

Female Genitourinary Pain Index

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

a. Entrance to vagina	Yes (1)	No (0)
b. Vagina	Yes (1)	No (0)
c. Urethra	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?	Yes (1)	No (0)
c. Pain or discomfort as your bladder fills?	Yes (1)	No (0)
d. Pain or discomfort relieved by voiding?	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 you had it over the last week?
0 (no pain) 1 2 3 4 5 6 7 8 9 10 (pain as bad as you can imagine)
5. How often have you had a sensation of not emptying your bladder completely after you 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 2 hours after you 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)
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 do you think about your symptoms, over the last week?
None (0) Only a little (1) Some (2) A lot (3)
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 (3) Mostly dissatisfied (4)
Unhappy (5) Terrible (6)