

Chronic Prostatitis Symptom Index

The National Institutes of Health (NIH) developed the questionnaire below to help evaluate men suffering from chronic prostatitis. The self-administered test measures the severity of symptoms and the impact of these symptoms on daily life. The Symptom Scale Score, which can be calculated by adding your responses to questions one through six,

indicates whether symptoms are mild (0 to 9), moderate (10 to 18), or severe (19 to 31). The Total Score is calculated from all nine questions. A score of 0 to 14 indicates a mild case of prostatitis, 15 to 29 a moderate case, and 30 to 43 a severe case.

Pain or Discomfort

1. In the last week, have you experienced any pain or

a. Area between rectum & testicles (perineum)

YES=1 NO=0

b. Testicles

YES=1 NO=0

c. Tip of the penis (not related to urination)

YES=1 NO=0

d. Below the waist, in your pubic or bladder area

YES=1 NO=0

2. In the last week, have you experienced:

a. Pain or burning during urination?

YES=1 NO=0

b. Pain or discomfort during or after ejaculation?

YES=1 NO=0

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

Never = 0

Rarely = 1

Sometimes = 2

Often = 3

Usually = 4

Always = 5

4. Circle the number that best describes your AVERAGE pain or discomfort on the days that you had it, over the last week. (0 represents no pain, 10 represents pain as bad as you can imagine.)

0 1 2 3 4 5 6 7 8 9 10

A. Total Pain Score: _____

Urination

5. How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week? (Circle one.)

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 one.)

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

B. Total Urinary Symptoms Score: _____

Impact of Symptoms

7. How much have your symptoms kept you from doing the kinds of things you would usually do, over the last week? (Circle one.)

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 one.)

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 one.)

Delighted = 0

Pleased = 1

Mostly satisfied = 2

Mixed (about equally satisfied and dissatisfied) = 3

Mostly dissatisfied = 4

Unhappy = 5

Terrible = 6

C. Total Quality of Life Impact Score: _____

Scoring

To determine your Symptom Scale Score, add A+B _____

To determine your Total Score, add A+B+C _____