

Prostatitis Symptoms Questionnaire

Name: _____

Date: _____

Date of Birth: _____

Case No: _____

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

- | | | |
|--|---------|--------|
| a. Area between rectum and testicles (perineum) | 2 - yes | 1 - no |
| b. Testicles | 2 - yes | 1 - no |
| c. Tip of the penis (not related to urination) | 2 - yes | 1 - no |
| d. Below your waist, in your bladder or pubic area | 2 - yes | 1 - no |

2. In the last week, have you experienced:

- | | | |
|--|---------|--------|
| a. Pain or burning during urination | 2 - yes | 1 - no |
| b. Pain or discomfort during or after sexual climax
(ejaculation) | 2 - yes | 1 - no |

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

- | | |
|--------------|---|
| a. Never | 1 |
| b. Rarely | 2 |
| c. Sometimes | 3 |
| d. Often | 4 |
| e. Usually | 5 |
| f. Always | 6 |

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

1 2 3 4 5 6 7 8 9 10

No Pain

Pain As
Bad as
You Can
Imagine

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 | 0 |
| b. Less than 1 times in 5. | 1 |
| c. Less than half the time. | 2 |
| d. About half the time. | 3 |
| e. More than half the time. | 4 |
| f. Almost always. | 5 |

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 | 0 |
| b. Less than 1 times in 5. | 1 |
| c. Less than half the time. | 2 |
| d. About half the time. | 3 |
| e. More than half the time. | 4 |
| f. Almost always. | 5 |

Impact of Symptoms

7. How much have your symptoms kept you from doing things you would usually do, over the last week?

- | | |
|------------------|---|
| a. None | 0 |
| b. Only a little | 1 |
| c. Some | 2 |
| d. A lot | 3 |

8. How much did you think about your symptoms, over the last week?

- | | |
|------------------|---|
| a. None | 0 |
| b. Only a little | 1 |
| c. Some | 2 |
| d. 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?

- | | |
|--|---|
| a. Delighted | 0 |
| b. Pleased | 1 |
| c. Mostly satisfied | 2 |
| d. Mixed (about equally satisfied and unsatisfied) | 3 |
| e. Unhappy | 4 |
| f. Terrible | 5 |

Scoring the NIH-Chronic Prostatitis Symptom

Pain: Total of items 1a, 1b, 1c, 1d, 2a, 2b, 3 and 4 = ____

Urinary Symptoms: Total of items 5 and 6 = ____

Quality of Life Impact: Total of items 7, 8 and 9 = ____

The National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI) captures the three most important domains of the prostatitis experience: pain (location, frequency, and severity), voiding (irritative and obstructive symptoms), and quality of life (including impact). This index is useful in research studies and clinical practice. (From Litwin MS, McNaughton-Collins M, Fowler FJ, et al: The NIH Chronic Prostatitis Index [NIH-CPSI]: Development and validation of a new outcome measure. J Urol 1999; 162:369-375.)