



CAROLINA PELVIC HEALTH CENTER, INC.

NIH Chronic Prostatitis Symptom Index

Name _____

Date _____

PAIN OR DISCOMFORT

1. In the last week, have you experienced any pain or discomfort in the following areas?

a. Area between the rectum and testicles (perineum)	Y	N	_____
b. Testicles	Y	N	_____
c. Tip of the penis (not related to urination)	Y	N	_____
d. Below your waist, in your bladder or pubic area	Y	N	_____

2. In the last week, have you experienced:

a. Pain or burning during urination	Y	N	_____
b. Pain or discomfort during or after sexual climax (ejaculation)	Y	N	_____

3. How often have you had pain or discomfort in any of these areas over the last week?

a. Never	
b. Rarely	
c. Sometimes	
d. Often	
e. Usually	
f. Never	_____

4. Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week?

0	1	2	3	4	5	6	7	8	9	10	_____
No pain						Pain as bad as you can imagine					

A. Total Pain Score (1-4): _____

URINATION

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

a. Not at all	
b. Less than 1 times in 5	
c. Less than half the time	
d. About half the time	
e. More than half the time	
f. Almost always	_____

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6. How often have you had to urinate again less than two hours after you finished urinating, over the last week?
- a. Not at all
 - b. Less than 1 times in 5
 - c. Less than half the time
 - d. About half the time
 - e. More than half the time
 - f. Almost always
- _____

Total Urinary Symptom Score (5-6): _____

IMPACT OF SYMPTOMS

7. How much have your symptoms kept you from doing things you would usually do, over the last week?
- a. None
 - b. Only a little
 - c. Some
 - d. A lot
- _____
8. How much did you think about your symptoms, over the last week?
- a. None
 - b. Only a little
 - c. Some
 - d. A lot
- _____

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?
- a. Delighted
 - b. Pleased
 - c. Mostly satisfied
 - d. Mixed (about equally satisfied and unsatisfied)
 - e. Unhappy
 - f. Terrible
- _____

Total Quality of Life Impact Score (7-9) _____

Symptom Scale Score (1-6) _____

Total Score (1-9) _____