

Name: _____ Date: _____

Female Genitourinary Pain Index
(Modified NIH CPI for Women)

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

- a. Entrance to vagina 0: No 1: Yes
- b. Vagina 0: No 1: Yes
- c. urethra 0: No 1: Yes
- d. below your waist, in your pubic or bladder area 0: No 1: Yes

2. In the last week, have you experienced:

- a. Pain or burning during urination 0: No 1: Yes
- b. Pain or discomfort during or after sexual intercourse 0: No 1: Yes
- c. Pain or discomfort as your bladder fills 0: No 1: Yes
- d. Pain or discomfort relieved by voiding 0: No 1: Yes

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

0 1 2 3 4 5 6 7 8 9 10
No Pain as Bad as
Pain 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 half the time

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 half the time

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 have been during the last week, how would you feel about that?

1: Pleased

2: Mostly satisfied

3: Mixed (about equally satisfied and dissatisfied)

4: Mostly dissatisfied

5: Unhappy

6: Terrible

Scoring: (this section completed by your PT)

Pain Subscale: Total of items 1a, 1b, 1c, 1d, 2a, 2b, 2c, 2d, 3, and 4 = _____(0-23)

Urinary Subscale: Total of items 5 and 6 = _____(0-10)

QOL Impact: Total of items 7,8, and 9 = _____(0-12)

Total score: Sum of subscale scores = _____(0-45)