allowed us to develop clinical treatment trials with a valid outcome parameter. But even more important, the NIH-CPSI has proved itself as a valuable tool for the practicing urologist. The urologist should have the patient fill out the NIH-CPSI at the first visit, along with a simple form for demographics and medical history. The physician can then quickly assess the completed index and will be able to focus the interview on the points that the patient feels are most important. The patient is gratified that the physician understands his concerns and problems and the physician finds the clinical encounter to be much less frustrating. Along with the lower urinary tract evaluation (later in this chapter) the physician can use the NIH-CPSI to obtain a baseline yardstick by which the patient’s progress can be measured over time. As will be illustrated in the treatment section, it is rare to cure patients with chronic prostatitis syndrome (perhaps Mother Nature cures them while we are entertaining them) and the NIH-CPSI can be used to confirm improvement of symptoms over time; degrees of amelioration of symptoms that the patients may not be able to appreciate because they occur so slowly. The physician can quickly judge on subsequent visits whether the recommended treatment was successful or should be abandoned for another approach. This leads to considerably less confusion and frustration for both patient and physician in the management of the chronic prostatitis syndromes.

**KEY POINT**

- The National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) captures the 3 most important domains of the prostatitis experience: pain, voiding and quality of life. This index is useful in research studies and clinical practice.