
5. How often have you had a s	ensatio	n of	
not emptying your bladder com			
you finished urinating, over the last week?			
0 Not at all			Scoring the NIH-Chronic Prostatitis Symptom Index
1 Less than 1 time in 5			Domains
2 Less than half the time			Pain: Total of items 1a, 1b, 1c, 1d, 1e, 2a, 2b, 3, and 4 =
			Urinary Symptoms: Total of items 5 and 6 = Quality of Life Impact: Total of items 7, 8, and 9 =
3 About half the time			Quality of Life impact. Total of items 1, 0, and 7
4 More than half the time			Adapted from Litwin et al. J Urol. 1999;162:369-375
5 Almost always or always			•