CHRONIC PROSTATITIS COHORT	Symptom Index	Patient ID: _1 Patient Initials: Clinical Center: Contact Month: Date: / day year RC ID:
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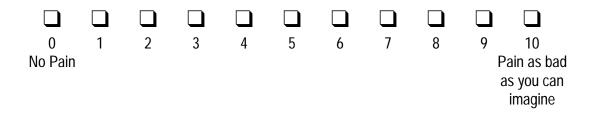
(Patient Completed)

NIH Chronic Prostatitis Symptom Index

1.	Pain or Discomfort In the last week, have you experienced any pain or discomfort in the following are				
	а.	Area between rectum and testicles (perineum)	\Box_1 Yes	□ ₀ No	
	b.	Testicles	\Box_1 Yes	□ ₀ No	
	C.	Tip of the penis (not related to urination)	\Box_1 Yes	□ ₀ No	
	d.	Below your waist, in your pubic or bladder area	\Box_1 Yes	□ ₀ No	
2.	In the	last week, have you experienced:			
	а.	Pain or burning during urination?	\Box_1 Yes	□ ₀ No	
	b.	Pain or discomfort during or after sexual climax (ejaculation)	? 🗖 1 Yes	🔲 ₀ No	

3.	How often have you had pain or discomfort in any of these areas	\Box_0 Never
	over the last week?	□ ₁ Rarely
		\Box_2 Sometimes

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



 \square_3 Often \square_4 Usually

 \Box_5 Always

	Symptom Index Patient ID: 1 Contact Month:		
5.	-	a sensation of not emptying your bladder hed urinating, over the last week?	□ O Not at all □ Less than 1 time in 5 □ Less than half the time □ About half the time □ More than half the time □ Almost always
6.	How often have you had after you finished urinatin	to urinate again less than two hours Ig, over the last week?	$\Box_0 \text{ Not at all}$ $\Box_1 \text{ Less than 1 time in 5}$ $\Box_2 \text{ Less than half the time}$ $\Box_3 \text{ About half the time}$ $\Box_4 \text{ More than half the time}$ $\Box_5 \text{ Almost always}$
7.		nptoms kept you from doing the I usually do, over the last week?	$\Box_0 \text{ None}$ $\Box_1 \text{ Only a little}$ $\Box_2 \text{ Some}$ $\Box_3 \text{ A lot}$
8.	How much did you think a week?	about your symptoms, over the last	$\Box_0 \text{ None}$ $\Box_1 \text{ Only a little}$ $\Box_2 \text{ Some}$ $\Box_3 \text{ A lot}$
9.		rest of your life with your symptoms een during the last week, how would	 Delighted Pleased Mostly satisfied Mixed (about equally satisfied and dissatisfied) A Mostly dissatisfied Unhappy Terrible

Follow-up of Symptoms

10. (If Screening Contact, do not complete question #10.)

As compared to when you started the study, how would you rate your overall symptoms now?

	\Box_1	\square_2	\square_3	\Box_4	\Box_5	
Markedly	Moderately	Slightly	No	Slightly	Moderately	Markedly
worsened	worsened	worsened	change	improved	improved	improved

 \Box_1 Excellent

 \Box_2 Very good

G₃ Good

□₄ Fair

 \Box_5 Poor

 \Box_1 Yes, limited a lot

 \square_2 Yes, limited a little

 \Box_1 Yes

 \square_3 No, not limited at all

Quality of Life SF-12

This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Please answer every question by marking *one* box. If you are unsure about how to answer, please give the best answer you can.

11. In general, would you say your health is:

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

- 12.Moderate activities, such as moving a table, pushing a
vacuum cleaner, bowling, or playing golf \Box_1 Yes, limited a lot
 \Box_2 Yes, limited a little
 \Box_3 No, not limited at all
- 13. Climbing **several** flights of stairs

During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- 14.Accomplished less than you would like \Box_1 Yes \Box_0 No
- 15. Were limited in the **kind** of work or other activities

During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

16.	Accomplished less than you would like	\Box_1 Yes \Box_0 No
17.	Didn't do work or other activities as carefully as usual	\Box_1 Yes \Box_0 No
18.	During the <u>past 4 weeks</u> , how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)?	$\Box_1 \text{ Not at all}$ $\Box_2 \text{ A little bit}$ $\Box_3 \text{ Moderately}$ $\Box_4 \text{ Quite a bit}$ $\Box_5 \text{ Extremely}$

These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the *one* answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>:

		All of the time	Most of the time	A good bit of the time	A little of the time	None of the time
19.	Have you felt calm and peaceful?	\Box_1	\Box_2	\Box_3	\Box_4	\Box_5
20.	Did you have a lot of energy?	\Box_1	\Box_2	\Box_3	\Box_4	\Box_5
21.	Have you felt downhearted and blue?	\Box_1	\Box_2	\square_3	\Box_4	\Box_5

22. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)? \Box_1 All of the time \Box_2 Most of the time \Box_3 A good bit of the time \Box_4 A little of the time

 \Box_5 None of the time