## Male Genitourinary Pain Index

he following areas?
) No (0)
) No (0)
) No (0)
No (0)
No (0)
l) No (0)
l) No (0)
l) 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)