



Specialty Physical Therapy

Female NIH-Chronic Prostatitis Symptom Index (NIH-CPSI) Center for Urologic and Pelvic Pain

Name: _____

Date: _____

Pain or Discomfort (circle or select button nearest answer)

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

- | | | |
|--|---------|--------|
| a. Area between rectum and vagina (perineum) | Yes (1) | No (0) |
| b. Labia | Yes (1) | No (0) |
| c. Clitoris (not related to urination) | Yes (1) | No (0) |
| d. Below your waist in your pubic area | Yes (1) | No (0) |
| e. Below your waist in your rectal 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 sexual climax? | Yes (1) | No (0) |

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

- Never (0)
- Rarely (1)
- Sometimes (2)
- Often (3)
- Usually (4)
- Always (5)

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 |

Urination (circle or select button nearest answer)

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

- 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 or always (5)

6. How often have you had to urinate again less than two hours after you have finished urinating, over the last week?

- 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)

Impact of Symptoms (circle or select button nearest answer)

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

- None (0)
- Only a little (1)
- Some (2)
- A lot (3)

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

- None (0)
- Only a little (1)
- Some (2)
- A lot (3)

Quality of Life (circle or select button nearest answer)

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?

- Delighted (0)
- Pleased (1)
- Mostly Satisfied (2)
- Mixed (about equally satisfied and dissatisfied) (3)
- Mostly dissatisfied (4)
- Unhappy (5)
- Terrible (6)

Scoring the NIH-Chronic Prostatitis Symptom Index Domains

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

Urinary Symptoms: Total of items 5 and 6 = ____

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

Adapted from Litwin et al. J Urol. 1999;162:369-375.