MAPP research network	**Participant ID:** __ __ __ __ __ __	**Pin #** __ __ __ __
	Discovery Site: __ __	**Clinical Center** __ __
	CRF Date: __ __/__ __/__ __ __ __	**Visit #:** __ __

FEMALE GENITOURINARY PAIN INDEX

FEMALE PARTICIPANT COMPLETES ON DAY OF TRANS-MAPP NEURO-IMAGING PROTOCOL MRI SCAN**.**

Pain or Discomfort

1. In the last ***week***, have you experienced any pain or discomfort in the following areas?
   a. Entrance to vagina ❑$_1$ Yes ❑$_0$ No
   b. Vagina ❑$_1$ Yes ❑$_0$ No
   c. Urethra ❑$_1$ Yes ❑$_0$ No
   d. Below your waist, in your pubic or bladder area ❑$_1$ Yes ❑$_0$ No

2. In the last ***week***, have you experienced:
   a. Pain or burning during urination? ❑$_1$ Yes ❑$_0$ No
   b. Pain or discomfort during or after sexual intercourse? ❑$_1$ Yes ❑$_0$ No
   c. Pain or discomfort as your bladder fills? ❑$_1$ Yes ❑$_0$ No
   d. Pain or discomfort relieved by voiding? ❑$_1$ Yes ❑$_0$ No

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 it, over the last ***week***?

❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑
0	1	2	3	4	5	6	7	8	9	10

No Pain — 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***?
   ❑$_0$ 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***?
   ❑$_0$ 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

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FEMALE GENITOURINARY PAIN INDEX

FEMALE PARTICIPANT COMPLETES ON DAY OF TRANS-MAPP NEURO-IMAGING PROTOCOL MRI SCAN**.**

7. How much have your symptoms kept 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

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

Scoring

10. Pain subscale: Total of items 1a, 1b, 1c, 1d, 2a, 2b, 2c, 2d, 3, and 4 = _____ (range 0-23)
11. Urinary subscale: Total of items 5 and 6 = _____ (range 0-10)
12. QOL Impact: Total of items 7, 8, and 9 = _____ (range 0-12)
13. Total score: Sum of subscale scores = _____ (range 0-45)