

Prostatitis

NIH Chronic Prostatitis Symptom Index

Developed by the NIDDK-funded Chronic Prostatitis Collaborative Research Network

Read an abstract about the [NIH symptom index](#)

Pain or discomfort

1. In the last week, have you experienced any pain or discomfort in the following areas? Yes No

Area between rectum and testicles (perineum) 1 0

Testicles 1 0

Tip of the penis (not related to urination) 1 0

Below your waist, in your pubic or bladder area 1 0

2. In the last week, have you experienced:
Pain or burning during urination? Yes No

Pain or discomfort during or after sexual climax (ejaculation)? 1 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

Allways 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 bad as you can imagine

Urination

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

- | | | |
|-----------------------|-----------------------|---|
| Not at all | <input type="radio"/> | 0 |
| Less than 1 time in 5 | <input type="radio"/> | 1 |
| Less than half time | <input type="radio"/> | 2 |
| About half time | <input type="radio"/> | 3 |
| More than half time | <input type="radio"/> | 4 |
| Almost allways | <input type="radio"/> | 5 |

Modified with permission from Litwin MS, McNaughton-Collins M, Fowler FJ, et al. The NIH Chronic Prostatitis Symptom index (NIH-CPSI). Development and validation of a new outcomes measure. J Urol. In press.

6. How often have you had to urinate again less than 2 hours after you finished urinating, over the last week?

- | | | |
|-----------------------|-----------------------|---|
| Not at all | <input type="radio"/> | 0 |
| Less than 1 time in 5 | <input type="radio"/> | 1 |
| Less than half time | <input type="radio"/> | 2 |
| About half time | <input type="radio"/> | 3 |
| More than half time | <input type="radio"/> | 4 |
| Almost allways | <input type="radio"/> | 5 |

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?

- | | | |
|---------------|-----------------------|---|
| None | <input type="radio"/> | 0 |
| Only a little | <input type="radio"/> | 1 |
| Some | <input type="radio"/> | 2 |
| A lot | <input type="radio"/> | 3 |

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

- | | | |
|---------------|-----------------------|---|
| None | <input type="radio"/> | 0 |
| Only a little | <input type="radio"/> | 1 |
| Some | <input type="radio"/> | 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 ?

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

Scoring the Symptom Index Domains

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

Urinary symptoms:Total of items 5 and 6

Quality of life impact:Total of items 7, 8, and 9

Pain and urinary score:Total of item 1 to 6

Total score:

- (1) Calculate and report 3 separate scores (pain, urinary symptoms, and quality of life)
- (2) Calculate and report a pain and urinary score (range 0-31), referred to as the "symptom scale score."

Mild =0-9,

moderate=10-18

severe=19-31.

- (3) Calculate and report total score (range 0-43), referred to as the "total score." Assess patients at baseline and follow them over time using each patient as his own control. Can also use to compare to "norms" established and published.

This information is forwarded to you by the Prostatitis Foundation. We do not provide medical advice. We distribute literature and information relevant to prostatitis. While we encourage all research we do not endorse any doctor, medicine or treatment protocol. Consult with your own physician.

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