

# UROLOGY SPECIALISTS, S.C.

JEROME HOEKSEMA, M.D.

LAURENCE A. LEVINE, M.D.

## Chronic Scrotal Content Pain Symptom Index

**You have been diagnosed by your physician with chronic testicular or scrotal content pain.**

1. How often have you had pain or discomfort in the scrotal/testicular area over the last week?

- 1  Never
- 2  Rarely
- 3  Sometimes
- 4  Often
- 5  Usually
- 6  Always

2. Which number best describes your AVERAGE level of pain or discomfort in the scrotal/testicular area, on the days that you had pain, over the last week?

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                             |
| No Pain                  |                          |                          |                          |                          |                          |                          |                          |                          |                          | Pain as bad as you can imagine |

3. How much have your symptoms kept you from doing the kinds of things you would usually do over the last week?

- 1  None
- 2  Only a little
- 3  Some
- 4  A lot

4. How much did you think about your symptoms over the last week?

- 1  None
- 2  Only a little
- 3  Some
- 4  A lot

5. If you were to spend the rest of your life with your symptoms just they way they have been during the last week, how would you feel about it?

- 1  Delighted
- 2  Pleased
- 3  Mostly satisfied
- 4  Mixed (about equally satisfied and dissatisfied)
- 5  Mostly dissatisfied
- 6  Unhappy
- 7  Terrible

1725 WEST HARRISON STREET | SUITE 352 | CHICAGO, ILLINOIS 60612

Phone: 312-563-5000 | Fax: 312-563-5007 | [www.urologyspecialists.net](http://www.urologyspecialists.net)

**Scoring the CESI**

Pain: total of items 1 and 2

Quality-of-life impact: total of items 3,4, and 5

Total: pain score plus quality-of-life impact

**Score (range)**

0-15

0-12

0-27