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

FEMALE GENITOURINARY PAIN INDEX

Female Participant completes this form at all Follow-Up contacts.

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 you 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

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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)