NIH-Chronic Prostatitis Symptom Index (Female)

Pain and Discomfort

1	*In the last week, have you experienced any pain or discomfort in the following areas?*		If YES, How often have you had pain or discomfort?				
			Rarely	Sometimes	Often	Usually	Always
a	Area between rectum and vagina {perineum)	☐ Yes ☐ No					
b	Labia	☐ Yes ☐ No					
c	Clitoris (not related to urination)	☐ Yes ☐ No					
d	Below your waist in your pubic area	☐ Yes ☐ No					
e	Do you usually experience a feeling of incomplete bladder emptying?	☐ Yes ☐ No					
f	Below your waist in your rectal area	☐ Yes ☐ No					

2	*In the last week, have you experienced:*		If YES, How often have you had pain or discomfort?				
			Rarely	Sometimes	Often	Usually	Always
a	Pain or burning during urination?	☐ Yes ☐ No					
b	Pain or discomfort during or after sexual climax?	☐ Yes ☐ No					

3 Which number best describes your average pain or discomfort on the days that you had it, over the last week? (O= no pain and 10 = pain as bad as you can imagine)

0 1 2 3 4 5 6 7 8 9 10

Urination

How often have you had the sensation of not emptying your bladder completely after you finished urinating?

0: Not at all

1: Less than 1 time in 5

2: 2Less than half the time

3: About half the time

4: More than half the time

5: Almost always or always

How often have you had to urinate again less than two hours after you finished urinating?

0: Not at all

1: Less than 1 time in 5

2: Less than half the time

3: About half the time

4: More than half the time

5: Almost always or always

Impact of Symptoms

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

0: None
2: Some
1: Only a little
3: A lot

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

0: None
2: Some
1: Only a little
3: A lot

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?

0: Delighted

1: Pleased

2: Mostly satisfied

Scoring

- Pain: Sum of items 1-9.
- Urinary Symptoms: Sum of items 10 and 11.
- Quality of Life Impact: Sum of items 12-14.

SCORE __________

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