

Acubalance NIH-Chronic Prostatitis Symptom Index (NIH-CPSI)

Pain or Discomfort

1. In the last week, have you experienced any pain or discomfort in the following areas? (circle yes or no)

- a. Area between rectum and testicles (perineum) Yes No
- b. Testicles Yes No
- c. Tip of the penis (not related to urination) Yes No
- d. Below your waist, in your pubic or bladder area Yes No

2. In the last week, have you experienced (circle yes or no):

- a. Pain or burning during urination? Yes No
- b. Pain or discomfort during or after sexual climax (ejaculation)? Yes No

3. How often have you had pain or discomfort in any of these areas over the last week? (circle best description)

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Usually
- 5 Always

4. Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week?

- NO PAIN = 0
PAIN BAD AS YOU CAN IMAGINE = 10
_____ (# that best describes)

Urination

5. How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week? (circle best description)

- 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

6. How often have you had to urinate again less than two hours after you finished urinating, over the last week? (circle best description)

- 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

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? (circle best description)

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

8. How much did you think about your symptoms, over the last week? (circle best description)

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

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? (circle best description)

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

Scoring

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

Urinary Symptoms: Total of items 5 and 6
= _____

Quality of Life Impact: Total of items 7, 8, and 9
= _____

(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.