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 Moderate Severe 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 Moderate Severe 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 _
    Delighted Pleased Mostly Satisfied Mixed Unhappy Miserable

**Score:** Pain (Q 1-6) _ Sexual (Q 7-9) _ QOL (Q 10-12) _