Chronic Orchialgia Symptom Index

Pain Symptoms

1. When you have testicle pain, do you also feel it in your groin (area above testicle)? No _ (0) Yes _ (1)

2. Would you describe your testicle pain as burning? No _ (0) Yes _ (1)

3. Does your testicular pain wake you up at night? Never _(0), Sometimes _(1) Always _ (2)

4. In the past week how often did you feel pain in your testicle? Never __(0), Occasionally __(1), Usually __(2), Always __(3)

5. What number best describes your MINIMUM (lowest) testicle pain in the past week?
0 _____1 ___ 2___ 3___ 4___ 5___
None Mild Worst pain imaginable
6. What number best describes your MAXIMUM (highest) testicle pain in the past week?

 $0_$ $1_$ $2_$ $3_$ $4_$ $5_$ None Mild Worst pain imaginable

Sexual Symptoms

7. In the past week how often have you had difficulty achieving or maintaining an erection? Never (eg. you have normal erections) _ (0), Sometimes _(1), Always _(2)

8. In the past week, has your desire to have sex (libido) been lower than normal for you? No _ (0), Yes _(1)

9. In the past week have sexual activities been painful? No _ (0), Sometimes _(1), Always _(2)

Quality of Life

10. In the past week, how much has your testicular pain prevented you from working or doing your normal daytime activities?

0_____1___ 2____3___ 4___ 5___ None A little Sometimes Often Usually Completely

11. In the past week, how much has your testicular pain prevented you from doing leisure activities you enjoy?

0__ 1__ 2__ 3__ 4__ 5__ None A little Sometimes Often Usually Completely

12. If nothing changed and your symptoms remained this way for the rest of your life, how would you feel?

0 __1 __2 __3 __4 __5 __DelightedPleasedMostly SatisfiedMixedUnhappyMiserable

Score: Pain (Q 1-6) ____ Sexual (Q 7-9) ___ QOL (Q 10-12) ___