



PELVIC PAIN QUESTIONNAIRE

Female NIH-System Index (NIH-CPSI)

Name: _____ Date: _____

Please circle the best answer based on your pain

PAIN OR DISCOMFORT

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

a. Area between rectum and vagina (perineum)	Yes = 1	No = 0
b. Labia	Yes = 1	No = 0
c. Clitoris (not related to urination)	Yes = 1	No = 0
d. Below your waist, in your pubic or bladder area	Yes = 1	No = 0
e. Below your waist, in your rectal 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

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

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 pain, over the last week?

On a pain scale from 0 to 10 (0 being no pain and 10 being pain as bad as you can imagine)

0 1 2 3 4 5 6 7 8 9 10

URINATION

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

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

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

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

7. How much have your symptoms keep you from doing the kinds of things you would usually do, over the last week?

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

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

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?

0 = Delighted 1 = Pleased 2 = Mostly satisfied 3 = Mixed (about equally satisfied and dissatisfied)

4 = Mostly dissatisfied 5 = Unhappy 6 = Terrible

**INTERNAL
USE ONLY**

**Scoring the Female
NIH Domains.**

Pain: Total of items 1-4 = _____

Urinary Symptoms: Total of items 5 and 6 = _____

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

TOTAL SCORE

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