

### **Pain or Discomfort**

1. In the last week, have you experienced any pain or discomfort in the following areas?
  - a. Area between rectum and testicles (perineum)  Y<sub>1</sub>  N<sub>0</sub>
  - b. Testicles  Y<sub>1</sub>  N<sub>0</sub>
  - c. Tip of the penis (not related to urination)  Y<sub>1</sub>  N<sub>0</sub>
  - d. Below your waist, in your pubic or bladder area  Y<sub>1</sub>  N<sub>0</sub>
2. In the last week, have you experienced:
  - a. Pain or burning during urination?  Y<sub>1</sub>  N<sub>0</sub>
  - b. Pain or discomfort during or after sexual climax (ejaculation)?  Y<sub>1</sub>  N<sub>0</sub>
3. How often have you had pain or discomfort in any of these areas over the last week?  
 Never<sub>0</sub>  Rarely<sub>1</sub>  Sometimes<sub>2</sub>  Often<sub>3</sub>  Usually<sub>4</sub>  Always<sub>5</sub>
4. Which number best describes your AVERAGE pain or discomfort on the days that you had it, over the last week?

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

### **Urination**

5. How often have you had a sensation of not emptying your bladder completely after you finished urinating, over the last week?  
 Not at all<sub>0</sub>  Less than 1 time in 5<sub>1</sub>  Less than half the time<sub>2</sub>  
 About half the time<sub>3</sub>  More than half the time<sub>4</sub>  Almost Always<sub>5</sub>
6. How often have you had to urinate again less than two hours after you finished urinating, over the last week?  
 Not at all<sub>0</sub>  Less than 1 time in 5<sub>1</sub>  Less than half the time<sub>2</sub>  
 About half the time<sub>3</sub>  More than half the time<sub>4</sub>  Almost Always<sub>5</sub>

### **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?  
 None<sub>0</sub>  Only a little<sub>1</sub>  Some<sub>2</sub>  A lot<sub>3</sub>
8. How much did you think about your symptoms, over the last week?  
 None<sub>0</sub>  Only a little<sub>1</sub>  Some<sub>2</sub>  A lot<sub>3</sub>

### **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?  
 Delighted<sub>0</sub>  Pleased<sub>1</sub>  Mostly satisfied<sub>2</sub>  Mixed (equally satisfied and dissatisfied)<sub>3</sub>  Mostly dissatisfied<sub>4</sub>  Unhappy<sub>5</sub>  Terrible<sub>6</sub>

Scoring: Pain: Total \_\_\_\_\_ Urinary Symptoms \_\_\_\_\_ Quality of life \_\_\_\_\_