

CHRONIC PROSTATITIS SYMPTOM INDEX

NAME _____ DATE _____ / _____ / _____

PAIN OR DISCOMFORT

URINATION

- | | Yes
(1) | No
(0) |
|--|--------------------------|--------------------------|
| 1. In the last week, have you experienced any pain or discomfort in the following areas? | | |
| a. Area between rectum and testicles (perineum) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Testicles | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tip of the penis (not related to urination) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Below your waist, in your pubic or bladder area | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the last week, have you experienced: | | |
| a. Pain or burning during urination? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pain or discomfort during or after sexual climax (ejaculation)? | <input type="checkbox"/> | <input type="checkbox"/> |
3. How often have you had pain or discomfort in any of these areas over the last week?
- (0) Never
 - (1) Rarely
 - (2) Sometimes
 - (3) Often
 - (4) Usually
 - (5) Always
4. Which number best describes your AVERAGE pain or discomfort on the days that you had it over the last week?
- 0 (No pain)
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 (Excruciating pain)

5. Over the past week, how often have you had the sensation of not completely emptying your bladder after you finished urinating?
- (0) Not at all
 - (1) Less than 1 time in 5
 - (2) Less than half the time
 - (3) About half the time
 - (4) More than half the time
 - (5) Almost always
6. Over the past week, how often have you had to urinate again less than two hours after you finished urinating?
- (0) Not at all
 - (1) Less than 1 time in 5
 - (2) Less than half the time
 - (3) About half the time
 - (4) More than half the time
 - (5) Almost always

IMPACT OF SYMPTOMS

7. Over the past week, how much have your symptoms kept you from doing the kind of things you would usually do?
- (0) None
 - (1) Only a little
 - (2) Some
 - (3) A lot
8. Over the past week, how much did you think about your symptoms?
- (0) None
 - (1) Only a little
 - (2) Some
 - (3) A lot

QUALITY OF LIFE

9. If you were to spend the rest of your life with symptoms just the way they have been during the past week, how would you feel about that?
- (0) Delighted
 - (1) Pleased
 - (2) Mostly satisfied
 - (3) Mixed
 - (4) Mostly dissatisfied
 - (5) Unhappy
 - (6) Terrible