



# Specialty Physical Therapy

## Male 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 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 your 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 sexual climax (ejaculation)? | 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<br>AS YOU CAN<br>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 (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

*Pair:* Total of items 1a, 1b, 1c, 1d, 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.